



# Language Assistance

## English

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

## الشعار بالعربية (Arabic)

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

## Հայերեն պիտակ (Armenian)

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

## ប្លាស្តិកាសាខ្មែរ (Cambodian)

ចំណាំ: បើសិនអ្នកត្រូវការជំនួយ ជាភាសាបស្ចិម សូមទូរស័ព្ទទៅលេខ 1-855-699-5557 (TTY: 711) ។ ជំនួយ និងសេវា សំរាប់ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរប្រើសំរាប់ជនពិការភ្នែក ឬឯកសារជាអក្សរពុម្ពធំៗ ក៏មានដែរ។ ទូរស័ព្ទមកលេខ 1-855-699-5557 (TTY: 711)។ សេវាទាំងនេះមិនគិតថ្លៃឡើយ។

## 简体中文标语 (Chinese)

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

تماس بگیرید. این خدمات رایگان ارائه میشوند.

## مطلب به زبان فارسی (Farsi)

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



Call Blue Shield Promise Customer Care at **(855) 699-5557** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal). Information printed in the Provider Directory is subject to change.

## हिन्दी टैगलाइन (Hindi)

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

## Nqe Lus Hmoob Cob (Hmong)

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

## 日本語表記 (Japanese)

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

1-855-699-5557 (TTY: 711) へお電話ください。これらのサービスは無料で提供していますへお電話ください。これらのサービスは無料で提供しています。

## 한국어 태그라인 (Korean)

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

## ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະ ມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-855-699-5557 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

## Mien Tagline (Mien)

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



Call Blue Shield Promise Customer Care at **(855) 699-5557** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](https://www.blueshieldca.com/promise/medi-cal). Information printed in the Provider Directory is subject to change.

### **ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

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

### **Русский слоган (Russian)**

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

### **Mensaje en español (Spanish)**

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

### **Tagalog Tagline (Tagalog)**

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

### **แท็กไลน์ภาษาไทย (Thai)**

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

### **Примітка українською (Ukrainian)**

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

### **Khẩu hiệu tiếng Việt (Vietnamese)**

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



Call Blue Shield Promise Customer Care at **(855) 699-5557** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information printed in the Provider Directory is subject to change.



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# A. Introduction

Thank you for choosing Blue Shield of California Promise Health Plan. This Provider Directory lists clinics, doctors, hospitals, and other types of providers that are part of Blue Shield Promise Health Plan.

When you join Blue Shield of California Promise Health Plan, it is important you choose a primary care physician (PCP) for each member. If you do not choose one, Blue Shield Promise will choose one for you. Your PCP will be the doctor you will go to for preventive care and when you become ill. Your PCP will send you to a specialist physician or other specialist provider when needed. The PCP is there to attend to your healthcare needs and work with members to keep them healthy.

## Changing your PCP

You may change your PCP at any time by calling Blue Shield Promise Customer Care **(855) 699-5557** [TTY: **711**]. Changes will not be effective until the first of the following month. You can also visit our website at **blueshieldca.com/promise**.

As a member of Blue Shield of California Promise Health Plan, you will receive a member ID card like the one pictured on this page. You will need to show this ID card each time you see your doctor, use the emergency room, or see your eye doctor. Keep this card with you at all times.

When you get your ID card, please make sure that it is correct. If it is not, call Blue Shield of California Promise Health Plan Customer Care at **(855) 699-5557**.

**Do not throw your Medi-Cal (BIC) card away. You will need to use your Medi-Cal (BIC) card to see your Medi-Cal dentist and to get other healthcare services that are not covered by Blue Shield of California Promise Health Plan.**

|                                                      |                    |
|------------------------------------------------------|--------------------|
| <b>blue shield of california</b> Promise Health Plan |                    |
| Member: JOHN DOE                                     |                    |
| Member ID: AA123456789                               |                    |
| CIN: 123456789                                       | Information Line 2 |
| Health Plan Group #: 00000001                        | PCP Name           |
| Effective Date: MM/DD/YYYY                           | Phone Number       |
|                                                      | 1234 Street        |
|                                                      | City, ST           |
|                                                      | Zip                |

|                                     |                                  |
|-------------------------------------|----------------------------------|
| <b>www.blueshieldca.com/promise</b> |                                  |
| Customer Care                       | <b>(855) 699-5557 (TTY: 711)</b> |
| Provider Services                   | <b>(800) 468-9935</b>            |
| Transportation                      | <b>(800) 433-2178</b>            |
| Nurse Help Line                     | <b>(800) 609-4166</b>            |
| Behavioral Health                   | <b>(855) 321-2211 (TTY: 711)</b> |

This member has been assigned a primary care physician (PCP) and a medical group. Members should use the PCP and medical group for all healthcare services. If the member is not a PCP or medical group member, they should use the PCP and medical group for all healthcare services. Blue Shield of California Promise Health Plan members should use the PCP and medical group for all healthcare services. Blue Shield of California Promise Health Plan is not responsible for any healthcare services provided by other providers. Blue Shield of California Promise Health Plan is an independent licensee of the State of California. Blue Shield of California Promise Health Plan is an independent licensee of the State of California.

## Pharmacy Services through Medi-Cal Rx

The Department of Health Care Services (DHCS) manages pharmacy services for Medi-Cal members. For Pharmacy Services, you can call the Medi-Cal Rx Call Center Line (1-800-977-2273) twenty-four hours a day, seven days a week or 711 for TTY, Monday thru Friday, 8am to 5pm.

Most pharmacies will accept Medi-Cal Rx. You can contact the Medi-Cal Member Help Line (1-800-541-5555, TTY 1-800-430-7077) to ask if your pharmacy will accept Medi-Cal Rx. If you need help finding a pharmacy, use the Medi-Cal Rx Pharmacy Locator online at [www.Medi-CalRx.dhcs.ca.gov](http://www.Medi-CalRx.dhcs.ca.gov) or call the Medi-Cal Rx Call Center Line at 1-800-977-2273.



Call Blue Shield Promise Customer Care at **(855) 699-5557** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information printed in the Provider Directory is subject to change.

## How to use this directory

You can use this Provider Directory to choose a Blue Shield Promise contracted PCP. The PCPs, along with specialist providers, hospitals, and other support providers, are

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listed alphabetically by city. In the "Blue Shield Promise provider network" section, you will find information about how to read the provider listing sections, and how to find the important information you need to know about each provider.



Call Blue Shield Promise Customer Care at **(855) 699-5557** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information printed in the Provider Directory is subject to change.



## Important information about the directory listings

This Provider Directory is updated according to the date listed on the front cover. Some PCPs may have been added or removed after this directory was printed. We do not guarantee that each PCP is still accepting new members. To get the most up-to-date information about PCPs in your area, you can visit **blueshieldca.com/promise** or call Blue Shield Promise Customer Care toll-free at **(855) 699-5557** [TTY: **711**]. Or visit our office Monday through Friday from 8 a.m. to 6 p.m. Walk-ins are welcome. We have staff who speak your language. You can also visit our website at **blueshieldca.com/promise**.

## Other important information and disclosures

Some providers and hospitals do not offer one or more of the following services that may be covered by your health plan that you may need, like family planning; birth control, including emergency birth control; sterilization, including tubal ligation at the time of labor and delivery; infertility treatment; or abortion. Call Blue Shield Promise Customer Care at **(855) 699-5557** to ensure that you can get the healthcare services you need.

For more information about our providers, including their education and experience (such as medical schools they went to, residency training, and board certification status), call Blue Shield Promise Customer Care or use the provider search tool on our website at **blueshieldca.com/promise**.

Authorization or referrals may be required to access some providers.

Blue Shield Promise provides full and equal access to covered services, including enrollees with disabilities. All providers are offered and have to complete cultural competency training.

## Interpreter services

To make it easier for you, Blue Shield Promise provides:

- Bilingual staff to help you in your language.
- Interpreter services, including American Sign Language, at no cost to you for all of your healthcare needs. You don't need to ask friends or family members to interpret for you. You can get interpreter services 24 hours a day, seven days a week for:

**Medical services:** Doctor visits, after-hours services, urgent care services, and health education classes.

**Non-medical services:** Customer service, member complaints, and member orientation meetings.

- Materials in other formats such as Braille, audio, or large print.

All you need to do is call your medical group or Blue Shield Promise Customer Care. For scheduled appointments, make sure you ask for an interpreter at least ten (10) working days before your appointment.



Call Blue Shield Promise Customer Care at **(855) 699-5557** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at **blueshieldca.com/promise/medical**. Information printed in the Provider Directory is subject to change.

## NONDISCRIMINATION NOTICE

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Discrimination is against the law. Blue Shield of California Promise Health Plan follows State and Federal civil rights laws. Blue Shield of California Promise Health Plan does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Blue Shield of California Promise Health Plan provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact Blue Shield of California Promise Health Plan between 8 a.m. – 6 p.m., Monday through Friday. Call Customer Care in your region:

**(800) 605-2556 (Los Angeles)**

**(855) 699-5557 (San Diego)**

If you cannot hear or speak well, please call **TTY:711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

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



Call Blue Shield Promise Customer Care at **(855) 699-5557** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](https://blueshieldca.com/promise/medi-cal). Information printed in the Provider Directory is subject to change.

## **HOW TO FILE A GRIEVANCE**

If you believe that Blue Shield of California Promise Health Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Blue Shield of California Promise Health Plan's Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Blue Shield of California Promise Health Plan's Civil Rights Coordinator between 8 a.m. - 6 p.m., Monday – Friday by calling (844) 883-2233. Or, if you cannot hear or speak well, please call TTY/TDD 711.
- In writing: Fill out a complaint form or write a letter and send it to:  
  
Blue Shield of California Promise Health Plan Civil Rights Coordinator  
601 Potrero Grande Dr.  
Monterey Park, CA 91755
- In person: Visit your doctor's office or Blue Shield of California Promise Health Plan and say you want to file a grievance.
- Electronically: Visit Blue Shield of California Promise Health Plan's website at [www.blueshieldca.com/promise/medi-cal](http://www.blueshieldca.com/promise/medi-cal).

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## **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights  
Department of Health Care Services  
P.O. Box 997413, MS 0009 Sacramento, CA 95899-7413**



Call Blue Shield Promise Customer Care at **(855) 699-5557** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information printed in the Provider Directory is subject to change.

Complaint forms are available at  
[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).
- 

## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Electronically: Visit the Office for Civil Rights Complaint Portal at  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



Call Blue Shield Promise Customer Care at **(855) 699-5557** (TTY 711). Blue Shield Promise is here Monday - Friday, 8 a.m. to 6 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [blueshieldca.com/promise/medi-cal](http://blueshieldca.com/promise/medi-cal). Information printed in the Provider Directory is subject to change.

# Blue Shield Promise provider network

## Definitions and general information

**Community clinic:** A nonprofit clinic that provides healthcare services to Blue Shield Promise members.

**Family and General Practice:** Doctors who treat children and adult men and women.

**Federally Qualified Health Center (FQHC):** A community-based organization that provides primary and preventive care to persons of all ages, regardless of their ability to pay or their health insurance status.

**Hospital:** Blue Shield Promise contracts with many hospitals. Check the hospital affiliation of the primary care physician you want to choose.

**Internal Medicine:** Doctors who treat adult men and women over the age 18.

**Independent Practice Association (IPA):** A healthcare model that contracts with a group of physicians to provide healthcare services.

**Medical group:** A group of physicians that provides healthcare services to Blue Shield Promise members.

**Obstetrics/Gynecology:** Doctors who specialize in women's health and maternity care.

**Pediatrics:** Doctors who treat children up to age 18.

**Primary care physician (PCP):** As a Blue Shield Promise member, you must choose a PCP for your general healthcare needs. If you do not choose a PCP, we will choose one for you. All PCPs are listed by city. You can choose any of the following types of doctors:

- Family and General Practice
- Internal Medicine
- Obstetrics/Gynecology
- Pediatrics



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## Provider Directory physical accessibility indicator

Below you can find information on basic access needs for seniors and people with disabilities (SPD) when visiting a doctor's office. We know that member needs vary. Therefore, we ask members to call the doctor's office to discuss their access needs.

### **E = Exam Room**

The entrance to the exam room is accessible, with a clear path. The doors open wide enough to accommodate a wheelchair or scooter and are easy to open. The exam room has enough room for a wheelchair or scooter.

### **EB = Exterior Building**

Curb ramps and other ramps to the building are wide enough for a wheelchair or a scooter user. Handrails are provided on both sides of the ramp. There is an "accessible" entrance to the building. Doors open wide enough to let a wheelchair or scooter user enter, and have handles that are easy to use.

### **IB = Interior Building**

Doors open wide enough to let a wheelchair or scooter user enter, and have handles that are easy to use. Interior ramps are wide enough and have handrails. Stairs, if present, have handrails. If there is an elevator, it is available for the public and patients to use at all times the building is open. The elevator has easy-to-hear sounds and Braille buttons within reach. The elevator has enough room for a wheelchair or a scooter user to turn around. If there is a platform lift, it can be used without help.

### **P = Parking**

Parking spaces, including van-accessible space(s), are accessible. Pathways have curb ramps between the parking lot, the office, and drop-off locations.

### **R = Restroom**

The restroom is accessible and the doors are easy to open and open wide enough to accommodate a wheelchair or scooter. The restroom has enough room for a wheelchair or scooter user to turn around and close the door. There are grab bars that allow easy transfer from wheelchair/scooter to toilet. The sink is easy to get to and the faucets, soap, and toilet paper are easy to reach and use.

### **T = Exam Table/Scale**

The exam table moves up and down, and the scale is accessible with handrails to assist people with wheelchairs and scooters. The weight scale is able to accommodate a wheelchair.



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## Accessibility code explanations

**P-Parking**

**EB-Exterior Building**

**IB-Interior Building**

**W-Wheelchair**

**R-Restroom**

**E-Exam Room**

**T-Exam Table/Scale**



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## How to read the provider listing

The following information can help you choose your PCP.

1. Provider's medical specialty
2. Provider's name, License Type
3. Provider's ID number
4. Provider's gender
5. Provider's license number
6. Provider's NPI number
7. Languages spoken by the provider and staff
8. Cultural competency training
9. Hospital affiliations
10. Board Certified Specialty:
11. FQHC/Medical Group's Name
12. Provider's address
13. Provider's phone number
14. Provider's fax number
15. Provider's website
16. Provider's email address
17. Medi-Cal Open Panel:
18. Min/Max Age:
19. Building access for person with disabilities
20. Provider's office hours

### Example:

1. Pediatrics
2. Doe, Jane, MD
3. Provider ID: 00A2123456
4. Female
5. License number 00A123456
6. NPI: 0123456789
7. English, Spanish, Vietnamese, Farsi, Korean, Chinese, Arabic
8. Yes
9. Good Samaritan Hospital
10. Pediatrics
11. Northeast County Community Clinic
12. 601 Potrero Grande Drive, Monterey Park, CA 91755
13. (855) 699-5557
14. (855) 699-5557
15. [www.northeastclinic.com](http://www.northeastclinic.com)
16. [doctordoe@gmail.com](mailto:doctordoe@gmail.com)
17. Yes/No 18. 0-18
19. Limited. P, EB, IB, E
20. M-F 8AM-5PM



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# Timely access to care standards

| Appointment type                                                                                                           | Must get appointment within             |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Urgent care appointments that do not require pre-approval (prior authorization)                                            | 48 hours                                |
| Urgent care appointments that do require pre-approval (prior authorization)                                                | 96 hours                                |
| Non-urgent primary care appointments                                                                                       | 10 business days                        |
| Non-urgent specialist                                                                                                      | 15 business days                        |
| Non-urgent mental health provider (non-physician)                                                                          | 10 business days                        |
| Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition | 15 business days                        |
| Telephone wait times during normal business hours                                                                          | 10 minutes                              |
| Triage – 24/7 services                                                                                                     | 24/7 services – No more than 30 minutes |



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## B. Federally Qualified Health Clinics

### ALPINE

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

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

#### **SAN YSIDRO HEALTH ALPINE PEDIATRICS MED CLINIC**

Provider ID: 541825  
 2733 ALPINE BLVD STE 200  
 ALPINE, CA 91901-2253  
 Phone: (619) 445-5664  
 Fax: (619) 445-3531  
 After Hours Phone: (619) 445-5664  
 License number: 550002514  
 NPI: 1770178444  
 Accepting New Patients: Yes  
 Min/Max Age: 0/18  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA

9AM-5PM

American Sign Language (ASL): No  
 Accessibility: EB, IB, WMedical Group/IPA: Ihp-san Ysidro Health Center  
 Website: www.syhealth.org  
 Email:

### BORREGO SPRINGS

#### **BORREGO MEDICAL CLINIC**

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

### CAMPO

#### **SAN YSIDRO HEALTH MOUNTAIN HEALTH FAMILY MEDICINE**

Provider ID: 519686  
 1388 BUCKMAN SPRINGS RD

CAMPO, CA 91906-2028

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 License number: 090000660  
 NPI: 1174164719  
 Accepting New Patients: Yes  
 Min/Max Age: 0/120  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-SA 9AM-5PM  
 American Sign Language (ASL): No  
 Accessibility: Medical Group/IPA: Ihp-san Ysidro Health Center  
 Website:  
 Email:

### CARLSBAD

#### **TRUECARE**

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

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## B. Federally Qualified Health Clinics

Website:

Email:

### CHULA VISTA

#### CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2500

Fax: (619) 397-1161

After Hours Phone: (619)

515-2500

License number:

NPI: 1346480837

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Cultural Competency: No

Hours: M-SA 9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,

T, WMedical Group/IPA: Family

Health Centers Of San Diego

Website: www.fhcsd.org

Email:

#### CHULA VISTA PEDIATRICS

Provider ID: 482034  
855 3RD AVE STE 2200  
CHULA VISTA, CA 91911-1353  
Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619)

662-4100

License number:

NPI: 1326486861

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 9AM-4PM, SA  
9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: Ihp-san Ysidro Health

Center

Website: www.ihpsocal.org

Email:

#### FAMILY HLTH CTR SAN

#### DIEGO-RICE FAM HC

Provider ID: 417641  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2325

Fax: (619) 420-0660

After Hours Phone: (619)

515-2325

License number: 550002305

NPI: 1083959464

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA

9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: Family Health

Centers Of San Diego

Website: www.fhcsd.org

Email:

#### OTAY FAMILY HEALTH CLINIC

Provider ID: 314546  
1637 3RD AVE STE H  
CHULA VISTA, CA 91911-5823  
Phone: (619) 662-4100

Fax: (619) 336-2323

After Hours Phone: (619)

662-4100

License number:

NPI: 1922051812

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA

9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,

T, WMedical Group/IPA: Ihp-san

Ysidro Health Center

Website: www.ihpsocal.org

Email:

#### SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100

Fax: (619) 425-1184

After Hours Phone: (619)

662-4100

License number:

NPI: 1326486861

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA

9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: WMedical

Group/IPA: Ihp-san Ysidro Health

Center

Website: www.ihpsocal.org

Email:

### EL CAJON

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## B. Federally Qualified Health Clinics

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### **CENTRO MEDICO EL CAJON**

*Provider ID:* 478971  
*133 W MAIN ST STE 100*  
*EL CAJON, CA 92020-3325*  
*Phone:* (619) 873-8940  
*Fax:* (619) 401-0522  
*After Hours Phone:* (619) 873-8940  
*License number:* 550000430  
*NPI:* 1154480069  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0/999  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hours:* M-SA 9AM-5PM  
*American Sign Language (ASL):* No  
*♿ Accessibility:* WMedical  
*Group/IPA:* Borrego Community Health Foundtion  
*Website:*  
*Email:*

### **CHASE AVENUE FAMILY HEALTH CTRS INC**

*Provider ID:* 206354  
*1111 W CHASE AVE*  
*EL CAJON, CA 92020-5710*  
*Phone:* (619) 515-2499  
*Fax:* (619) 593-7164  
*After Hours Phone:* (619) 515-2499  
*License number:*  
*NPI:* 1104861681  
*Accepting New Patients:* Yes  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hours:* M-SA 9AM-5PM  
*American Sign Language (ASL):* No  
*♿ Accessibility:* MEMedical  
*Group/IPA:* Family Health

*Centers Of San Diego*  
*Website:* www.fhcsd.org  
*Email:*

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

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

### **LA MAESTRA CHC EL CAJON BROADWAY**

*Provider ID:* 418501  
*1032 BROADWAY*  
*EL CAJON, CA 92021-7416*  
*Phone:* (619) 795-5991  
*Fax:* (619) 795-5992  
*After Hours Phone:* (619) 795-5991  
*License number:* 550003567  
*NPI:* 1134590086  
*Accepting New Patients:* Yes  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

*Cultural Competency:* No  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM  
*American Sign Language (ASL):* No  
*♿ Accessibility:* WMedical  
*Group/IPA:* La Maestra Family Clinic  
*Website:* www.lamaestra.org  
*Email:*

### **LA MAESTRA FAMILY CLINIC INC**

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

### **NEIGHBORHOOD HEALTHCARE EL CAJON**

*Provider ID:* 206272  
*855 E MADISON AVE*  
*EL CAJON, CA 92020-3819*  
*Phone:* (619) 440-2751  
*Fax:* (360) 462-2746  
*After Hours Phone:* (619) 440-2751

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## B. Federally Qualified Health Clinics

License number: 090000156

NPI: 1760667950

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Cultural Competency: No

Hours: M-F 8AM-5PM, SA

9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: WMedical

Group/IPA: Ihp-neighborhood  
Healthcare

Website: www.ihpsocal.org

Email:

### **SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910

875 EL CAJON BLVD

EL CAJON, CA 92020-5714

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

License number: 550002514

NPI: 1568845741

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA

9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: Ihp-san Ysidro Health  
Center

Website:

Email:

### **ENCINITAS**

### **TRUECARE**

Provider ID: 480243

1130 2ND ST

ENCINITAS, CA 92024-5008

Phone: (760) 753-7842

Fax: (760) 736-8740

After Hours Phone: (760)

753-7842

License number: 080000638

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-TH 8AM-5PM, F

8:30AM-5:30PM, SA 9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: Ihp-truecare

Website:

Email:

### **ESCONDIDO**

### **CENTRO MEDICO ESCONDIDO**

Provider ID: 419344

1121 E WASHINGTON AVE

ESCONDIDO, CA 92025-2214

Phone: (760) 871-0606

Fax: (858) 634-6918

After Hours Phone: (760)

871-0606

License number: 550001260

NPI: 1023349883

Accepting New Patients: Yes

Min/Max Age: 0/999

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: SA,SU 8AM-12PM, M-F

8AM-8PM

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,

WMedical Group/IPA: Borrego

Community Health Foundtion

Website: n

Email:

### **NEIGHBORHOOD HEALTHCARE ESCONDIDO**

Provider ID: 206270

460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax: (360) 462-2752

After Hours Phone: (760)

520-8100

License number: 080000397

NPI: 1598703647

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA

8AM-12PM

American Sign Language (ASL):

No

♿ Accessibility: WMedical

Group/IPA: Ihp-neighborhood

Healthcare

Website: www.ihpsocal.org

Email:

### **NEIGHBORHOOD HEALTHCARE GRAND AVE**

Provider ID: 206269

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

Phone: (760) 520-8200

Fax: (360) 462-2749

After Hours Phone: (760)

520-8200

License number: 080000483

NPI: 1487826772

Accepting New Patients: Yes

Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.

## B. Federally Qualified Health Clinics

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*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*American Sign Language (ASL):* No  
♿ *Accessibility:* WMedical  
*Group/IPA:* lhp-neighborhood Healthcare  
*Website:* www.ihpsocal.org  
*Email:*

### **NEIGHBORHOOD HEALTHCARE GRAND AVE**

*Provider ID:* 206269  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (360) 462-2749  
*After Hours Phone:* (760) 520-8200  
*License number:* 080000397  
*NPI:* 1487826772  
*Accepting New Patients:* Yes  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*American Sign Language (ASL):* No  
♿ *Accessibility:* WMedical  
*Group/IPA:* lhp-neighborhood Healthcare  
*Website:* www.ihpsocal.org  
*Email:*

### **NEIGHBORHOOD HEALTHCARE GRAND AVE**

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

*Phone:* (760) 520-8200  
*Fax:* (360) 462-2749  
*After Hours Phone:* (760) 520-8200  
*License number:* 550000697  
*NPI:* 1487826772  
*Accepting New Patients:* Yes  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*American Sign Language (ASL):* No  
♿ *Accessibility:* WMedical  
*Group/IPA:* lhp-neighborhood Healthcare  
*Website:* www.ihpsocal.org  
*Email:*

### **NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL**

*Provider ID:* 424775  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:* (360) 462-2747  
*After Hours Phone:* (760) 690-5900  
*License number:* 550000511  
*NPI:* 1437335353  
*Accepting New Patients:* Yes  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*American Sign Language (ASL):* No  
♿ *Accessibility:* Medical  
*Group/IPA:* lhp-neighborhood Healthcare

*Website:*  
*Email:*

### **NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL**

*Provider ID:* 206266  
425 N DATE ST  
ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8340  
*Fax:* (360) 462-2752  
*After Hours Phone:* (760) 520-8340  
*License number:*  
*NPI:* 1265618185  
*Accepting New Patients:* Yes  
*Min/Max Age:* 000/21  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*American Sign Language (ASL):* No  
♿ *Accessibility:* WMedical  
*Group/IPA:* lhp-neighborhood Healthcare  
*Website:* www.ihpsocal.org  
*Email:*

### **NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**

*Provider ID:* 206271  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (360) 462-2748  
*After Hours Phone:* (760) 737-6900  
*License number:* 080000158  
*NPI:* 1720264641  
*Accepting New Patients:* Yes  
*Min/Max Age:* None  
*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## B. Federally Qualified Health Clinics

*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hours:* M,TU,TH,F 8AM-5PM, W 9AM-5PM, SA 9AM-5PM  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R,  
 WMedical Group/IPA:  
 Ihp-neighborhood Healthcare  
*Website:*  
*Email:*

### SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

*Provider ID:* 519481  
 255 N ASH ST STE 101  
 ESCONDIDO, CA 92027-3069  
*Phone:* (760) 745-5832  
*Fax:*  
*After Hours Phone:* (760)  
 745-5832  
*License number:*  
*NPI:* 1801438239  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0/120  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hours:* M-SA 9AM-5PM  
*American Sign Language (ASL):*  
 No  
*Accessibility:* Medical  
 Group/IPA: Ihp-san Ysidro Health  
 Center  
*Website:*  
*Email:*

### FALLBROOK

### FALLBROOK FAMILY HLTH CTR

*Provider ID:* 183910  
 1328 S MISSION RD  
 FALLBROOK, CA 92028-4006

*Phone:* (760) 451-4720  
*Fax:* (760) 451-4700  
*After Hours Phone:* (760)  
 451-4720  
*License number:* 080000150  
*NPI:* 1982756086  
*Accepting New Patients:* Yes  
*Min/Max Age:* 0/999  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hours:* M-SA 8AM-5PM  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R,  
 T, WMedical Group/IPA:  
 Ihp-community Health System  
*Website:*  
*Email:*

### IMPERIAL BEACH

### IMPERIAL BEACH HEALTH CENTER

*Provider ID:* 179678  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503  
*Phone:* (619) 429-3733  
*Fax:* (619) 628-5550  
*After Hours Phone:* (619)  
 429-3733  
*License number:* 090000119  
*NPI:* 1790718351  
*Accepting New Patients:* Yes  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Tagalog  
*Cultural Competency:* No  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*American Sign Language (ASL):*  
 No

*Accessibility:* P, EB, E, R,  
 WMedical Group/IPA:  
 Ihp-imperial Beach Health Center  
*Website:* www.ihpsocal.org  
*Email:*

### JULIAN

### JULIAN MEDICAL CENTER

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

### LA MESA

### LA MESA PEDIATRICS

*Provider ID:* 480827  
 8881 FLETCHER PKWY STE  
 200  
 LA MESA, CA 91942-3135  
*Phone:* (619) 464-6434  
*Fax:* (619) 464-5109  
*After Hours Phone:* (619)  
 464-6434  
*License number:* 550000430  
*NPI:* 1033759311

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue ShieldPromise Customer Care at 1-855-699-5557.

## B. Federally Qualified Health Clinics

Accepting New Patients: Yes  
Min/Max Age: 0/21  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-SA 9AM-5PM  
American Sign Language (ASL):  
No  
♿ Accessibility: WMedical  
Group/IPA: Borrego Community  
Health Foundtion  
Website:  
Email:

### LAKESIDE

#### NEIGHBORHOOD HEALTHCARE LAKESIDE

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

### LEMON GROVE

#### LEMON GROVE FAMILY

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

### NATIONAL CITY

#### FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930  
1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
Phone: (619) 515-2399  
Fax: (619) 269-0053  
After Hours Phone: (619)  
515-2399  
License number: 550000465  
NPI: 1417409228  
Accepting New Patients: Yes  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No

Hours: M,W,F 8:30AM-3:30PM,  
TU,TH 10:30AM-5:30PM, SA  
9AM-5PM  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
TMedical Group/IPA: Family  
Health Centers Of San Diego  
Website: www.fhcsd.org  
Email:

#### LA MAESTRA FAMILY CLINIC INC

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

#### OPERATION SAMAHAN - NATIONAL C

Provider ID: 417102  
2743 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7410

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## B. Federally Qualified Health Clinics

Phone: (844) 200-2426  
 Fax: (619) 474-3919  
 After Hours Phone: (844) 200-2426  
 License number: 090000183  
 NPI: 1801907449  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Tagalog, Lao, Spanish  
 Cultural Competency: No  
 Hours: M-TH 8AM-6PM, F 8AM-5PM, SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: WMedical Group/IPA: Operation Samahan  
 Website: www.operationsamahan.org  
 Email:

### OPERATION SAMAHAN GRANGER SCHOOL BASED

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

Website: www.operationsamahan.org  
 Email:

### SAN YSIDRO HEALTH NATIONAL CITY

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

### SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA 91950-2956  
 Phone: (619) 662-4100  
 Fax: (619) 259-2807  
 After Hours Phone: (619) 662-4100  
 License number: NPI: 1598907487  
 Accepting New Patients: Yes  
 Min/Max Age: None

Site English Spoken: Yes  
 Site Language(s) Spoken: Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, WMedical Group/IPA: Ihp-san Ysidro Health Center  
 Website: www.ihpsocal.org  
 Email:

### SAN YSIDRO HEALTH SOUTH BAY

Provider ID: 361428  
 330 E 8TH ST  
 NATIONAL CITY, CA 91950-2312  
 Phone: (619) 662-4100  
 Fax: (619) 259-2807  
 After Hours Phone: (619) 662-4100  
 License number: NPI: 1851757215  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 American Sign Language (ASL): No  
 ♿ Accessibility: WMedical Group/IPA: Ihp-san Ysidro Health Center  
 Website: www.ihpsocal.org  
 Email:

## OCEANSIDE

### TRUECARE

Provider ID: 296476  
 605 CROUCH ST BLDG C

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## B. Federally Qualified Health Clinics

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OCEANSIDE, CA 92054-4415

Phone: (760) 757-4566

Fax: (760) 736-8740

After Hours Phone: (760)

757-4566

License number: 080000240

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

Cultural Competency: No

Hours: M-SA 8AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: WMedical

Group/IPA: lhp-truecare

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

### **TRUECARE**

Provider ID: 480247

2210 MESA DR STE 300

OCEANSIDE, CA 92054-3701

Phone: (760) 966-3306

Fax: (760) 736-8740

After Hours Phone: (760)

966-3306

License number: 080000531

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA

8AM-4:30PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: lhp-truecare

Website:

Email:

### **TRUECARE**

Provider ID: 480247

2210 MESA DR STE 300

OCEANSIDE, CA 92054-3701

Phone: (760) 966-3306

Fax: (760) 736-8740

After Hours Phone: (760)

966-3306

License number: 080000637

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA

8AM-4:30PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: lhp-truecare

Website:

Email:

### **TRUECARE**

Provider ID: 480315

3220 MISSION AVE STE 1

OCEANSIDE, CA 92058-1354

Phone: (760) 433-3155

Fax: (760) 736-8740

After Hours Phone: (760)

433-3155

License number: 080000240

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA

9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: lhp-truecare

Website:

Email:

### **VISTA COMMUNITY CLINIC**

Provider ID: 206341

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)

631-5000

License number: 080000002

NPI: 1316501562

Accepting New Patients: Yes

Min/Max Age: 0/999

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA

9AM-4PM

American Sign Language (ASL):

No

♿ Accessibility: WMedical

Group/IPA: lhp-vista Community  
Clinic

Website:

[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email:

### **VISTA COMMUNITY CLINIC**

Provider ID: 206341

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)

631-5000

License number: 080000002

NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0/999

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

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## B. Federally Qualified Health Clinics

Hours: M-F 8AM-5PM, SA  
9AM-4PM  
American Sign Language (ASL):  
No  
♿ Accessibility: WMedical  
Group/IPA: Ihp-vista Community  
Clinic  
Website:  
www.vistacommunityclinic.org  
Email:

### VISTA COMMUNITY CLINIC HORNE STREET

Provider ID: 402436  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
License number: 080000745  
NPI: 1437245412

Accepting New Patients: Yes  
Min/Max Age: 0/999  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8AM-5PM, SA  
9AM-4PM  
American Sign Language (ASL):  
No  
♿ Accessibility: WMedical  
Group/IPA: Ihp-vista Community  
Clinic  
Website:  
Email:

### VISTA COMMUNITY CLINIC PIER VIEW WAY

Provider ID: 402434  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803

Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
License number: 080000510  
NPI: 1649363375  
Accepting New Patients: Yes  
Min/Max Age: 0/999  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M,TU,TH,F 8AM-5PM, W  
8AM-7PM, SA 9AM-4PM  
American Sign Language (ASL):  
No  
♿ Accessibility: WMedical  
Group/IPA: Ihp-vista Community  
Clinic  
Website: www.ihpsocal.org  
Email:

### POWAY

### NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER

Provider ID: 481187  
13010 POWAY RD  
POWAY, CA 92064  
Phone: (858) 218-3000  
Fax: (360) 462-2742  
After Hours Phone: (858)  
218-3000  
License number: 550004321  
NPI: 1023518768  
Accepting New Patients: Yes  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
American Sign Language (ASL):  
No  
♿ Accessibility: Medical

Group/IPA: Ihp-neighborhood  
Healthcare  
Website:  
Email:

### PAUMA VALLEY

### NEIGHBORHOOD HEALTHCARE PAUMA VALLEY

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

### RAMONA

### TRUECARE

Provider ID: 449438  
220 ROTANZI ST  
RAMONA, CA 92065-2583  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760)  
736-6767

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## B. Federally Qualified Health Clinics

License number: 080000149

NPI: 1245246917

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA

8AM-12PM

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E,

RMedical Group/IPA:

Ihp-truecare

Website: www.iypsocal.org

Email:

### SAN DIEGO

#### CITY HEIGHTS FAMILY HEALTH CENTERS INC

Provider ID: 206353

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax: (619) 546-9800

After Hours Phone: (619)

515-2400

License number:

NPI: 1023054004

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Vietnamese

Cultural Competency: No

Hours: M-SA 9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,

T, MEMedical Group/IPA: Family

Health Centers Of San Diego

Website: www.fhcsd.org

Email:

#### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax: (619) 263-2499

After Hours Phone: (619)

515-2560

License number:

NPI: 1982747671

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-SA 9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,

T, MEMedical Group/IPA: Family

Health Centers Of San Diego

Website: www.fhcsd.org

Email:

#### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2430

Fax: (619) 578-2410

After Hours Phone: (619)

515-2430

License number: 550002251

NPI: 1588901045

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8AM-5PM, SA

9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: Medical

Group/IPA: Family Health

Centers Of San Diego

Website: www.fhcsd.org

Email:

#### FAMILY HEALTH CTR IBARRA

Provider ID: 417987

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2426

Fax: (619) 255-8002

After Hours Phone: (619)

515-2426

License number: 550003108

NPI: 1477953933

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-F 8:30AM-5:30PM, SA

9AM-5PM

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,

TMedical Group/IPA: Family

Health Centers Of San Diego

Website: www.fhcsd.org

Email:

#### FAMILY HEALTH CTR OF SD-ELM ST

Provider ID: 419167

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax: (619) 231-0431

After Hours Phone: (619)

515-2520

License number: 550002061

NPI: 1316419070

Accepting New Patients: Yes

Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## B. Federally Qualified Health Clinics

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*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*Cultural Competency:* No

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

*American Sign Language (ASL):* No

♿ *Accessibility:* IB, E, RMedical

*Group/IPA:* Family Health

Centers Of San Diego

*Website:* [www.fhcsd.org](http://www.fhcsd.org)

*Email:*

### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

*Provider ID:* 418142

5160 FEDERAL BLVD

SAN DIEGO, CA 92105-5429

*Phone:* (619) 515-2454

*Fax:* (619) 794-2696

*After Hours Phone:* (619) 515-2454

*License number:* 550003556

*NPI:* 1336525906

*Accepting New Patients:* Yes

*Min/Max Age:* None

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*Cultural Competency:* No

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

*American Sign Language (ASL):* No

♿ *Accessibility:* Medical

*Group/IPA:* Family Health

Centers Of San Diego

*Website:* [www.fhcsd.org](http://www.fhcsd.org)

*Email:*

### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

*Provider ID:* 419529

2325 COMMERCIAL ST STE

1400

SAN DIEGO, CA 92113-1195

*Phone:* (619) 515-2422

*Fax:* (619) 269-0053

*After Hours Phone:* (619) 515-2422

*License number:* 550003113

*NPI:* 1235521782

*Accepting New Patients:* Yes

*Min/Max Age:* None

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*Cultural Competency:* No

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

*American Sign Language (ASL):* No

♿ *Accessibility:* Medical

*Group/IPA:* Family Health

Centers Of San Diego

*Website:* [www.fhcsd.org](http://www.fhcsd.org)

*Email:*

### **FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE**

*Provider ID:* 417429

1550 BROADWAY # 2

SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2525

*Fax:* (619) 501-5814

*After Hours Phone:* (619) 515-2525

*License number:* 550002865

*NPI:* 1952729303

*Accepting New Patients:* Yes

*Min/Max Age:* None

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*Cultural Competency:* No

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

*American Sign Language (ASL):* No

♿ *Accessibility:* Medical

*Group/IPA:* Family Health

Centers Of San Diego

*Website:* [www.fhcsd.org](http://www.fhcsd.org)

*Email:*

### **FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

*Provider ID:* 402851

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2444

*Fax:* (858) 488-1394

*After Hours Phone:* (619) 515-2444

*License number:* 080000115

*NPI:* 1386689701

*Accepting New Patients:* Yes

*Min/Max Age:* None

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*Cultural Competency:* No

*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

*American Sign Language (ASL):* No

♿ *Accessibility:* Medical

*Group/IPA:* Family Health

Centers Of San Diego

*Website:* [www.fhcsd.org](http://www.fhcsd.org)

*Email:*

### **FAMILY HLTH CTR SD HILLCREST**

*Provider ID:* 417937

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545

*Fax:* (619) 501-9645

*After Hours Phone:* (619) 515-2545

*License number:* 550003099

*NPI:* 1629456900

*Accepting New Patients:* Yes

*Min/Max Age:* None

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*Cultural Competency:* No

*Hours:* M-TH 8AM-9PM, F

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## B. Federally Qualified Health Clinics

8AM-5PM, SA 9AM-5PM

*American Sign Language (ASL):*  
No

♿ *Accessibility: Medical Group/IPA:* Family Health Centers Of San Diego  
*Website:* www.fhcsd.org  
*Email:*

### **KING CHAVEZ HEALTH CENTER**

*Provider ID:* 451167  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:* (619) 662-4158  
*After Hours Phone:* (619) 662-4100

*License number:*  
*NPI:* 1538262092  
*Accepting New Patients:* Yes  
*Min/Max Age:* None

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R, T, W*Medical Group/IPA:* Ihp-san Ysidro Health Center  
*Website:* www.ihpsocal.org  
*Email:*

### **LA MAESTRA FAMILY CLINIC INC**

*Provider ID:* 185268  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
*Phone:* (619) 255-9155  
*Fax:* (619) 795-9849  
*After Hours Phone:* (619) 255-9155  
*License number:*

*NPI:* 1336353721

*Accepting New Patients:* Yes  
*Min/Max Age:* None

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, W*Medical Group/IPA:* La Maestra Family Clinic  
*Website:* www.lamaestra.org  
*Email:*

### **LINDA VISTA HEALTH CARE CTR**

*Provider ID:* 206046  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342  
*Phone:* (858) 279-0925  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858) 279-0925  
*License number:*  
*NPI:* 1780665877

*Accepting New Patients:* Yes  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Vietnamese, Spanish, Chinese, Lithuanian  
*Cultural Competency:* No  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R, T, W*Medical Group/IPA:* Ihp-san Diego Family Care  
*Website:* www.sdfamilycare.org  
*Email:*

### **LINDA VISTA HEALTH CARE**

### **CTR**

*Provider ID:* 206046  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342  
*Phone:* (858) 279-0925  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858) 279-0925

*License number:*  
*NPI:* 1609905215  
*Accepting New Patients:* Yes  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Vietnamese, Spanish, Chinese, Lithuanian  
*Cultural Competency:* No  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R, T, W*Medical Group/IPA:* Ihp-san Diego Family Care  
*Website:* www.sdfamilycare.org  
*Email:*

### **LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID:* 206360  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:* (619) 234-2447  
*After Hours Phone:* (619) 515-2300  
*License number:*  
*NPI:* 1447281936

*Accepting New Patients:* Yes  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hours:* M-SA 9AM-5PM  
*American Sign Language (ASL):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## B. Federally Qualified Health Clinics

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         ☞ <i>Accessibility:</i> MEMedical<br/> <i>Group/IPA:</i> Family Health<br/>         Centers Of San Diego<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hours:</i> M-F 8AM-5PM, SA<br/>         8AM-2PM<br/> <i>American Sign Language (ASL):</i><br/>         No<br/>         ☞ <i>Accessibility:</i> WMedical<br/> <i>Group/IPA:</i> Ihp-san Diego Family<br/>         Care<br/> <i>Website:</i> www.sdfamilycare.org<br/> <i>Email:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><i>Phone:</i> (619) 515-2424<br/> <i>Fax:</i> (619) 501-0627<br/> <i>After Hours Phone:</i> (619)<br/>         515-2424<br/> <i>License number:</i><br/> <i>NPI:</i> 1700821303<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>American Sign Language (ASL):</i><br/>         No<br/>         ☞ <i>Accessibility:</i> P, EB, IB, E, R,<br/>         T, MEMedical Group/IPA: Family<br/>         Health Centers Of San Diego<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i></p>                                                                                                                                                                                                |
| <p><b>MID-CITY COMMUNITY CLINIC</b><br/> <i>Provider ID:</i> 233532<br/>         4305 UNIVERSITY AVE STE<br/>         150<br/>         SAN DIEGO, CA 92105-1690<br/> <i>Phone:</i> (619) 280-2058<br/> <i>Fax:</i> (858) 633-4682<br/> <i>After Hours Phone:</i> (619)<br/>         280-2058<br/> <i>License number:</i><br/> <i>NPI:</i> 1962483040<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Min/Max Age:</i> 0/22<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hours:</i> M-F 8AM-5PM, SA<br/>         8AM-2PM<br/> <i>American Sign Language (ASL):</i><br/>         No<br/>         ☞ <i>Accessibility:</i> P, EB, IB, E,<br/>         WMedical Group/IPA: Ihp-san<br/>         Diego Family Care<br/> <i>Website:</i> www.sdfamilycare.org<br/> <i>Email:</i></p> | <p><b>NESTOR COMMUNITY<br/>         HEALTH CENTER</b><br/> <i>Provider ID:</i> 214492<br/>         1016 OUTER RD<br/>         SAN DIEGO, CA 92154-1351<br/> <i>Phone:</i> (619) 429-3733<br/> <i>Fax:</i> (619) 628-5550<br/> <i>After Hours Phone:</i> (619)<br/>         429-3733<br/> <i>License number:</i> 550001474<br/> <i>NPI:</i> 1215246996<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/>         Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hours:</i> M,F 8:30AM-5PM, TU-TH<br/>         8:30AM-8PM, SA 9AM-5PM<br/> <i>American Sign Language (ASL):</i><br/>         No<br/>         ☞ <i>Accessibility:</i> P, IB, E, R, T,<br/>         WMedical Group/IPA:<br/>         Ihp-imperial Beach Health Center<br/> <i>Website:</i> www.ibclinic.org<br/> <i>Email:</i></p> | <p><b>NORTH PARK FAMILY<br/>         HEALTH CENTERS</b><br/> <i>Provider ID:</i> 416831<br/>         3514 30TH ST<br/>         SAN DIEGO, CA 92104-4120<br/> <i>Phone:</i> (619) 515-2424<br/> <i>Fax:</i> (619) 683-7586<br/> <i>After Hours Phone:</i> (619)<br/>         515-2424<br/> <i>License number:</i> 090000469<br/> <i>NPI:</i> 1700821303<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hours:</i> M-TH 8AM-5PM, F,SA<br/>         9AM-5PM<br/> <i>American Sign Language (ASL):</i><br/>         No<br/>         ☞ <i>Accessibility:</i> P, EB, IB, E, R,<br/>         T, MEMedical Group/IPA: Family<br/>         Health Centers Of San Diego<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i></p> |
| <p><b>MID-CITY COMMUNITY CLINIC</b><br/> <i>Provider ID:</i> 233597<br/>         4290 POLK AVE<br/>         SAN DIEGO, CA 92105-1524<br/> <i>Phone:</i> (619) 563-0250<br/> <i>Fax:</i> (858) 633-4681<br/> <i>After Hours Phone:</i> (619)<br/>         563-0250<br/> <i>License number:</i><br/> <i>NPI:</i> 1962483040<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Min/Max Age:</i> None</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>NORTH PARK FAMILY<br/>         HEALTH CENTERS</b><br/> <i>Provider ID:</i> 206362<br/>         3544 30TH ST<br/>         SAN DIEGO, CA 92104-4120</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## B. Federally Qualified Health Clinics

### OPERATION SAMAHAN - MIRA MESA

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

### OPERATION SAMAHAN - MIRA MESA

Provider ID: 432308  
 9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131-1007  
 Phone: (844) 200-2426  
 Fax: (858) 536-8034  
 After Hours Phone: (844) 200-2426  
 License number: 080000146  
 NPI: 1861933897  
 Accepting New Patients: No  
 Min/Max Age: 0/999  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M-SA 9AM-5PM

American Sign Language (ASL): No  
 Accessibility: Medical  
 Group/IPA: Operation Samahan  
 Website: www.operationsamahan.org  
 Email:

### OPERATION SAMAHAN RANCHO PENASQUITOS

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

### OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11  
 SAN DIEGO, CA 92129-2889

Phone: (844) 200-2426  
 Fax: (858) 695-9074  
 After Hours Phone: (844) 200-2426  
 License number: 550002478  
 NPI: 1699216622  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM  
 American Sign Language (ASL): No  
 Accessibility: Medical  
 Group/IPA: Operation Samahan  
 Website: www.operationsamahan.org  
 Email:

### SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382  
 2630 1ST AVE  
 SAN DIEGO, CA 92103-6599  
 Phone: (619) 234-2158  
 Fax: (619) 234-0505  
 After Hours Phone: (619) 234-2158  
 License number: 090000168  
 NPI: 1003902917  
 Accepting New Patients: Yes  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Korean  
 Cultural Competency: No  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 American Sign Language (ASL): No  
 Accessibility: WMedical  
 Group/IPA: Ihp-san Diego

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## B. Federally Qualified Health Clinics

American Indian Health Center  
Website: [www.sdaihc.org](http://www.sdaihc.org)  
Email:

### **SAN DIEGO FAMILY CARE**

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

### **SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE**

Provider ID: 517403  
316 25TH ST  
SAN DIEGO, CA 92102-3016  
Phone: (619) 238-5551  
Fax: (619) 238-3807  
After Hours Phone: (619) 238-5551  
License number:  
NPI: 1598308926  
Accepting New Patients: Yes  
Min/Max Age: 0/120

Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
American Sign Language (ASL):  
No  
♿ Accessibility: Medical  
Group/IPA: Ihp-san Ysidro Health  
Center  
Website:  
Email:

### **SAN YSIDRO HEALTH CHC - OCEAN VIEW**

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

### **SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED**

Provider ID: 517998  
4690 EL CAJON BLVD  
SAN DIEGO, CA 92115-4403

Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
License number: 550003882  
NPI: 1205477841  
Accepting New Patients: Yes  
Min/Max Age: 0/120  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-SA 9AM-5PM  
American Sign Language (ASL):  
No  
♿ Accessibility: Medical  
Group/IPA: Ihp-san Ysidro Health  
Center  
Website:  
Email:

### **SHERMAN HEIGHTS FAMILY HLTH CTRS INC**

Provider ID: 356145  
2391 ISLAND AVE  
SAN DIEGO, CA 92102-2941  
Phone: (619) 515-2435  
Fax: (619) 515-2435  
After Hours Phone: (619) 515-2435  
License number:  
NPI: 1174549232  
Accepting New Patients: Yes  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-SA 9AM-5PM  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, MEMedical Group/IPA: Family  
Health Centers Of San Diego  
Website:  
Email:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## B. Federally Qualified Health Clinics

### ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

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

### SAN MARCOS

#### TRUECARE

Provider ID: 206426  
150 VALPREDA RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760)  
736-6767  
License number: 080000167  
NPI: 1245246917  
Accepting New Patients: Yes  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No

Hours: M-SA 8AM-5PM  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, WMedical Group/IPA:  
Ihp-truecare  
Website: www.ihpsocal.org  
Email:

### SAN YSIDRO

#### SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

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

#### SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100  
Fax: (619) 205-6305  
After Hours Phone: (619)  
662-4100  
License number:  
NPI: 1952364747  
Accepting New Patients: Yes  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8AM-5:30PM, SA  
8:30AM-2PM  
American Sign Language (ASL):  
No  
♿ Accessibility: Medical  
Group/IPA: Ihp-san Ysidro Health  
Center  
Website: www.ihpsocal.org  
Email:

#### SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

Provider ID: 227469  
3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
Phone: (619) 662-4100  
Fax: (619) 600-4870  
After Hours Phone: (619)  
662-4100  
License number:  
NPI: 1801438239  
Accepting New Patients: Yes  
Min/Max Age: None  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
American Sign Language (ASL):  
No  
♿ Accessibility: WMedical  
Group/IPA: Ihp-san Ysidro Health  
Center

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## B. Federally Qualified Health Clinics

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

### SPRING VALLEY

#### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: (619) 515-2555

Fax: (619) 462-5584

After Hours Phone: (619)  
515-2555

License number:

NPI: 1508801069

Accepting New Patients: Yes

Min/Max Age: None

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

Hours: M-SA 9AM-5PM

American Sign Language (ASL):  
No

♿ Accessibility: MEMedical

Group/IPA: Family Health

Centers Of San Diego

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

### VISTA

#### VCC DURIAN

Provider ID: 411518

105 DURIAN ST STE A  
VISTA, CA 92083-6206

Phone: (844) 308-5003

Fax: (760) 414-3892

After Hours Phone: (844)  
308-5003

License number: 080000328

NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0/999

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

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

American Sign Language (ASL):  
No

♿ Accessibility: Medical

Group/IPA: Ihp-vista Community  
Clinic

Website:

Email:

#### VCC DURIAN

Provider ID: 411518

105 DURIAN ST STE A  
VISTA, CA 92083-6206

Phone: (844) 308-5003

Fax: (760) 414-3892

After Hours Phone: (844)  
308-5003

License number: 1851300123

NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0/999

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

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

American Sign Language (ASL):  
No

♿ Accessibility: Medical

Group/IPA: Ihp-vista Community  
Clinic

Website:

Email:

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

License number: 080000002

NPI: 1851300123

Accepting New Patients: Yes

Min/Max Age: 0/999

Site English Spoken: Yes

Site Language(s) Spoken:  
Spanish

Cultural Competency: No

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 9AM-4PM

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, T,

W, MEMedical Group/IPA:

Ihp-vista Community Clinic

Website:

[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email:

#### VISTA COMMUNITY CLINIC

Provider ID: 206338

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

License number: 080000002

NPI: 1316501562

Accepting New Patients: Yes

Min/Max Age: 0/999

Site English Spoken: Yes

Site Language(s) Spoken:  
Spanish

Cultural Competency: No

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 9AM-4PM

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, T,

W, MEMedical Group/IPA:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## B. Federally Qualified Health Clinics

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Ihp-vista Community Clinic

*Website:*

[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

*Email:*

### **VISTA COMMUNITY CLINIC GRAPEVINE**

*Provider ID:* 400339

134 GRAPEVINE RD

VISTA, CA 92083-4004

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*License number:* 080000328

*NPI:* 1851300123

*Accepting New Patients:* Yes

*Min/Max Age:* 0/999

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*Cultural Competency:* No

*Hours:* M,W-F 8AM-5PM, TU

10:30AM-7:30PM, SA 9AM-5PM

*American Sign Language (ASL):*

No

*Accessibility:* WMedical

*Group/IPA:* Ihp-vista Community  
Clinic

*Website:*

*Email:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

| ALPINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CENTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☞ Accessibility: P, EB, IB, E, R, T<br>Hours: M-SA 9AM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFIED NURSE PRACTITIONER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>KAHL, NICHOLAS D</b><br>Provider ID: 517802<br>Provider Gender: Male<br>License number: NP95006360<br>NPI: 1821306598<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Cultural Competency: No<br>Hospital Affiliation: Board Certified Specialty: No<br>IHP-SAN YSIDRO HEALTH CENTER<br>1620 ALPINE BLVD STE 110<br>ALPINE, CA 91901-1103<br>Phone: (619) 662-4100<br>Fax:<br>After Hours Phone: (619) 662-4100<br>Website: www.mtnhealth.org<br>Email:<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: None<br>American Sign Language (ASL): No<br>☞ Accessibility: P, EB, IB, E, R, T<br>Hours: M-SA 9AM-5PM | 1620 ALPINE BLVD STE 110<br>ALPINE, CA 91901-1103<br>Phone: (619) 662-4100<br>Fax:<br>After Hours Phone: (619) 662-4100<br>Website: www.mtnhealth.org<br>Email:<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: None<br>American Sign Language (ASL): No<br>☞ Accessibility: P, EB, IB, E, R, T<br>Hours: M-SA 9AM-5PM                                                                                                                                                                                                                                                                                                           | <b>ST CLAIR BROWN, TANEN T</b><br>Provider ID: 517802<br>Provider Gender: Male<br>License number: 20A17296<br>NPI: 1487040739<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Cultural Competency: No<br>Hospital Affiliation: Board Certified Specialty: No<br>IHP-SAN YSIDRO HEALTH CENTER<br>1620 ALPINE BLVD STE 110<br>ALPINE, CA 91901-1103<br>Phone: (619) 445-6200<br>Fax:<br>After Hours Phone: (619) 445-6200<br>Website: www.mtnhealth.org<br>Email:<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: None<br>American Sign Language (ASL): No<br>☞ Accessibility: P, EB, IB, E, R, T<br>Hours: M-SA 9AM-5PM |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FAMILY PRACTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>TODD, MIKAYLA S</b><br>Provider ID: 517802<br>Provider Gender: Female<br>License number: NP95005999<br>NPI: 1316478092<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Spanish<br>Cultural Competency: No<br>Hospital Affiliation: Board Certified Specialty: No<br>IHP-SAN YSIDRO HEALTH                                                                                                                                                                                                                                                                                                                  | <b>BAUTISTA, LUIS G</b><br>Provider ID: 517802<br>Provider Gender: Male<br>License number: A97270<br>NPI: 1295712206<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Spanish<br>Cultural Competency: No<br>Hospital Affiliation: Fresno Community Hospital, St Agnes Medical Center<br>Board Certified Specialty: No<br>IHP-SAN YSIDRO HEALTH CENTER<br>1620 ALPINE BLVD STE 110<br>ALPINE, CA 91901-1103<br>Phone: (619) 662-4100<br>Fax:<br>After Hours Phone: (619) 662-4100<br>Website: www.mtnhealth.org<br>Email:<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: None<br>American Sign Language (ASL): No | <b>ST CLAIR BROWN, TANEN T</b><br>Provider ID: 519480<br>Provider Gender: Male<br>License number: 20A17296<br>NPI: 1487040739<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Cultural Competency: No<br>Hospital Affiliation: Board Certified Specialty: No<br>IHP-SAN YSIDRO HEALTH CENTER<br>1620 ALPINE BLVD STE 110<br>ALPINE, CA 91901-1103                                                                                                                                                                                                                                                                  |

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## C. Primary Care Directory

Phone: (619) 445-6200  
 Fax: (619) 320-3347  
 After Hours Phone: (619) 445-6200  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T  
 Hours: M-SA 9AM-5PM

### FQHC

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

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

#### **SAN YSIDRO HEALTH ALPINE PEDIATRICS MED CLINIC,**

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

### INTERNAL MEDICINE

#### **MUELLER, LAUREL A**

Provider ID: 517802  
 Provider Gender: Female  
 License number: 20A18030  
 NPI: 1639601172  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103

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

### PEDIATRICS

#### **STENSMAN, LARS M**

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

### PHYSICIANS ASSISTANT

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### BAISLEY, SHAWN M

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

### SHARPE, NORMA A

*Provider ID:* 517802  
*Provider Gender:* Female  
*License number:* PA20490  
*NPI:* 1619100237  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100

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

### BORREGO SPRINGS

#### CARDIOVASCULAR DISEASE

### SCHWARTZ, JOSEPH A

*Provider ID:* 185179  
*Provider Gender:* Male  
*License number:* A36637  
*NPI:* 1295747038  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Long Beach Memorial Med Ctr, Providence St Mary Medical Center  
*Board Certified Specialty:* No  
 BORREGO COMMUNITY HEALTH FOUNDTION  
 4343 YAQUI PASS RD  
 BORREGO SPRINGS, CA 92004  
*Phone:* (760) 767-5051  
*Fax:* (760) 767-4552  
*After Hours Phone:* (760) 767-5051  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 Accessibility: W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

#### DERMATOLOGY

### GREENWAY, HUBERT T

*Provider ID:* 185179  
*Provider Gender:* Male  
*License number:* C39104  
*NPI:* 1366419004  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital  
*Board Certified Specialty:* No  
 BORREGO COMMUNITY HEALTH FOUNDTION  
 4343 YAQUI PASS RD  
 BORREGO SPRINGS, CA 92004  
*Phone:* (760) 767-5051  
*Fax:*  
*After Hours Phone:* (760) 767-5051  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 Accessibility: W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### ZELAC, DANIEL E

*Provider ID:* 185179  
*Provider Gender:* Male  
*License number:* G85319  
*NPI:* 1891709903  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital  
*Board Certified Specialty:* No  
 BORREGO COMMUNITY HEALTH FOUNDTION

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

Phone: (760) 767-5051

Fax: (760) 767-4552

After Hours Phone: (760)  
767-5051

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### FQHC

#### **BORREGO MEDICAL CLINIC,**

Provider ID: 185179

Provider Gender:

License number: 080000651

NPI: 1134144165

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

BORREGO COMMUNITY

HEALTH FOUNDTION

4343 YAQUI PASS RD

BORREGO SPRINGS, CA

92004

Phone: (760) 767-5051

Fax: (760) 767-4552

After Hours Phone: (760)

767-5051

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### GENERAL PRACTICE

#### **HUOT, JAMES M**

Provider ID: 185179

Provider Gender: Male

License number: G83499

NPI: 1033122296

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

4343 YAQUI PASS RD

BORREGO SPRINGS, CA

92004

Phone: (760) 767-5051

Fax: (760) 767-4552

After Hours Phone: (760)

767-5051

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### SURGERY COLON SURGERY

#### **GOETZ, LAURA H**

Provider ID: 185179

Provider Gender: Female

License number: A86535

NPI: 1710941729

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Green Hospital, Scripps  
Memorial Hospital Encinitas,  
Desert Regional Med Ctr

Board Certified Specialty: No  
BORREGO COMMUNITY  
HEALTH FOUNDTION

4343 YAQUI PASS RD  
BORREGO SPRINGS, CA  
92004

Phone: (760) 767-5051

Fax:

After Hours Phone: (760)  
767-5051

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### CAMPO

### FAMILY PRACTICE

#### **KAUFHOLD, ANNE D**

Provider ID: 519686

Provider Gender: Female

License number: A88893

NPI: 1164508073

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital Chula Vista

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (619) 445-6200

Fax:

After Hours Phone: (619)  
445-6200

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/120

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **ROGERS, MATTHEW W**

Provider ID: 519686

Provider Gender: Male

License number: 20A18400

NPI: 1639606130

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/120

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **ST CLAIR BROWN, TANEN T**

Provider ID: 519479

Provider Gender: Male

License number: 20A17296

NPI: 1487040739

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN YSIDRO HEALTH  
CENTER

1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028

Phone: (619) 445-6200

Fax: (619) 478-9164

After Hours Phone: (619)

445-6200

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **ST CLAIR BROWN, TANEN T**

Provider ID: 519686

Provider Gender: Male

License number: 20A17296

NPI: 1487040739

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN YSIDRO HEALTH  
CENTER

1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028

Phone: (619) 445-6200

Fax:

After Hours Phone: (619)

445-6200

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/120

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **FQHC**

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

Provider ID: 519686

Provider Gender:

License number: 090000660

NPI: 1174164719

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-SAN YSIDRO HEALTH  
CENTER

1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/120

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **PHYSICIANS ASSISTANT**

### **SHARPE, NORMA A**

Provider ID: 519686

Provider Gender: Female

License number: PA20490

NPI: 1619100237

Provider English Spoken: Yes

Provider Language(s) Spoken:

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## C. Primary Care Directory

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 1388 BUCKMAN SPRINGS RD  
 CAMPO, CA 91906-2028  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/120  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

### CARLSBAD

#### CERTIFIED NURSE PRACTITIONER

#### LEWIS, SARAH

*Provider ID:* 480120  
*Provider Gender:* Female  
*License number:* NP22697  
*NPI:* 1437497963  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 1295 CARLSBAD VILLAGE DR  
 # 100  
 CARLSBAD, CA 92008-1950  
*Phone:* (760) 720-7766  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760) 720-7766  
*Website:*  
*Email:*

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

#### PALEN, BARBARA A

*Provider ID:* 480120  
*Provider Gender:* Female  
*License number:* NP3108  
*NPI:* 1265447601  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 1295 CARLSBAD VILLAGE DR  
 # 100  
 CARLSBAD, CA 92008-1950  
*Phone:* (760) 720-7766  
*Fax:*

*After Hours Phone:* (760) 720-7766  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

#### TRUMAN, LAURA L

*Provider ID:* 480120  
*Provider Gender:* Female  
*License number:* NP19860  
*NPI:* 1376840231  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*

*Board Certified Specialty:* No  
 IHP-TRUECARE  
 1295 CARLSBAD VILLAGE DR  
 # 100  
 CARLSBAD, CA 92008-1950  
*Phone:* (760) 720-7766  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760) 720-7766  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

#### TURNER, DAWN M

*Provider ID:* 480120  
*Provider Gender:* Female  
*License number:* NP22586  
*NPI:* 1386988368  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 1295 CARLSBAD VILLAGE DR  
 # 100  
 CARLSBAD, CA 92008-1950  
*Phone:* (760) 720-7766  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760) 720-7766  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

8AM-2PM

### FQHC

#### TRUECARE,

*Provider ID:* 480120

*Provider Gender:*

*License number:* 080000630

*NPI:* 1245246917

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:*

IHP-TRUECARE

1295 CARLSBAD VILLAGE DR

# 100

CARLSBAD, CA 92008-1950

*Phone:* (760) 720-7766

*Fax:* (760) 720-7204

*After Hours Phone:* (760)

720-7766

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-F 8AM-5PM, SA

8AM-2PM

### INTERNAL MEDICINE

#### JEFFERIS, LAUREN R

*Provider ID:* 480120

*Provider Gender:* Female

*License number:* A80674

*NPI:* 1346354776

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

IHP-TRUECARE

1295 CARLSBAD VILLAGE DR

# 100

CARLSBAD, CA 92008-1950

*Phone:* (760) 720-7766

*Fax:*

*After Hours Phone:* (760)

720-7766

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-F 8AM-5PM, SA

8AM-2PM

#### PONIACHIK, SAMUEL I

*Provider ID:* 480120

*Provider Gender:* Male

*License number:* G74757

*NPI:* 1467485078

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

IHP-TRUECARE

1295 CARLSBAD VILLAGE DR

# 100

CARLSBAD, CA 92008-1950

*Phone:* (760) 720-7766

*Fax:*

*After Hours Phone:* (760)

720-7766

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-F 8AM-5PM, SA

8AM-2PM

### OBSTETRICS / GYNECOLOGY

#### POUNTNEY, MARLENE E

*Provider ID:* 480120

*Provider Gender:* Female

*License number:* A93248

*NPI:* 1174703680

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

Medical Ctr

*Board Certified Specialty:* No

IHP-TRUECARE

1295 CARLSBAD VILLAGE DR

# 100

CARLSBAD, CA 92008-1950

*Phone:* (760) 720-7766

*Fax:*

*After Hours Phone:* (760)

720-7766

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-F 8AM-5PM, SA

8AM-2PM

### PEDIATRICS

#### BURGAMY, ELIZABETH B

*Provider ID:* 326275

*Provider Gender:* Female

*License number:* A99859

*NPI:* 1164609558

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital Encinitas,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

Sharp Memorial Hospital, Scripps Memorial Hospital  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3257 CAMINO DE LOS COCHES STE 202  
 CARLSBAD, CA 92009-8915  
*Phone:* (760) 633-3640  
*Fax:* (760) 633-3644  
*After Hours Phone:* (760) 633-3640  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

**GRANT, COLETTE L**  
*Provider ID:* 433808  
*Provider Gender:* Female  
*License number:* G65865  
*NPI:* 1073638680  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3257 CAMINO DE LOS COCHES STE 202  
 CARLSBAD, CA 92009-8915  
*Phone:* (760) 633-3640  
*Fax:*  
*After Hours Phone:* (760) 633-3640  
*Website:*

*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

**IYENGAR, RADHA A**  
*Provider ID:* 480120  
*Provider Gender:* Female  
*License number:* A49273  
*NPI:* 1265448112  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Spanish, Tamil  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr  
*Board Certified Specialty:* No  
**IHP-TRUECARE**  
 1295 CARLSBAD VILLAGE DR # 100  
 CARLSBAD, CA 92008-1950  
*Phone:* (760) 720-7766  
*Fax:*  
*After Hours Phone:* (760) 720-7766  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**JACOBSON, MICHAEL B**  
*Provider ID:* 326268  
*Provider Gender:* Male  
*License number:* A88422  
*NPI:* 1831284249  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Grossmont Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3257 CAMINO DE LOS COCHES STE 202  
 CARLSBAD, CA 92009-8915  
*Phone:* (760) 633-3640  
*Fax:* (760) 633-3644  
*After Hours Phone:* (760) 633-3640  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

**METSCH, RANDALL B**  
*Provider ID:* 325891  
*Provider Gender:* Male  
*License number:* G69565  
*NPI:* 1619948635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

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

### **MUTH, NATALIE D**

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

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

Hours: M-SA 9AM-5PM

### **TANAKA, MARY S**

Provider ID: 465387  
Provider Gender: Female  
License number: A116057  
NPI: 1295962686  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Thai  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

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

### **ZACHRY, ALISON D**

Provider ID: 480120  
Provider Gender: Female  
License number: A131678  
NPI: 1922402858  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego, Tri  
City Medical Ctr  
Board Certified Specialty: No  
IHP-TRUECARE

1295 CARLSBAD VILLAGE DR  
# 100  
CARLSBAD, CA 92008-1950  
Phone: (760) 720-7766  
Fax:  
After Hours Phone: (760)  
720-7766  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
8AM-2PM

## **PHYSICIANS ASSISTANT**

### **CHISWICK, GARY R**

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

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Hours: M-F 8AM-5PM, SA  
8AM-2PM

### **CRUZ, ASHLEY D**

Provider ID: 480120  
Provider Gender: Female  
License number: PA22997  
NPI: 1063851814  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
1295 CARLSBAD VILLAGE DR  
# 100  
CARLSBAD, CA 92008-1950  
Phone: (760) 720-7766  
Fax: (760) 720-7204  
After Hours Phone: (760)  
720-7766  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-F 8AM-5PM, SA  
8AM-2PM

### **PADDOCK, DIANA L**

Provider ID: 480120  
Provider Gender: Female  
License number: PA52175  
NPI: 1447657804  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Board Certified Specialty: No  
IHP-TRUECARE

1295 CARLSBAD VILLAGE DR  
# 100  
CARLSBAD, CA 92008-1950  
Phone: (760) 720-7766  
Fax: (760) 720-7204  
After Hours Phone: (760)  
720-7766  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-F 8AM-5PM, SA  
8AM-2PM

### **RUSSO, KRISTA L**

Provider ID: 480120  
Provider Gender: Female  
License number: PA53036  
NPI: 1922471192  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
1295 CARLSBAD VILLAGE DR  
# 100  
CARLSBAD, CA 92008-1950  
Phone: (760) 720-7766  
Fax: (760) 720-7204  
After Hours Phone: (760)  
720-7766  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-F 8AM-5PM, SA  
8AM-2PM

## CHULA VISTA

### **CERTIFIED NURSE PRACTITIONER**

### **ANTHONY, SHARON**

Provider ID: 427322  
Provider Gender: Female  
License number: NP95015566  
NPI: 1053887760  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **CHAPIN, DENISE L**

Provider ID: 206355  
Provider Gender: Female  
License number: NP23687  
NPI: 1952737033  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### **IBARRA, MARTHA A**

Provider ID: 427322  
Provider Gender: Female  
License number: NP12112  
NPI: 1114957289  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH CENTER  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA

9AM-5PM

### **ROSS, CRYSTAL H**

Provider ID: 427322  
Provider Gender: Female  
License number: NP95015413  
NPI: 1548683378  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH CENTER  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM

### **SOTO, ROBIN J**

Provider ID: 417641  
Provider Gender: Female  
License number: NP11778  
NPI: 1487688099  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208

Phone: (619) 515-2325  
Fax:  
After Hours Phone: (619) 515-2325  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM

### **VEGA, TERESA**

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

---

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

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This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### **BOSTON, LAURA H**

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

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

Provider Gender: Male  
 License number: DC31963  
 NPI: 1760464960  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **KAZEM, HARON H**

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

### **REYNOSO, ALFONSO**

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

### **CHIROPRACTOR**

### **HASHEM, SHIVA**

Provider ID: 206355  
 Provider Gender: Female  
 License number: DC26269  
 NPI: 1952950776  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

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

### **PLANTE, CHARLES F**

Provider ID: 427322

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

---

### ENDOCRINOLOGY METABOLISM DIABETES

---

#### **CARRILLO, MARITZA E**

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

#### **PHILIS-TSIMIKAS, ATHENA**

*Provider ID:* 427322  
*Provider Gender:* Female  
*License number:* A50477

*NPI:* 1922105964  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Greek  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital, Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

#### **VINCENT, LAUREN C**

*Provider ID:* 427322  
*Provider Gender:* Female  
*License number:* A134303  
*NPI:* 1053757997  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736

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

---

### FAMILY PRACTICE

---

#### **ALANIZ, MATEO A**

*Provider ID:* 427322  
*Provider Gender:* Male  
*License number:* A124388  
*NPI:* 1700175577  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

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## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>AMANAT, SOROOSH</b><br/> <i>Provider ID:</i> 427322<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A153022<br/> <i>NPI:</i> 1003279621<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Farsi, Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br/> <i>Board Certified Specialty:</i> No<br/> IHP-SAN YSIDRO HEALTH CENTER<br/> 678 3RD AVE<br/> CHULA VISTA, CA 91910-5736<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> | <p>678 3RD AVE<br/> CHULA VISTA, CA 91910-5736<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>CAMPOS, MELISSA</b><br/> <i>Provider ID:</i> 427322<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A138474<br/> <i>NPI:</i> 1427475318<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital<br/> <i>Board Certified Specialty:</i> No<br/> IHP-SAN YSIDRO HEALTH CENTER<br/> 678 3RD AVE<br/> CHULA VISTA, CA 91910-5736<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> | <p><b>CHERY, FARAH Y</b><br/> <i>Provider ID:</i> 206355<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A108681<br/> <i>NPI:</i> 1114183688<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> El Centro Regional Medical Center, Sharp Chula Vista Med Ctr<br/> <i>Board Certified Specialty:</i> No<br/> FAMILY HEALTH CENTERS OF SAN DIEGO<br/> 251 LANDIS AVE<br/> CHULA VISTA, CA 91910-2628<br/> <i>Phone:</i> (619) 515-2500<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2500<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> |
| <p><b>ARCE GOMEZ, LAURA E</b><br/> <i>Provider ID:</i> 427322<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A123604<br/> <i>NPI:</i> 1053532986<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish, Tagalog<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> IHP-SAN YSIDRO HEALTH CENTER</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>CHERY, FARAH Y</b><br/> <i>Provider ID:</i> 417641<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A108681<br/> <i>NPI:</i> 1114183688<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> El Centro Regional Medical Center, Sharp Chula Vista Med Ctr<br/> <i>Board Certified Specialty:</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2325  
Fax:  
After Hours Phone: (619)  
515-2325  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

### DEIS, CRISTINA E

Provider ID: 314546  
Provider Gender: Female  
License number: A123170  
NPI: 1639478811  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
1637 3RD AVE STE H  
CHULA VISTA, CA 91911-5823  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-F 8AM-5PM, SA

9AM-5PM

### DOOHAN, NOEMI C

Provider ID: 427322  
Provider Gender: Female  
License number: A89396  
NPI: 1972603884  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ukiah Valley  
Med Ctr, Uc Davis Medical Ctr,  
Scripps Mercy Hospital  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

### DY, DIANE J

Provider ID: 206355  
Provider Gender: Female  
License number: A153344  
NPI: 1467807560  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE

CHULA VISTA, CA 91910-2628

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

### ELSAIED, MOHAMMED K

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

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

♿ Accessibility: EB, IB, E, R, W  
Hours: M-SA 9AM-5PM

### **ELSAYED, MOHAMMED K , MD**

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

### **FLORES, MARIBEL C**

Provider ID: 314546  
Provider Gender: Female  
License number: A95959  
NPI: 1124104815  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH CENTER  
1637 3RD AVE STE H  
CHULA VISTA, CA 91911-5823  
Phone: (619) 205-1360  
Fax:  
After Hours Phone: (619) 205-1360  
Website: www.ihsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, W  
Hours: M-F 8AM-5PM, SA 9AM-5PM

### **GARCIA, KARLA J**

Provider ID: 427322  
Provider Gender: Female  
License number: A120672  
NPI: 1154647410  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH CENTER  
678 3RD AVE  
CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None

American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM

### **HASSANEIN, TAREK I**

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

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## C. Primary Care Directory

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>HUBLEY, PAUL E</b><br/> <i>Provider ID:</i> 206355<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A73172<br/> <i>NPI:</i> 1568496974<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 251 LANDIS AVE<br/> CHULA VISTA, CA 91910-2628<br/> <i>Phone:</i> (619) 515-2500<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2500<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> | <p><i>Phone:</i> (619) 682-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 682-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><i>Provider Gender:</i> Female<br/> <i>License number:</i> G57243<br/> <i>NPI:</i> 1376639666<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital<br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN YSIDRO HEALTH CENTER</b><br/> 678 3RD AVE<br/> CHULA VISTA, CA 91910-5736<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> |
| <p><b>JIMENEZ, KRYSTAL A</b><br/> <i>Provider ID:</i> 427322<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A159831<br/> <i>NPI:</i> 1922531250<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN YSIDRO HEALTH CENTER</b><br/> 678 3RD AVE<br/> CHULA VISTA, CA 91910-5736</p>                                                                                                                                                                                                                                                                                                                                                                      | <p><b>LAW, KAREN</b><br/> <i>Provider ID:</i> 427322<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A138534<br/> <i>NPI:</i> 1205253150<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN YSIDRO HEALTH CENTER</b><br/> 678 3RD AVE<br/> CHULA VISTA, CA 91910-5736<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>MCKENNETT, MARIANNE A</b><br/> <i>Provider ID:</i> 427322</p> | <p><b>MENON, POOJA S</b><br/> <i>Provider ID:</i> 427322<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A123263<br/> <i>NPI:</i> 1053600064<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN YSIDRO HEALTH CENTER</b><br/> 678 3RD AVE<br/> CHULA VISTA, CA 91910-5736</p>                                                                                                                                                                                                                                                                                                                                                            |

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## C. Primary Care Directory

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)  
662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### MERRILL, SARAH E

Provider ID: 427322

Provider Gender: Female

License number: A123492

NPI: 1225399512

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)  
662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### MOYA, MARY R

Provider ID: 427322

Provider Gender: Female

License number: A80185

NPI: 1093844417

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)  
662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### NGUYEN, CARIE C

Provider ID: 427322

Provider Gender: Female

License number: A106103

NPI: 1174781132

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)  
662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### NGUYEN, LINH T

Provider ID: 206355

Provider Gender: Female

License number: A144995

NPI: 1619357993

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### NGUYEN, LINH T

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## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Provider ID:</b> 417641<br><b>Provider Gender:</b> Female<br><b>License number:</b> A144995<br><b>NPI:</b> 1619357993<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Mercy Hospital<br><b>Board Certified Specialty:</b> No<br><b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br><b>352 L ST</b><br><b>CHULA VISTA, CA 91911-1208</b><br><b>Phone:</b> (619) 515-2325<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 515-2325<br><b>Website:</b> www.fhcsd.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b><br><b>Hours:</b> M-F 8AM-5PM, SA 9AM-5PM | <b>Phone:</b> (619) 662-4100<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 662-4100<br><b>Website:</b> www.ihpsocal.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b> W<br><b>Hours:</b> M-F 8AM-5PM, SA 9AM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Provider Gender:</b> Female<br><b>License number:</b> A115699<br><b>NPI:</b> 1770718975<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Mercy Hospital Chula Vista<br><b>Board Certified Specialty:</b> No<br><b>IHP-SAN YSIDRO HEALTH CENTER</b><br><b>678 3RD AVE</b><br><b>CHULA VISTA, CA 91910-5736</b><br><b>Phone:</b> (619) 662-4100<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 662-4100<br><b>Website:</b> www.ihpsocal.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b> W<br><b>Hours:</b> M-F 8AM-5PM, SA 9AM-5PM |
| <b>NOVOTNY, RICHARD W</b><br><b>Provider ID:</b> 427322<br><b>Provider Gender:</b> Male<br><b>License number:</b> A143811<br><b>NPI:</b> 1588002877<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Ucsd Medical Ctr<br><b>Board Certified Specialty:</b> No<br><b>IHP-SAN YSIDRO HEALTH CENTER</b><br><b>678 3RD AVE</b><br><b>CHULA VISTA, CA 91910-5736</b>                                                                                                                                                                                                                                                                                                          | <b>OSEGUERA, MARIA D</b><br><b>Provider ID:</b> 91607<br><b>Provider Gender:</b> Female<br><b>License number:</b> G79997<br><b>NPI:</b> 1487627907<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Mercy Hospital Chula Vista<br><b>Board Certified Specialty:</b> No<br><b>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD</b><br><b>2452 FENTON ST STE 301</b><br><b>CHULA VISTA, CA 91914-4552</b><br><b>Phone:</b> (619) 946-4073<br><b>Fax:</b> (619) 946-7243<br><b>After Hours Phone:</b> (619) 946-4073<br><b>Website:</b><br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b><br><b>Hours:</b> M-SA 9AM-5PM | <b>PEDROTTY, JOHN R</b><br><b>Provider ID:</b> 427322<br><b>Provider Gender:</b> Male<br><b>License number:</b> G80234<br><b>NPI:</b> 1992861629<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Sharp Coronado Hosp And Healthcare Ctr<br><b>Board Certified Specialty:</b> No<br><b>IHP-SAN YSIDRO HEALTH CENTER</b><br><b>678 3RD AVE</b><br><b>CHULA VISTA, CA 91910-5736</b>                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>PALOMINO, MARY A</b><br><b>Provider ID:</b> 427322                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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## C. Primary Care Directory

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

### **PEREZ, PERLITA A**

Provider ID: 206355  
 Provider Gender: Female  
 License number: A119689  
 NPI: 1174810972  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2500  
 Fax:  
 After Hours Phone: (619) 515-2500  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM

### **PIEROS, JANELLE J**

Provider ID: 427322

Provider Gender: Female  
 License number: 20A13225  
 NPI: 1386935914  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100

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

### **PISINGER, PATRICIA**

Provider ID: 427322  
 Provider Gender: Female  
 License number: A69264  
 NPI: 1861428302  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736

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

### **RAJ, ASHA P**

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

### **RAJ, ASHA P**

Provider ID: 417641

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## C. Primary Care Directory

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

### **RAWI, BASHIR A , MD**

*Provider ID:* 168833  
*Provider Gender:* Male  
*License number:* A48140  
*NPI:* 1003964834  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1323 3RD AVE  
 CHULA VISTA, CA 91911-4302

*Phone:* (619) 409-6900  
*Fax:* (619) 409-6901  
*After Hours Phone:* (619) 409-6900  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

### **RAWI, BASHIR A**

*Provider ID:* 168833  
*Provider Gender:* Male  
*License number:* A48140  
*NPI:* 1003964834  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 1323 3RD AVE  
 CHULA VISTA, CA 91911-4302  
*Phone:* (619) 409-6900  
*Fax:* (619) 409-6901  
*After Hours Phone:* (619) 409-6900  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

### **RAWI, BASHIR A , MD**

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

### **REDDY, DIVYA K**

*Provider ID:* 427322  
*Provider Gender:* Female  
*License number:* A130224  
*NPI:* 1669766473  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Kannada, Telugu  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 678 3RD AVE

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## C. Primary Care Directory

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

### **ROSENBLATT, EUGENE M**

Provider ID: 427322  
 Provider Gender: Male  
 License number: 20A9060  
 NPI: 1427123991  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: IHP-SAN YSIDRO HEALTH CENTER  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **SERPAS, SHAILA**

Provider ID: 427322

Provider Gender: Female  
 License number: G74728  
 NPI: 1124039136  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736

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

### **SHAHTAJI, ALAN P**

Provider ID: 427322  
 Provider Gender: Male  
 License number: 20A11087  
 NPI: 1972751089  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736

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

### **SWARTZ, JOHN R**

Provider ID: 427322  
 Provider Gender: Male  
 License number: G72486  
 NPI: 1396754131  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

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## C. Primary Care Directory

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TALAVERA, GREGORY A</b><br><i>Provider ID: 427322</i><br><i>Provider Gender: Male</i><br><i>License number: A40061</i><br><i>NPI: 1740337161</i><br><i>Provider English Spoken: Yes</i><br><i>Provider Language(s) Spoken: Spanish</i><br><i>Cultural Competency: No</i><br><i>Hospital Affiliation:</i><br><i>Board Certified Specialty: No</i><br>IHP-SAN YSIDRO HEALTH CENTER<br>678 3RD AVE<br>CHULA VISTA, CA 91910-5736<br><i>Phone: (619) 662-4100</i><br><i>Fax:</i><br><i>After Hours Phone: (619) 662-4100</i><br><i>Website: www.ihpsocal.org</i><br><i>Email:</i><br><i>Medi-Cal Open Panel: Yes</i><br><i>Min/Max Age: None</i><br><i>American Sign Language (ASL): No</i><br><i>♿ Accessibility: W</i><br><i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i> | 678 3RD AVE<br>CHULA VISTA, CA 91910-5736<br><i>Phone: (619) 662-4100</i><br><i>Fax:</i><br><i>After Hours Phone: (619) 662-4100</i><br><i>Website: www.ihpsocal.org</i><br><i>Email:</i><br><i>Medi-Cal Open Panel: Yes</i><br><i>Min/Max Age: None</i><br><i>American Sign Language (ASL): No</i><br><i>♿ Accessibility: W</i><br><i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i>                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9AM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>TEE, ALEXANDRA</b><br><i>Provider ID: 427322</i><br><i>Provider Gender: Female</i><br><i>License number: A164392</i><br><i>NPI: 1881198406</i><br><i>Provider English Spoken: Yes</i><br><i>Provider Language(s) Spoken:</i><br><i>Cultural Competency: No</i><br><i>Hospital Affiliation: Scripps Memorial Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</i><br><i>Board Certified Specialty: No</i><br>IHP-SAN YSIDRO HEALTH CENTER                                                                                                                                                                                                                                                                                                         | <b>TOLEDO-NADER, CAROLL</b><br><i>Provider ID: 427322</i><br><i>Provider Gender: Male</i><br><i>License number: A41486</i><br><i>NPI: 1427126648</i><br><i>Provider English Spoken: Yes</i><br><i>Provider Language(s) Spoken: Spanish</i><br><i>Cultural Competency: No</i><br><i>Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital</i><br><i>Board Certified Specialty: No</i><br>IHP-SAN YSIDRO HEALTH CENTER<br>678 3RD AVE<br>CHULA VISTA, CA 91910-5736<br><i>Phone: (619) 662-4100</i><br><i>Fax:</i><br><i>After Hours Phone: (619) 662-4100</i><br><i>Website: www.ihpsocal.org</i><br><i>Email:</i><br><i>Medi-Cal Open Panel: Yes</i><br><i>Min/Max Age: None</i><br><i>American Sign Language (ASL): No</i><br><i>♿ Accessibility: W</i><br><i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i> | <b>TREJO, RAUL</b><br><i>Provider ID: 427322</i><br><i>Provider Gender: Male</i><br><i>License number: A77936</i><br><i>NPI: 1174534184</i><br><i>Provider English Spoken: Yes</i><br><i>Provider Language(s) Spoken: Spanish</i><br><i>Cultural Competency: No</i><br><i>Hospital Affiliation: Scripps Mercy Hospital Chula Vista</i><br><i>Board Certified Specialty: No</i><br>IHP-SAN YSIDRO HEALTH CENTER<br>678 3RD AVE<br>CHULA VISTA, CA 91910-5736<br><i>Phone: (619) 662-4100</i><br><i>Fax:</i><br><i>After Hours Phone: (619) 662-4100</i><br><i>Website: www.ihpsocal.org</i><br><i>Email:</i><br><i>Medi-Cal Open Panel: Yes</i><br><i>Min/Max Age: None</i><br><i>American Sign Language (ASL): No</i><br><i>♿ Accessibility: W</i><br><i>Hours: M-F 8AM-5PM, SA 9AM-5PM</i> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>WHITLEY, NICHOLAS R</b><br><i>Provider ID: 427322</i><br><i>Provider Gender: Male</i><br><i>License number: A118250</i><br><i>NPI: 1629394721</i><br><i>Provider English Spoken: Yes</i><br><i>Provider Language(s) Spoken: Spanish</i><br><i>Cultural Competency: No</i><br><i>Hospital Affiliation: Scripps Mercy Hospital Chula Vista</i><br><i>Board Certified Specialty: No</i><br>IHP-SAN YSIDRO HEALTH                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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## C. Primary Care Directory

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>CENTER<br/>678 3RD AVE<br/>CHULA VISTA, CA 91910-5736<br/>Phone: (619) 662-4100<br/>Fax:<br/>After Hours Phone: (619) 662-4100<br/>Website: www.ihpsocal.org<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility: W<br/>Hours: M-F 8AM-5PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                              | <p>9AM-5PM</p> <hr/> <p><b>FQHC</b></p> <hr/> <p><b>CHULA VISTA FAMILY HLTH CTR,</b><br/>Provider ID: 206355<br/>Provider Gender:<br/>License number:<br/>NPI: 1346480837<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency: No<br/>Hospital Affiliation:<br/>Board Certified Specialty:<br/>FAMILY HEALTH CENTERS OF SAN DIEGO<br/>251 LANDIS AVE<br/>CHULA VISTA, CA 91910-2628<br/>Phone: (619) 515-2500<br/>Fax: (619) 397-1161<br/>After Hours Phone: (619) 515-2500<br/>Website: www.fhcsd.org<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility: P, EB, IB, E, R, T, ME<br/>Hours: M-SA 9AM-5PM</p> | <p>855 3RD AVE STE 2200<br/>CHULA VISTA, CA 91911-1353<br/>Phone: (619) 662-4100<br/>Fax: (619) 662-4196<br/>After Hours Phone: (619) 662-4100<br/>Website: www.ihpsocal.org<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility:<br/>Hours: M-F 9AM-4PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                 |
| <p><b>YOON, RYAN R</b><br/>Provider ID: 427322<br/>Provider Gender: Male<br/>License number: A114600<br/>NPI: 1942435144<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency: No<br/>Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista<br/>Board Certified Specialty: No<br/>IHP-SAN YSIDRO HEALTH CENTER<br/>678 3RD AVE<br/>CHULA VISTA, CA 91910-5736<br/>Phone: (619) 662-4100<br/>Fax:<br/>After Hours Phone: (619) 662-4100<br/>Website: www.ihpsocal.org<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility: W<br/>Hours: M-F 8AM-5PM, SA</p> | <p><b>CHULA VISTA PEDIATRICS,</b><br/>Provider ID: 482034<br/>Provider Gender:<br/>License number:<br/>NPI: 1326486861<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency: No<br/>Hospital Affiliation:<br/>Board Certified Specialty:<br/>IHP-SAN YSIDRO HEALTH CENTER</p>                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,</b><br/>Provider ID: 417641<br/>Provider Gender:<br/>License number: 550002305<br/>NPI: 1083959464<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency: No<br/>Hospital Affiliation:<br/>Board Certified Specialty:<br/>FAMILY HEALTH CENTERS OF SAN DIEGO<br/>352 L ST<br/>CHULA VISTA, CA 91911-1208<br/>Phone: (619) 515-2325<br/>Fax: (619) 420-0660<br/>After Hours Phone: (619) 515-2325<br/>Website: www.fhcsd.org<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility:<br/>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> |

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## C. Primary Care Directory

### OTAY FAMILY HEALTH CLINIC,

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

### SAN YSIDRO HEALTH CHULA VISTA,

Provider ID: 427322  
Provider Gender:  
License number:  
NPI: 1326486861  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty:  
IHP-SAN YSIDRO HEALTH CENTER  
678 3RD AVE

CHULA VISTA, CA 91910-5736  
Phone: (619) 662-4100  
Fax: (619) 425-1184  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM

### GENERAL DENTISTRY

#### PHAM, QUYNH V

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

### HEMATOLOGY / ONCOLOGY

#### QUIROZ, ELISA K

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

### INTERNAL MEDICINE

#### CHEN, TSUH YIN

Provider ID: 427322  
Provider Gender: Female  
License number: C55563  
NPI: 1093803520  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Portuguese, Spanish

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## C. Primary Care Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

**DALHOUMI, SARAH**  
*Provider ID:* 427322  
*Provider Gender:* Female  
*License number:* A121861  
*NPI:* 1033435383  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

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

**FLORES, ROCIO M**  
*Provider ID:* 490002  
*Provider Gender:* Female  
*License number:* A69424  
*NPI:* 1881607067  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 296 H ST STE 201  
 CHULA VISTA, CA 91910-4779  
*Phone:* (619) 271-5551  
*Fax:* (619) 271-5556  
*After Hours Phone:* (619)  
 271-5551  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

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

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## C. Primary Care Directory

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

### **HAMMETT, ERIN K**

*Provider ID:* 427322  
*Provider Gender:* Female  
*License number:* 20A14025  
*NPI:* 1467884098  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Santa Barbara Cottage Hosp, Goleta Valley Cottage Hosp  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **UWEDJOJEVWE, LETICIA M**

*Provider ID:* 380242  
*Provider Gender:* Female  
*License number:* A80329  
*NPI:* 1891882221  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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

### **VELAZQUEZ CAMARENA, MARIA D**

*Provider ID:* 427322  
*Provider Gender:* Female  
*License number:* A56153  
*NPI:* 1518965714  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org

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

## **OBSTETRICS / GYNECOLOGY**

### **ALIMONOS, LYSISTRATI A**

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

### **BUECHNER, CHARLENE A**

*Provider ID:* 206355  
*Provider Gender:* Female  
*License number:* A68463

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## C. Primary Care Directory

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>NPI: 1376663831<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital, Chula Vista, Sharp Mary Birch Hosp For Women And Newborns<br/> <i>Board Certified Specialty:</i> No<br/> FAMILY HEALTH CENTERS OF SAN DIEGO<br/> 251 LANDIS AVE<br/> CHULA VISTA, CA 91910-2628<br/> <i>Phone:</i> (619) 515-2500<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2500<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ⌘ <i>Accessibility:</i> P, EB, IB, E, R, T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> | <p>Healthcare Ctr<br/> <i>Board Certified Specialty:</i> No<br/> FAMILY HEALTH CENTERS OF SAN DIEGO<br/> 251 LANDIS AVE<br/> CHULA VISTA, CA 91910-2628<br/> <i>Phone:</i> (619) 515-2500<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2500<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ⌘ <i>Accessibility:</i> P, EB, IB, E, R, T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p>                                                                                                                                                                                                                                                         | <p>No<br/> ⌘ <i>Accessibility:</i> P, EB, IB, E, R, T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>CAMPBELL, ELIZABETH C</b><br/> <i>Provider ID:</i> 206355<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 20A6763<br/> NPI: 1932147329<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center, Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And</p>                                                                                                                                                                                                                                                                                                                 | <p><b>CARTER, KHALIL J</b><br/> <i>Provider ID:</i> 206355<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A113001<br/> NPI: 1225231582<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital<br/> <i>Board Certified Specialty:</i> No<br/> FAMILY HEALTH CENTERS OF SAN DIEGO<br/> 251 LANDIS AVE<br/> CHULA VISTA, CA 91910-2628<br/> <i>Phone:</i> (619) 515-2500<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2500<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i></p> | <p><b>CERVANTES, SANDRA M</b><br/> <i>Provider ID:</i> 206355<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A118095<br/> NPI: 1073701041<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital<br/> <i>Board Certified Specialty:</i> No<br/> FAMILY HEALTH CENTERS OF SAN DIEGO<br/> 251 LANDIS AVE<br/> CHULA VISTA, CA 91910-2628<br/> <i>Phone:</i> (619) 515-2500<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2500<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ⌘ <i>Accessibility:</i> P, EB, IB, E, R, T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>DE MIK, TRAVIS J</b><br/> <i>Provider ID:</i> 206355<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A108228<br/> NPI: 1629277322<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### **FOLCH TORRES-AGUIAR, BEATRIZ M**

*Provider ID:* 206355  
*Provider Gender:* Female  
*License number:* A148014  
*NPI:* 1457794752  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

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

### **HANLEY, LAUREN E**

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

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

### **JIBRIL, DEANAH A**

*Provider ID:* 427322  
*Provider Gender:* Female  
*License number:* 20A17489  
*NPI:* 1134183114  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* University Of California Irvine Med Ctr, Riverside Community Hosp  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **LIPSCHITZ, LISA S**

*Provider ID:* 206355  
*Provider Gender:* Female  
*License number:* A72005  
*NPI:* 1649208711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500

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## C. Primary Care Directory

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R,  
T, ME

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

### **LOEFFLER, ALLISON M**

*Provider ID:* 206355

*Provider Gender:* Female

*License number:* A116680

*NPI:* 1700073962

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont  
Hospital, Scripps Mercy Hospital,  
Scripps Mercy Hospital Chula  
Vista

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE  
CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2500

*Fax:*

*After Hours Phone:* (619)

515-2500

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R,  
T, ME

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

### **MELLENDEZ BERRIOS, IARA DEL M**

*Provider ID:* 206355

*Provider Gender:* Female

*License number:* A114181

*NPI:* 1740514249

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Grossmont Hospital

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE  
CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2500

*Fax:*

*After Hours Phone:* (619)

515-2500

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R,  
T, ME

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

### **MENDEZ, DIEGO**

*Provider ID:* 427322

*Provider Gender:* Male

*License number:* A47906

*NPI:* 1437181922

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Mercy  
General Hospital, Scripps Mercy  
Hospital Chula Vista, Bakersfield  
Memorial Hosp, Sharp Memorial  
Hospital, San Joaquin Comm  
Hosp, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH

CENTER

678 3RD AVE

CHULA VISTA, CA 91910-5736

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

### **RODRIGUEZ JEREZ, ROBERTO D**

*Provider ID:* 206355

*Provider Gender:* Male

*License number:* A154298

*NPI:* 1710316450

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE  
CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2500

*Fax:*

*After Hours Phone:* (619)

515-2500

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

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

### **SAPRA, SONIA V**

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

### **SEFA-BOAKYE, KOFI D**

*Provider ID:* 427322  
*Provider Gender:* Male  
*License number:* G59670  
*NPI:* 1902993660  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula

Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **SHORT, ABIAD C**

*Provider ID:* 427322  
*Provider Gender:* Male  
*License number:* A114893  
*NPI:* 1750559589  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736

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

### **SINGH, RASHMI**

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

### **WINESBURG, JENNIFER J**

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## C. Primary Care Directory

**Provider ID:** 206355  
**Provider Gender:** Female  
**License number:** 20A11535  
**NPI:** 1811162456  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
**Phone:** (619) 515-2500  
**Fax:**

**After Hours Phone:** (619) 515-2500

**Website:** www.fhcsd.org

**Email:**

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** None

**American Sign Language (ASL):** No

**Accessibility:** P, EB, IB, E, R, T, ME

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

### ZIEG, ALAN J

**Provider ID:** 206355

**Provider Gender:** Male

**License number:** G78814

**NPI:** 1699790634

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**

**Cultural Competency:** No

**Hospital Affiliation:** Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista

**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
**Phone:** (619) 515-2500  
**Fax:**

**After Hours Phone:** (619)

515-2500

**Website:** www.fhcsd.org

**Email:**

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** None

**American Sign Language (ASL):** No

**Accessibility:** P, EB, IB, E, R, T, ME

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

### OPHTHALMOLOGY

### MANI, NASRIN

**Provider ID:** 427322

**Provider Gender:** Female

**License number:** A40473

**NPI:** 1023061314

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:** Arabic, Faroese, Farsi, Spanish

**Cultural Competency:** No

**Hospital Affiliation:** Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital

**Board Certified Specialty:** No  
**IHP-SAN YSIDRO HEALTH CENTER**

678 3RD AVE

CHULA VISTA, CA 91910-5736

**Phone:** (619) 662-4100

**Fax:**

**After Hours Phone:** (619)

662-4100

**Website:** www.ihpsocal.org

**Email:**

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** None

**American Sign Language (ASL):** No

**Accessibility:** W

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

### PAPASTERGIOU, GEORGIOS

**Provider ID:** 427322

**Provider Gender:** Male

**License number:** A127706

**NPI:** 1790054393

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:** Arabic, Farsi, French, Greek,

Italian, Spanish

**Cultural Competency:** No

**Hospital Affiliation:** El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital

**Board Certified Specialty:** No  
**IHP-SAN YSIDRO HEALTH CENTER**

678 3RD AVE

CHULA VISTA, CA 91910-5736

**Phone:** (619) 662-4100

**Fax:**

**After Hours Phone:** (619)

662-4100

**Website:** www.ihpsocal.org

**Email:**

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** None

**American Sign Language (ASL):** No

**Accessibility:** W

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

### PONS, MAURICIO E

**Provider ID:** 427322

**Provider Gender:** Male

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## C. Primary Care Directory

License number: A87650  
 NPI: 1376723759  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### SKAF, AYHAM R

Provider ID: 427322  
 Provider Gender: Male  
 License number: A120584  
 NPI: 1285888628  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH

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

### PEDIATRICS

### AKASHI, MARC K

Provider ID: 163322  
 Provider Gender: Male  
 License number: A123922  
 NPI: 1205002417  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 769 MEDICAL CENTER CT STE 300  
 CHULA VISTA, CA 91911-6602  
 Phone: (619) 482-3090  
 Fax: (619) 482-7350  
 After Hours Phone: (619) 482-3090  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T  
 Hours: M-SA 9AM-5PM

### ATIENZA, PAMELA V

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

### BARBADILLO, FERDINAND F

Provider ID: 70456  
 Provider Gender: Male  
 License number: A49307  
 NPI: 1982662193  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Paradise

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### **BRESLOW, ADAM D**

*Provider ID:* 230454  
*Provider Gender:* Male  
*License number:* G60853  
*NPI:* 1972574085  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 769 MEDICAL CENTER CT STE 300  
 CHULA VISTA, CA 91911-6602  
*Phone:* (619) 482-3090  
*Fax:* (619) 482-7350  
*After Hours Phone:* (619) 482-3090  
*Website:*

*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM

### **BROUDY, ABRAHAM E**

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

### **CAPETANAKIS, ELENI I**

*Provider ID:* 89610  
*Provider Gender:* Female  
*License number:* A70397  
*NPI:* 1346211554  
*Provider English Spoken:* Yes

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

### **COHEN, ELAINE H**

*Provider ID:* 6321  
*Provider Gender:* Female  
*License number:* G22152  
*NPI:* 1831245984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Board Certified Specialty:* Yes  
**RADY CHILDRENS HEALTH NETWORK**  
 280 E ST  
 CHULA VISTA, CA 91910-2945

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

Phone: (619) 425-3951  
Fax: (619) 425-3958  
After Hours Phone: (619) 425-3951

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

### **CORDOBA, MIGUEL A**

Provider ID: 88187

Provider Gender: Male

License number: A75350

NPI: 1053382176

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Mary  
Birch Hosp For Women And  
Newborns, Sharp Chula Vista  
Med Ctr, Rady Childrens Hospital  
San Diego, Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

865 3RD AVE STE 101

CHULA VISTA, CA 91911-1349

Phone: (619) 426-7910

Fax: (619) 426-2337

After Hours Phone: (619)

426-7910

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R

Hours: M-SA 9AM-5PM

### **DI FRANCO, MATTHEW J**

Provider ID: 499127

Provider Gender: Male

License number: G58994

NPI: 1841343548

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Paradise Valley  
Hospital, Scripps Mercy Hospital  
Chula Vista, Sharp Chula Vista  
Med Ctr

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

1635 3RD AVE STE J

CHULA VISTA, CA 91911-5867

Phone: (619) 426-8121

Fax: (619) 426-5950

After Hours Phone: (619)

426-8121

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **DONG, TAMMY M**

Provider ID: 427322

Provider Gender: Female

License number: A66903

NPI: 1386655413

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN YSIDRO HEALTH

CENTER

678 3RD AVE

CHULA VISTA, CA 91910-5736

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **DORINGO, ELAINIE D**

Provider ID: 267100

Provider Gender: Female

License number: A70842

NPI: 1013005636

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Alvarado  
Hospital Llc, Rady Childrens  
Hospital San Diego, Grossmont  
Hospital, Scripps Mercy Hospital  
Chula Vista, Sharp Chula Vista  
Med Ctr, Ucsd La Jolla John  
Sally Thornton, Scripps Mercy  
Hospital

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

865 3RD AVE STE 101

CHULA VISTA, CA 91911-1349

Phone: (619) 426-7910

Fax: (619) 426-2337

After Hours Phone: (619)

426-7910

Website:

Email:

Medi-Cal Open Panel: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

### **FLETCHER, EMILY E**

*Provider ID:* 232312  
*Provider Gender:* Female  
*License number:* A122247  
*NPI:* 1780935940  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Mercy Hospital Bakersfield, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Childrens Hosp And Resrch Ctr At Oakland  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2440 FENTON ST # 100  
 CHULA VISTA, CA 91914-3516  
*Phone:* (619) 656-3040  
*Fax:* (619) 656-3045  
*After Hours Phone:* (619) 656-3040  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM

### **FRESNO, BLANCA I**

*Provider ID:* 102434  
*Provider Gender:* Female  
*License number:* A45205  
*NPI:* 1346258787

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

### **GALE, MARVIN L**

*Provider ID:* 45185  
*Provider Gender:* Male  
*License number:* A24816  
*NPI:* 1033264148  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH NETWORK  
 280 E ST  
 CHULA VISTA, CA 91910-2945  
*Phone:* (619) 425-3951  
*Fax:* (619) 425-3958  
*After Hours Phone:* (619) 425-3951

*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM

### **GARCIA, CARLOS M**

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

### **GARCIA, RAFAEL A**

*Provider ID:* 360408  
*Provider Gender:* Male  
*License number:* A50715

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

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

**GHahremani, Simin M**  
**Provider ID:** 482034  
**Provider Gender:** Female  
**License number:** C51110  
**NPI:** 1508904657  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  
**Board Certified Specialty:** No  
**IHP-SAN YSIDRO HEALTH CENTER**  
**855 3RD AVE STE 2200**  
**CHULA VISTA, CA 91911-1353**

**Phone:** (619) 662-4100  
**Fax:**  
**After Hours Phone:** (619) 662-4100  
**Website:** www.ihpsocal.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-F 9AM-4PM, SA 9AM-5PM

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

**ISAIAS, AGNELA T**  
**Provider ID:** 482034  
**Provider Gender:** Female  
**License number:** A82912

**NPI:** 1790772572  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Grossmont Hospital, Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr  
**Board Certified Specialty:** No  
**IHP-SAN YSIDRO HEALTH CENTER**  
**855 3RD AVE STE 2200**  
**CHULA VISTA, CA 91911-1353**  
**Phone:** (619) 662-4100  
**Fax:**  
**After Hours Phone:** (619) 662-4100  
**Website:** www.ihpsocal.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-F 9AM-4PM, SA 9AM-5PM

**JACOBS-KLEISLI, MILAGROS J**  
**Provider ID:** 467596  
**Provider Gender:** Female  
**License number:** 20A11985  
**NPI:** 1811221641  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Huntington Memorial Hospital, Methodist Hosp Of Southern California  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

769 MEDICAL CENTER CT STE 300

CHULA VISTA, CA 91911-6602

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)

482-3090

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### JOLLY, DESMOND A

Provider ID: 57697

Provider Gender: Male

License number: A103143

NPI: 1063652162

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Scripps Mercy Hospital Chula

Vista, Sharp Chula Vista Med

Ctr, Scripps Mercy Hospital

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

865 3RD AVE STE 101

CHULA VISTA, CA 91911-1349

Phone: (619) 426-7910

Fax: (619) 426-2337

After Hours Phone: (619)

426-7910

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R

### KORSAND, SID S

Provider ID: 482034

Provider Gender: Male

License number: A49591

NPI: 1588634513

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Turkish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN YSIDRO HEALTH

CENTER

855 3RD AVE STE 2200

CHULA VISTA, CA 91911-1353

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 9AM-4PM, SA

9AM-5PM

### MISTRY, CHETAN A

Provider ID: 86439

Provider Gender: Male

License number: A97646

NPI: 1467505834

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista, Rady

Childrens Hospital San Diego,

Scripps Mercy Hospital

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

2440 FENTON ST # 100

CHULA VISTA, CA 91914-3516

Phone: (619) 656-3040

Fax: (619) 656-3045

After Hours Phone: (619)

656-3040

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

### MORRIS, KENNETH H

Provider ID: 529313

Provider Gender: Male

License number: G79634

NPI: 1851307144

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego, Tri

City Medical Ctr, Palomar

Medical Center

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

865 3RD AVE STE 101

CHULA VISTA, CA 91911-1349

Phone: (619) 426-7910

Fax: (619) 426-2337

After Hours Phone: (619)

426-7910

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Hours: M-SA 9AM-5PM

### **MOSQUERA, DIANA I**

Provider ID: 371232

Provider Gender: Female

License number: C148618

NPI: 1144238098

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

769 MEDICAL CENTER CT STE 300

CHULA VISTA, CA 91911-6602

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)

482-3090

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **MOSQUERA, DIANA I**

Provider ID: 463001

Provider Gender: Female

License number: C148618

NPI: 1144238098

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

865 3RD AVE STE 101

CHULA VISTA, CA 91911-1349

Phone: (619) 426-7910

Fax:

After Hours Phone: (619)

426-7910

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R

Hours: M-SA 9AM-5PM

### **NGUYEN, TRUC H**

Provider ID: 78518

Provider Gender: Female

License number: A95596

NPI: 1881884054

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital Chula Vista, Sharp

Chula Vista Med Ctr, Rady

Childrens Hospital San Diego,

Washington Hospital, Scripps

Mercy Hospital

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

2440 FENTON ST # 100

CHULA VISTA, CA 91914-3516

Phone: (619) 656-3040

Fax: (619) 656-3045

After Hours Phone: (619)

656-3040

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

### **OIRA, VICTORIA R**

Provider ID: 73140

Provider Gender: Female

License number: A51972

NPI: 1134172448

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Rady Childrens

Hospital San Diego

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

890 EASTLAKE PKWY STE 203

CHULA VISTA, CA 91914-4521

Phone: (619) 656-3020

Fax: (619) 656-3019

After Hours Phone: (619)

370-6661

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **PIANSAY, MARIA CORAZON M**

Provider ID: 427322

Provider Gender: Female

License number: A93785

NPI: 1669680351

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista

Board Certified Specialty: No

IHP-SAN YSIDRO HEALTH

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

### CENTER

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

### PIANSAY, MARIA CORAZON M

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

### PIZARRO, LUZVIMINDA L

Provider ID: 314546  
Provider Gender: Female  
License number: A40161  
NPI: 1770594863  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
1637 3RD AVE STE H  
CHULA VISTA, CA 91911-5823  
Phone: (619) 662-4100

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

### PIZARRO, LUZVIMINDA L

Provider ID: 427322  
Provider Gender: Female  
License number: A40161  
NPI: 1770594863  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
678 3RD AVE

CHULA VISTA, CA 91910-5736

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

### SALAZAR, JUANITA

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

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### **SANCHEZ, CARLOS J**

*Provider ID:* 50935  
*Provider Gender:* Male  
*License number:* A22648  
*NPI:* 1114182094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 1635 3RD AVE STE J  
 CHULA VISTA, CA 91911-5867  
*Phone:* (619) 426-8121  
*Fax:* (619) 426-5950  
*After Hours Phone:* (619) 426-8121  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **SANTIAGO, ROXANE M**

*Provider ID:* 269279  
*Provider Gender:* Female  
*License number:* A122396  
*NPI:* 1033461801  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital,

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

### **VALENCIA, MARILES F**

*Provider ID:* 104059  
*Provider Gender:* Female  
*License number:* A54929  
*NPI:* 1275541625  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 1741 EASTLAKE PKWY STE 107  
 CHULA VISTA, CA 91915-2032  
*Phone:* (619) 482-1700  
*Fax:* (619) 475-4578  
*After Hours Phone:* (619) 482-1700

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **YAO, CATHERINE S**

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

### **ZARGAR, SHABNAM**

*Provider ID:* 371075  
*Provider Gender:* Female  
*License number:* A128721  
*NPI:* 1417256074  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

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

### PHYSICIANS ASSISTANT

**REVELES, DIANA**  
*Provider ID:* 417641  
*Provider Gender:* Female  
*License number:* PA19306  
*NPI:* 1548455405  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 352 L ST  
 CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2325  
*Fax:*  
*After Hours Phone:* (619) 515-2325  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### PODIATRIST

**MANCHEL, BRUCE A**  
*Provider ID:* 427322  
*Provider Gender:* Male  
*License number:* DPM2930  
*NPI:* 1790890788  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihipsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**SCHNEIDER, SARAH A**

*Provider ID:* 206355  
*Provider Gender:* Female  
*License number:* DPM4819  
*NPI:* 1326282237  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### REGISTERED PHYSICAL THERAPIST

**AMAYA, RICARDO**  
*Provider ID:* 206355  
*Provider Gender:* Male  
*License number:* PT37189  
*NPI:* 1437445566  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

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## C. Primary Care Directory

---

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **CUMMINGS, GEORGE P**

Provider ID: 206355

Provider Gender: Male

License number: PT295173

NPI: 1497236384

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)

515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **GEORGE, JENNIFER A**

Provider ID: 206355

Provider Gender: Female

License number: PT294245

NPI: 1215402177

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)

515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **MIGNEA, DAVID S**

Provider ID: 206355

Provider Gender: Male

License number: PT293536

NPI: 1043736879

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)

515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **RODRIGUEZ, CASSANDRA**

Provider ID: 206355

Provider Gender: Female

License number: PT292823

NPI: 1770025595

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)

515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **TABONE, MICHELLE K**

Provider ID: 206355

Provider Gender: Female

License number: PT291706

NPI: 1548714652

Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### RHEUMATOLOGY

**REDDY, DANA A**  
*Provider ID:* 427322  
*Provider Gender:* Female  
*License number:* A115598  
*NPI:* 1144538778  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736

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

### SPEECH PATHOLOGIST

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

### EL CAJON

### CARDIOVASCULAR DISEASE

**SCHWARTZ, JOSEPH A**  
*Provider ID:* 478971  
*Provider Gender:* Male  
*License number:* A36637  
*NPI:* 1295747038  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Long Beach Memorial Med Ctr, Providence St Mary Medical Center  
 Board Certified Specialty: No  
**BORREGO COMMUNITY HEALTH FOUNDTION**  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020-3325  
*Phone:* (619) 401-0404  
*Fax:*  
*After Hours Phone:* (619) 401-0404  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### CERTIFIED NURSE PRACTITIONER

**BELÉN, NEZER B**  
*Provider ID:* 418340  
*Provider Gender:* Male  
*License number:* NP95009292  
*NPI:* 1386120723  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

---

### FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619)  
515-2498  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### BLAIS, BRITTNEY

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

### DELA CRUZ, ANGELITO L

Provider ID: 206272  
Provider Gender: Male  
License number: NP95004663  
NPI: 1457806366  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD  
HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819  
Phone: (619) 440-2751  
Fax:  
After Hours Phone: (619)  
440-2751  
Website: [www.iypsocal.org](http://www.iypsocal.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

### DRISCOLL, SUSAN D

Provider ID: 569910  
Provider Gender: Female  
License number: NP95012943  
NPI: 1477755684  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
875 EL CAJON BLVD  
EL CAJON, CA 92020-5714

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)  
662-4100

Website:

Email:

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

### GARCIA, JOHNNY

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

### KELLOGG, KRISTEN J

Provider ID: 418340

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Provider Gender:* Female  
*License number:* NP95009180  
*NPI:* 1649757741  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619) 515-2498  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

### **KING, KRISTI**

*Provider ID:* 206272  
*Provider Gender:* Female  
*License number:* NP19685  
*NPI:* 1588988703  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 IHP-NEIGHBORHOOD HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone:* (760) 466-9800  
*Fax:*  
*After Hours Phone:* (760) 466-9800

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

### **LEONARD, BEVERLY S**

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

*After Hours Phone:* (619) 515-2499

*Website:* www.fhcsd.org  
*Email:*

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

### **LU, TAMMY C**

*Provider ID:* 206354  
*Provider Gender:* Female  
*License number:* NP95007253  
*NPI:* 1457879132  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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

### **MANGENE, CYNTHIA L**

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

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Hours: M-SA 9AM-5PM

### **OCHOA, ERLINDA A**

Provider ID: 185267

Provider Gender: Female

License number: NP4430

NPI: 1346437464

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC  
165 S 1ST ST

EL CAJON, CA 92019-4795

Phone: (619) 312-0347

Fax:

After Hours Phone: (619)

312-0347

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: W

Hours: M-SA 9AM-5PM

### **OCHOA, ERLINDA A**

Provider ID: 418501

Provider Gender: Female

License number: NP4430

NPI: 1346437464

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

LA MAESTRA FAMILY CLINIC  
1032 BROADWAY

EL CAJON, CA 92021-7416

Phone: (619) 795-5991

Fax:

After Hours Phone: (619)

795-5991

Website: www.lamaestra.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: W

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

### **ODA, THAGHAR M**

Provider ID: 206354

Provider Gender: Female

License number: RN810863

NPI: 1063835692

Provider English Spoken: Yes

Provider Language(s) Spoken:

Amharic, Arabic

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax:

After Hours Phone: (619)

515-2499

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: ME

Hours: M-SA 9AM-5PM

### **ODA, THAGHAR M**

Provider ID: 206354

Provider Gender: Female

License number: NP95000205

NPI: 1063835692

Provider English Spoken: Yes

Provider Language(s) Spoken:

Amharic, Arabic

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax:

After Hours Phone: (619)

515-2499

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: ME

Hours: M-SA 9AM-5PM

### **ODA, THAGHAR M**

Provider ID: 418340

Provider Gender: Female

License number: NP95000205

NPI: 1063835692

Provider English Spoken: Yes

Provider Language(s) Spoken:

Amharic, Arabic

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)

515-2498

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No<br>♿ Accessibility:<br>Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 165 S 1ST ST<br>EL CAJON, CA 92019-4795<br>Phone: (619) 312-0347<br>Fax:<br>After Hours Phone: (619) 312-0347<br>Website: www.lamaestra.org<br>Email:<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: None<br>American Sign Language (ASL): No<br>♿ Accessibility: W<br>Hours: M-SA 9AM-5PM                                                                                                                                                                                                                                                                                                           | NPI: 1780603597<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Spanish<br>Cultural Competency: No<br>Hospital Affiliation:<br>Board Certified Specialty: No<br>FAMILY HEALTH CENTERS OF SAN DIEGO<br>525 E MAIN ST<br>EL CAJON, CA 92020-4007<br>Phone: (619) 515-2498<br>Fax:<br>After Hours Phone: (619) 515-2498<br>Website: www.fhcsd.org<br>Email:<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: None<br>American Sign Language (ASL): No<br>♿ Accessibility:<br>Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM |
| <b>ODA, THAGHAR M</b><br>Provider ID: 418340<br>Provider Gender: Female<br>License number: RN810863<br>NPI: 1063835692<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Amharic, Arabic<br>Cultural Competency: No<br>Hospital Affiliation:<br>Board Certified Specialty: No<br>FAMILY HEALTH CENTERS OF SAN DIEGO<br>525 E MAIN ST<br>EL CAJON, CA 92020-4007<br>Phone: (619) 515-2498<br>Fax:<br>After Hours Phone: (619) 515-2498<br>Website: www.fhcsd.org<br>Email:<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: None<br>American Sign Language (ASL): No<br>♿ Accessibility:<br>Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM | <b>REID, EMILY</b><br>Provider ID: 185267<br>Provider Gender: Female<br>License number: NP95002766<br>NPI: 1083081467<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation:<br>Board Certified Specialty: No<br>LA MAESTRA FAMILY CLINIC<br>165 S 1ST ST<br>EL CAJON, CA 92019-4795<br>Phone: (619) 312-0347<br>Fax:<br>After Hours Phone: (619) 312-0347<br>Website: www.lamaestra.org<br>Email:<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: None<br>American Sign Language (ASL): No<br>♿ Accessibility: W<br>Hours: M-SA 9AM-5PM | <b>SMITH, SHARON T</b><br>Provider ID: 418340<br>Provider Gender: Female<br>License number: RN428876<br>NPI: 1780603597<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Spanish<br>Cultural Competency: No<br>Hospital Affiliation:<br>Board Certified Specialty: No<br>FAMILY HEALTH CENTERS OF SAN DIEGO<br>525 E MAIN ST<br>EL CAJON, CA 92020-4007<br>Phone: (619) 515-2498<br>Fax:<br>After Hours Phone: (619) 515-2498<br>Website: www.fhcsd.org                                                    |
| <b>REAL, MARIA F</b><br>Provider ID: 185267<br>Provider Gender: Female<br>License number: NP17328<br>NPI: 1548450471<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation:<br>Board Certified Specialty: No<br>LA MAESTRA FAMILY CLINIC                                                                                                                                                                                                                                                                                                                                    | <b>SMITH, SHARON T</b><br>Provider ID: 418340<br>Provider Gender: Female<br>License number: NP15444                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### **SWAN, MELANIE A**

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

### **VERDUZCO GONZALEZ, AURORA B**

*Provider ID:* 185267  
*Provider Gender:* Female  
*License number:* NP95001961  
*NPI:* 1932452323  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish

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

### **VILLANUEVA DE GUTIE, BERENICE**

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

### **WHITESIDE, BARBARA**

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

### **WILDER, ASHLEY**

*Provider ID:* 418340  
*Provider Gender:* Female  
*License number:* NP95016274  
*NPI:* 1750766895  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

---

Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619) 515-2498  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

### **WILLIAMS, BREAUNA A**

Provider ID: 185267  
Provider Gender: Female  
License number: NP95001840  
NPI: 1063884864  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
165 S 1ST ST  
EL CAJON, CA 92019-4795  
Phone: (619) 312-0347

Fax:  
After Hours Phone: (619) 312-0347  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

### **CORRY, ANDREA C**

Provider ID: 418340  
Provider Gender: Female  
License number: NM1721  
NPI: 1255489571  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498

Fax:  
After Hours Phone: (619) 515-2498  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

---

### **CHIROPRACTOR**

---

### **ILCHENA, ALESANDRA N**

Provider ID: 206272  
Provider Gender: Female  
License number: DC32800  
NPI: 1871046664  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Palomar Medical Center  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819

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

### **SOSA, DAVID S**

Provider ID: 206354  
Provider Gender: Male  
License number: DC33150  
NPI: 1013308675  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499

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

### **SOSA, DAVID S**

Provider ID: 418340  
Provider Gender: Male  
License number: DC33150

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

NPI: 1013308675  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619)  
 515-2498  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM

**UY, ASHLEY N**  
 Provider ID: 418340  
 Provider Gender: Female  
 License number: DC33869  
 NPI: 1174059760  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Chinese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619)  
 515-2498  
 Website: www.fhcsd.org  
 Email:

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

**ZECHA, RONALD S**  
 Provider ID: 206272  
 Provider Gender: Male  
 License number: DC28605  
 NPI: 1427252121  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
 Phone: (619) 440-2751  
 Fax:  
 After Hours Phone: (619)  
 440-2751  
 Website: www.iypsocal.org  
 Email:

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

### ENDOCRINOLOGY METABOLISM DIABETES

**NAGELBERG, JODI B**  
 Provider ID: 418340  
 Provider Gender: Female  
 License number: A146838  
 NPI: 1720474141

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

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

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*American Sign Language (ASL):* No

*Accessibility:*

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

### FAMILY PRACTICE

#### **ABDALLAH, ALI H**

*Provider ID:* 418340

*Provider Gender:* Male

*License number:* 20A15471

*NPI:* 1649699968

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Arabic

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2498

*Fax:*

*After Hours Phone:* (619) 515-2498

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:*

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

#### **AL ANI, NAJWAN N**

*Provider ID:* 418340

*Provider Gender:* Female

*License number:* A144974

*NPI:* 1275948473

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Arabic

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2498

*Fax:*

*After Hours Phone:* (619) 515-2498

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:*

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

#### **BAGINGITO, AUSTIN G**

*Provider ID:* 418340

*Provider Gender:* Male

*License number:* A163977

*NPI:* 1942705637

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2498

*Fax:*

*After Hours Phone:* (619) 515-2498

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:*

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

#### **BROWN, BRANDON S**

*Provider ID:* 418340

*Provider Gender:* Male

*License number:* A148499

*NPI:* 1013399559

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2498

*Fax:*

*After Hours Phone:* (619) 515-2498

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:*

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

#### **CORMAN, DANIEL M**

*Provider ID:* 418340

*Provider Gender:* Male

*License number:* 20A13060

*NPI:* 1629339593

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498

Fax:  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **DOMINGUEZ, DENNIS O**

Provider ID: 569910  
Provider Gender: Male  
License number: G43179  
NPI: 1225063811  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Memorial  
Hospital  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
875 EL CAJON BLVD  
EL CAJON, CA 92020-5714  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **GHAFFARI, DAUD M**

Provider ID: 478971  
Provider Gender: Male  
License number: A98486  
NPI: 1053417691  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
BORREGO COMMUNITY  
HEALTH FOUNDATION  
133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
Phone: (619) 401-0404

Fax:  
After Hours Phone: (619)  
401-0404  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### **GORDON, CHRISTOPHER J**

Provider ID: 418340  
Provider Gender: Male  
License number: A83390  
NPI: 1477711521  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:  
After Hours Phone: (619)  
515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **HASTANAN, CAROL L**

Provider ID: 206354  
Provider Gender: Female  
License number: A110192  
NPI: 1861648461  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499

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

### **JIBRI, NISHWAN N**

Provider ID: 206272  
Provider Gender: Male  
License number: A135468

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

**NPI:** 1164788683  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Arabic, Italian  
**Cultural Competency:** No  
**Hospital Affiliation:** Palomar Medical Center  
**Board Certified Specialty:** No  
**IHP-NEIGHBORHOOD HEALTHCARE**  
**855 E MADISON AVE**  
**EL CAJON, CA 92020-3819**  
**Phone:** (619) 440-2751  
**Fax:**  
**After Hours Phone:** (619) 440-2751  
**Website:** www.ihpsocal.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:** W  
**Hours:** M-F 8AM-5PM, SA 9AM-5PM

### **KASAWA, JOHN**

**Provider ID:** 569910  
**Provider Gender:** Male  
**License number:** A79338  
**NPI:** 1134230329  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Arabic, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**IHP-SAN YSIDRO HEALTH CENTER**  
**875 EL CAJON BLVD**  
**EL CAJON, CA 92020-5714**  
**Phone:** (619) 662-4100  
**Fax:**  
**After Hours Phone:** (619) 662-4100

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

### **KORKIS, EBTISSAM H , MD**

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

### **LEE, HEATHER F**

**Provider ID:** 206272  
**Provider Gender:** Female  
**License number:** A164702  
**NPI:** 1053808048  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**

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

### **LIN, SHUANG**

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

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         ♿ <i>Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>MANDOYAN, AUSTIN</b><br/> <i>Provider ID:</i> 418340<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A161682<br/> <i>NPI:</i> 1841726148<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br/> <i>Board Certified Specialty:</i> No<br/>         FAMILY HEALTH CENTERS OF SAN DIEGO<br/>         525 E MAIN ST<br/>         EL CAJON, CA 92020-4007<br/> <i>Phone:</i> (619) 515-2498<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2498<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>MATIALEU, LEOPOLDINE P</b><br/> <i>Provider ID:</i> 206272<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A152369<br/> <i>NPI:</i> 1255759718<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> French<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No</p> | <p>IHP-NEIGHBORHOOD HEALTHCARE<br/>         855 E MADISON AVE<br/>         EL CAJON, CA 92020-3819<br/> <i>Phone:</i> (619) 440-2751<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 440-2751<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>MOULD, KEVIN S</b><br/> <i>Provider ID:</i> 206272<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A90920<br/> <i>NPI:</i> 1255351748<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Woodland Memorial Hosp<br/> <i>Board Certified Specialty:</i> No<br/>         IHP-NEIGHBORHOOD HEALTHCARE<br/>         855 E MADISON AVE<br/>         EL CAJON, CA 92020-3819<br/> <i>Phone:</i> (619) 440-2751<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 440-2751<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA</p> | <p>9AM-5PM</p> <p><b>NASSIR, BASSAM K</b><br/> <i>Provider ID:</i> 569910<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A101888<br/> <i>NPI:</i> 1386848166<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Arabic<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/>         IHP-SAN YSIDRO HEALTH CENTER<br/>         875 EL CAJON BLVD<br/>         EL CAJON, CA 92020-5714<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>NGUYEN, KERRIE K</b><br/> <i>Provider ID:</i> 206272<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A158244<br/> <i>NPI:</i> 1407380710<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/>         IHP-NEIGHBORHOOD HEALTHCARE<br/>         855 E MADISON AVE<br/>         EL CAJON, CA 92020-3819</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

Phone: (619) 440-2751

Fax:

After Hours Phone: (619)  
440-2751

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **NIAZI, HARRIS O**

Provider ID: 418340

Provider Gender: Male

License number: A146111

NPI: 1174905871

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Farsi

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

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

### **PATEL, RAKESH R**

Provider ID: 206272

Provider Gender: Male

License number: A76352

NPI: 1205861010

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-NEIGHBORHOOD  
HEALTHCARE

855 E MADISON AVE

EL CAJON, CA 92020-3819

Phone: (619) 440-2751

Fax:

After Hours Phone: (619)  
440-2751

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **PUTRUS, RAMIZ S**

Provider ID: 418501

Provider Gender: Male

License number: A68184

NPI: 1144300534

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

1032 BROADWAY

EL CAJON, CA 92021-7416

Phone: (619) 795-5991

Fax:

After Hours Phone: (619)  
795-5991

Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

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

### **TESSEMA, JUDITH**

Provider ID: 206272

Provider Gender: Female

License number: A136409

NPI: 1083059265

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-NEIGHBORHOOD

HEALTHCARE

855 E MADISON AVE

EL CAJON, CA 92020-3819

Phone: (619) 440-2751

Fax:

After Hours Phone: (619)  
440-2751

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **THIERMANN, PAIGE A**

Provider ID: 206272

Provider Gender: Female

License number: A114779

NPI: 1134411432

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Kurdish, Spanish, Syriac

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### FQHC

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

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

**CHASE AVENUE FAMILY  
 HEALTH CTRS INC,**  
*Provider ID:* 206354  
*Provider Gender:*  
*License number:*  
*NPI:* 1104861681  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 593-7164  
*After Hours Phone:* (619)  
 515-2499  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

**FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON,**  
*Provider ID:* 418340  
*Provider Gender:*  
*License number:* 550003553  
*NPI:* 1932561198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:* (619) 269-0191  
*After Hours Phone:* (619)  
 515-2498  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA  
 9AM-5PM

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

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

### LA MAESTRA FAMILY CLINIC INC,

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

### NEIGHBORHOOD HEALTHCARE EL CAJON,

Provider ID: 206272  
 Provider Gender:  
 License number: 090000156  
 NPI: 1760667950  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819

Phone: (619) 440-2751  
 Fax: (360) 462-2746  
 After Hours Phone: (619) 440-2751  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### SAN YSIDRO HEALTH EL CAJON,

Provider ID: 569910  
 Provider Gender:  
 License number: 550002514  
 NPI: 1568845741  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### HEPATOLOGY

### GISH, ROBERT G

Provider ID: 185267  
 Provider Gender: Male  
 License number: G45632  
 NPI: 1548281322  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Dutch, French, Spanish,  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Providence  
 Santa Rosa Memorial Hospital,  
 Ucsd Medical Ctr, Stanford  
 Health Care, California Pacific  
 Med Ctr, Selma Community  
 Hospital, Adventist Medical  
 Center, Adventist Med Ctr  
 Reedley, Loma Linda University  
 Comm Med Ctr, Regional  
 Medical Ctr Of San Jose  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 165 S 1ST ST  
 EL CAJON, CA 92019-4795  
 Phone: (619) 312-0347  
 Fax:  
 After Hours Phone: (619) 312-0347  
 Website: www.lamaestra.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM

### INTERNAL MEDICINE

### AL-TAMEEMI, AHMED

Provider ID: 478971  
 Provider Gender: Male  
 License number: A151547  
 NPI: 1134513211  
 Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### **ALWASH, MUSTAFA A**

*Provider ID:* 418340  
*Provider Gender:* Male  
*License number:* A160516  
*NPI:* 1679936439  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619) 515-2498  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

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

### **BRIONES COLMAN, FELICIA R**

*Provider ID:* 206354  
*Provider Gender:* Female  
*License number:* A80153  
*NPI:* 1962517367  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:*  
*After Hours Phone:* (619) 515-2499  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **CARPENTER, ROBERT J**

*Provider ID:* 575387  
*Provider Gender:* Male  
*License number:* 20A10964  
*NPI:* 1356343040  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital

*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **DUONG, MAI T**

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

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

9AM-5PM

### **GORGES, RANDA A**

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

### **JABRI, ZAIN T**

*Provider ID:* 418340  
*Provider Gender:* Male  
*License number:* A160760  
*NPI:* 1891159620  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:* St Agnes Medical Center, City Of Hope National Med Ctr, John F Kennedy Memorial Hosp  
*Board Certified Specialty:* No

### **FAMILY HEALTH CENTERS OF SAN DIEGO**

525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619) 515-2498  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

### **LAU, BENISON C**

*Provider ID:* 206272  
*Provider Gender:* Male  
*License number:* A161074  
*NPI:* 1255726154  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 IHP-NEIGHBORHOOD HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619) 440-2751  
*Website:* www.iypsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **PARIKH, MILIND D**

*Provider ID:* 418340  
*Provider Gender:* Male  
*License number:* 20A13745  
*NPI:* 1194161406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619) 515-2498  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

### **RATNIEWSKI, ALFREDO**

*Provider ID:* 478971  
*Provider Gender:* Male  
*License number:* C42220  
*NPI:* 1689768459  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center  
 Board Certified Specialty: No  
 BORREGO COMMUNITY HEALTH FOUNDTION

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
Phone: (619) 873-8940  
Fax:  
After Hours Phone: (619)  
873-8940  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### **REDDY, ARJUN N , MD**

Provider ID: 428134  
Provider Gender: Male  
License number: A61204  
NPI: 1730132457  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
5442 SYCUAN RD  
EL CAJON, CA 92019-1816  
Phone: (619) 445-0707  
Fax:  
After Hours Phone: (619)  
445-0707  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-SA 9AM-5PM

### **ROUEL, LINDA Y**

Provider ID: 308485

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

### **SHEIKH-MOHAMED, HALA**

Provider ID: 418340  
Provider Gender: Female  
License number: A159247  
NPI: 1972946770  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: (619) 515-5498  
Fax:  
After Hours Phone: (619)  
515-5498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **SIHOTA, GURPREET**

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

### **TCHAKMAKJIAN, LEVON N**

Provider ID: 569910  
Provider Gender: Male  
License number: C144411

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*NPI:* 1790744795  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Armenian, Hebrew  
*Cultural Competency:* No  
*Hospital Affiliation:* North Bay Vacavalley Hospital  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**VETTICADEN, SANTOSH J**  
*Provider ID:* 206272  
*Provider Gender:* Male  
*License number:* C53062  
*NPI:* 1679102461  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-NEIGHBORHOOD HEALTHCARE**  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619) 440-2751  
*Website:* www.ihpsocal.org

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

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

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### INTERVENTIONAL CARDIOLOGY

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**KAFRI, HASSAN**  
*Provider ID:* 569910  
*Provider Gender:* Male  
*License number:* A96002

*NPI:* 1730258401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Memorial Hospital  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**MOUSSAVIAN, MEHRAN**  
*Provider ID:* 418340  
*Provider Gender:* Male  
*License number:* 20A7241  
*NPI:* 1689788234  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

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## C. Primary Care Directory

525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498

Fax:

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

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

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

### **BUECHNER, CHARLENE A**

Provider ID: 418340

Provider Gender: Female

License number: A68463

NPI: 1376663831

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Sharp Mary

Birch Hosp For Women And

Newborns

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

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

### **BULLOCH, EDGAR M**

Provider ID: 478971

Provider Gender: Male

License number: A113241

NPI: 1508046376

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital

Board Certified Specialty: No  
BORREGO COMMUNITY  
HEALTH FOUNDTION

133 W MAIN ST STE 100

EL CAJON, CA 92020-3325

Phone: (619) 873-8940

Fax:

After Hours Phone: (619)  
873-8940

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **CAMPBELL, ELIZABETH C**

Provider ID: 418340

Provider Gender: Female

License number: 20A6763

NPI: 1932147329

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy Hospital,

Palomar Medical Center,

Palomar Health Downtown

Campus, Pomerado Hospital,

Rady Childrens Hospital San

Diego, Sharp Coronado Hosp

And Healthcare Ctr

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

## **OBSTETRICS / GYNECOLOGY**

### **ALIMONOS, LYSISTRATI A**

Provider ID: 418340

Provider Gender: Female

License number: 20A14919

NPI: 1619397031

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

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

### CARTER, KHALIL J

Provider ID: 418340

Provider Gender: Male

License number: A113001

NPI: 1225231582

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sutter Davis  
Hospital, Sutter Medical Center  
Sacramento, Grossmont

Hospital, Scripps Mercy Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

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

### CERVANTES, SANDRA M

Provider ID: 418340

Provider Gender: Female

License number: A118095

NPI: 1073701041

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

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

### DE MIK, TRAVIS J

Provider ID: 418340

Provider Gender: Male

License number: A108228

NPI: 1629277322

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)  
515-2498

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

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

### FAKSH, ARIJ

Provider ID: 185267

Provider Gender: Female

License number: 20A14222

NPI: 1912166737

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Tri City  
Medical Ctr, Scripps Mercy  
Hospital, Scripps Green Hospital,  
Scripps Memorial Hospital  
Encinitas, Scripps Memorial  
Hospital, Scripps Mercy Hospital  
Chula Vista

Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
165 S 1ST ST

EL CAJON, CA 92019-4795

Phone: (619) 312-0347

Fax:

After Hours Phone: (619)  
312-0347

Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>FAKSH, ARIJ</b><br/> <i>Provider ID:</i> 418501<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 20A14222<br/> <i>NPI:</i> 1912166737<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Tri City Medical Ctr, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista<br/> <i>Board Certified Specialty:</i> No<br/>         LA MAESTRA FAMILY CLINIC<br/>         1032 BROADWAY<br/>         EL CAJON, CA 92021-7416<br/> <i>Phone:</i> (619) 795-5991<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 795-5991<br/> <i>Website:</i> www.lamaestra.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>FOLCH TORRES-AGUIAR, BEATRIZ M</b><br/> <i>Provider ID:</i> 418340<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A148014<br/> <i>NPI:</i> 1457794752<br/> <i>Provider English Spoken:</i> Yes</p> | <p><i>Provider Language(s) Spoken:</i> Spanish, Yue Chinese<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/>         FAMILY HEALTH CENTERS OF SAN DIEGO<br/>         525 E MAIN ST<br/>         EL CAJON, CA 92020-4007<br/> <i>Phone:</i> (619) 515-2498<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2498<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>HANLEY, LAUREN E</b><br/> <i>Provider ID:</i> 418340<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> C174771<br/> <i>NPI:</i> 1053392035<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Grossmont Hospital<br/> <i>Board Certified Specialty:</i> No<br/>         FAMILY HEALTH CENTERS OF SAN DIEGO<br/>         525 E MAIN ST<br/>         EL CAJON, CA 92020-4007<br/> <i>Phone:</i> (619) 515-2498<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2498<br/> <i>Website:</i> www.fhcsd.org</p> | <p><i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>KHAN, ALIYA I</b><br/> <i>Provider ID:</i> 418501<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> G50634<br/> <i>NPI:</i> 1285687350<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Hindi, Urdu<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Grossmont Hospital<br/> <i>Board Certified Specialty:</i> No<br/>         LA MAESTRA FAMILY CLINIC<br/>         1032 BROADWAY<br/>         EL CAJON, CA 92021-7416<br/> <i>Phone:</i> (619) 795-5991<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 795-5991<br/> <i>Website:</i> www.lamaestra.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> <p><b>LIPSCHITZ, LISA S</b><br/> <i>Provider ID:</i> 418340<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A72005<br/> <i>NPI:</i> 1649208711<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i></p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

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

*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619) 515-2498  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**MELENDEZ BERRIOS, IARA DEL M**  
*Provider ID:* 418340  
*Provider Gender:* Female  
*License number:* A114181  
*NPI:* 1740514249  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619) 515-2498  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

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

**RODRIGUEZ JEREZ, ROBERTO D**  
*Provider ID:* 418340  
*Provider Gender:* Male  
*License number:* A154298  
*NPI:* 1710316450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619) 515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

### **SAPRA, SONIA V**

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

9AM-5PM

### **SINGH, RASHMI**

Provider ID: 418340  
Provider Gender: Female  
License number: A168236  
NPI: 1679937619  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2498  
Fax:  
After Hours Phone: (619) 515-2498  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

### **SULLIVAN, MARY L**

Provider ID: 478971  
Provider Gender: Female  
License number: A132556  
NPI: 1588893564  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital  
Board Certified Specialty: No  
BORREGO COMMUNITY HEALTH FOUNDTION

133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
Phone: (619) 873-8940  
Fax:  
After Hours Phone: (619) 873-8940  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### **WINESBURG, JENNIFER J**

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

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### ZIEG, ALAN J

Provider ID: 418340  
 Provider Gender: Male  
 License number: G78814  
 NPI: 1699790634  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619) 515-2498  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

### OPHTHALMOLOGY

### ALBORZIAN, SHERVIN

Provider ID: 418340  
 Provider Gender: Male  
 License number: A107093  
 NPI: 1588825129  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Spanish

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

### JARDON, JAVIER A

Provider ID: 569910  
 Provider Gender: Male  
 License number: A131365  
 NPI: 1609171982  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: California Hosp Med Ctr Los Angeles, El Centro Regional Medical Center  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:

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

### PAPASTERGIOU, GEORGIOS

Provider ID: 569910  
 Provider Gender: Male  
 License number: A127706  
 NPI: 1790054393  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Farsi, French, Greek, Italian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### PONS, MAURICIO E

Provider ID: 569910  
 Provider Gender: Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

License number: A87650  
 NPI: 1376723759  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### SKAF, AYHAM R

Provider ID: 569910  
 Provider Gender: Male  
 License number: A120584  
 NPI: 1285888628  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH

CENTER  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### PEDIATRICS

### CONE, STEPHANIE E

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

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

### CONE, STEPHANIE E

Provider ID: 418501  
 Provider Gender: Female  
 License number: A123929  
 NPI: 1437444858  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 1032 BROADWAY  
 EL CAJON, CA 92021-7416  
 Phone: (619) 795-5991  
 Fax:  
 After Hours Phone: (619) 795-5991  
 Website: www.lamaestra.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

### FIGUEROA RODRIGUEZ, BRENDA L

Provider ID: 478971  
 Provider Gender: Female  
 License number: A114674  
 NPI: 1134205214  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

---

*Board Certified Specialty:* No  
**BORREGO COMMUNITY  
HEALTH FOUNDTION**  
133 W MAIN ST STE 100  
EL CAJON, CA 92020-3325  
*Phone:* (619) 873-8940

*Fax:*  
*After Hours Phone:* (619)  
873-8940  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **FINK, REBECCA**

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

### **FLEMING, TARA M**

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

### **FRANCIS, KATHERINE L**

*Provider ID:* 206272  
*Provider Gender:* Female  
*License number:* G80917  
*NPI:* 1659301547  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-NEIGHBORHOOD  
HEALTHCARE**  
855 E MADISON AVE  
EL CAJON, CA 92020-3819

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

### **HOANG, VY U**

*Provider ID:* 546310  
*Provider Gender:* Female  
*License number:* A125768  
*NPI:* 1649575135  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Sharp Mary Birch Hosp  
For Women And Newborns,  
Rady Childrens Hospital San  
Diego  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH  
NETWORK**  
844 JACKMAN ST  
EL CAJON, CA 92020-3053  
*Phone:* (619) 442-2560  
*Fax:* (619) 442-7836  
*After Hours Phone:* (619)  
442-2560  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* EB, IB, E  
*Hours:* M-SA 9AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>KODSI, ALICIA M</b><br/> <i>Provider ID:</i> 418340<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A147976<br/> <i>NPI:</i> 1932514353<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 525 E MAIN ST<br/> EL CAJON, CA 92020-4007<br/> <i>Phone:</i> (619) 515-2498<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2498<br/> <i>Website:</i> www.fhcscd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 🚶 <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> | <p><i>Phone:</i> (760) 742-2782<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 742-2782<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 🚶 <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><i>License number:</i> A122868<br/> <i>NPI:</i> 1902156904<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Hindi<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Grossmont Hospital<br/> <i>Board Certified Specialty:</i> No<br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/> 844 JACKMAN ST<br/> EL CAJON, CA 92020-3053<br/> <i>Phone:</i> (619) 442-2560<br/> <i>Fax:</i> (619) 442-7836<br/> <i>After Hours Phone:</i> (619) 442-2560<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> 🚶 <i>Accessibility:</i> EB, IB, E<br/> <i>Hours:</i> M-SA 9AM-5PM</p> |
| <p><b>LYNN, JOHN G</b><br/> <i>Provider ID:</i> 206272<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A87637<br/> <i>NPI:</i> 1891729968<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-NEIGHBORHOOD HEALTHCARE</b><br/> 855 E MADISON AVE<br/> EL CAJON, CA 92020-3819</p>                                                                                                                                                                                                                                                                                                                                                        | <p><b>NAGNUR, PRITI</b><br/> <i>Provider ID:</i> 206354<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A170055<br/> <i>NPI:</i> 1316289929<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Hindi, Kannada<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 1111 W CHASE AVE<br/> EL CAJON, CA 92020-5710<br/> <i>Phone:</i> (619) 515-2499<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2499<br/> <i>Website:</i> www.fhcscd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 🚶 <i>Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> | <p><b>NGUYEN, VI T</b><br/> <i>Provider ID:</i> 546509<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A144937<br/> <i>NPI:</i> 1053540534<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Rady Childrens Hospital San Diego<br/> <i>Board Certified Specialty:</i> No<br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/> 844 JACKMAN ST<br/> EL CAJON, CA 92020-3053</p>                                                                                                                                                                                                                                                                              |
| <p><b>NAIK, SHILPA</b><br/> <i>Provider ID:</i> 546498<br/> <i>Provider Gender:</i> Female</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

Phone: (619) 442-2560  
Fax: (619) 442-7836  
After Hours Phone: (619) 442-2560

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: EB, IB, E

Hours: M-SA 9AM-5PM

### **PINTO, ANITA**

Provider ID: 546215

Provider Gender: Female

License number: A75968

NPI: 1477663722

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Hindi

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Sharp Mary Birch Hosp  
For Women And Newborns,  
Rady Childrens Hospital San  
Diego

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

844 JACKMAN ST  
EL CAJON, CA 92020-3053

Phone: (619) 442-2560

Fax: (619) 442-7836

After Hours Phone: (619)

442-2560

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: EB, IB, E

Hours: M-SA 9AM-5PM

### **RODRIGUEZ, ALDO E**

Provider ID: 569910

Provider Gender: Male

License number: A134995

NPI: 1508209651

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps  
Memorial Hospital

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

875 EL CAJON BLVD

EL CAJON, CA 92020-5714

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **SCOTT, SABRINA I**

Provider ID: 206272

Provider Gender: Female

License number: A143939

NPI: 1942599196

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital

Board Certified Specialty: No  
IHP-NEIGHBORHOOD  
HEALTHCARE

855 E MADISON AVE

EL CAJON, CA 92020-3819

Phone: (619) 440-2751

Fax:

After Hours Phone: (619)

440-2751

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **STENSMAN, LARS M**

Provider ID: 478971

Provider Gender: Male

License number: A158569

NPI: 1659638062

Provider English Spoken: Yes

Provider Language(s) Spoken:

Danish, French, Norwegian,  
Swedish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
BORREGO COMMUNITY  
HEALTH FOUNDTION

133 W MAIN ST STE 100

EL CAJON, CA 92020-3325

Phone: (619) 401-0404

Fax:

After Hours Phone: (619)

401-0404

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

## **PHYSICIANS ASSISTANT**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### **ARMENTA, JORGE**

*Provider ID:* 185267  
*Provider Gender:* Male  
*License number:* PA13694  
*NPI:* 1346382611  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 165 S 1ST ST  
 EL CAJON, CA 92019-4795  
*Phone:* (619) 312-0347  
*Fax:*  
*After Hours Phone:* (619)  
 312-0347  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **CHAN, TIFFANY C**

*Provider ID:* 418340  
*Provider Gender:* Female  
*License number:* PA23258  
*NPI:* 1790111607  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619)  
 515-2498  
*Website:* www.fhcsd.org

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

### **LAPINA, LORI L**

*Provider ID:* 206354  
*Provider Gender:* Female  
*License number:* PA23231  
*NPI:* 1245670413  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:*  
*After Hours Phone:* (619)  
 515-2499  
*Website:* www.fhcsd.org

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

### **MERCER, KELLY C**

*Provider ID:* 185267  
*Provider Gender:* Female  
*License number:* PA21625  
*NPI:* 1154609790  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 165 S 1ST ST  
 EL CAJON, CA 92019-4795  
*Phone:* (619) 312-0347  
*Fax:*  
*After Hours Phone:* (619)  
 312-0347  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **MERCER, KELLY C**

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

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### **PATEL, SHREYA M**

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

### **SABET, ALEENA**

Provider ID: 206272  
 Provider Gender: Female  
 License number: PA56757  
 NPI: 1578959987  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-NEIGHBORHOOD HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819

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

### **TURNER, ERIC M**

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

### **ZAMBRANA, GEORGE M**

Provider ID: 478971  
 Provider Gender: Male  
 License number: PA16673

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

---

### **PODIATRIST**

---

### **CHARP, KENNETH G**

Provider ID: 478971  
 Provider Gender: Male  
 License number: DPM1536  
 NPI: 1841384203  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 BORREGO COMMUNITY HEALTH FOUNDTION  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020-3325  
 Phone: (619) 873-8940  
 Fax:  
 After Hours Phone: (619) 873-8940  
 Website:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### **JUAREZ, LETICIA J**

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

### **REGISTERED PHYSICAL THERAPIST**

### **CUMMINGS, GEORGE P**

Provider ID: 418340  
 Provider Gender: Male  
 License number: PT295173  
 NPI: 1497236384

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

### **DASCENZO, EMILY D**

Provider ID: 569910  
 Provider Gender: Female  
 License number: PT40025  
 NPI: 1952982761  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes

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

### **GUTIERREZ, JUSTINE A**

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

### **MIGNEA, DAVID S**

Provider ID: 418340  
 Provider Gender: Male  
 License number: PT293536  
 NPI: 1043736879  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No

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## C. Primary Care Directory

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### ENCINITAS

#### CERTIFIED NURSE PRACTITIONER

#### LEWIS, SARAH

Provider ID: 480243  
Provider Gender: Female  
License number: NP22697  
NPI: 1437497963  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):

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

#### MACIAS, ALISSA M

Provider ID: 480243  
Provider Gender: Female  
License number: NP21368  
NPI: 1952658445  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

#### PALEN, BARBARA A

Provider ID: 480243  
Provider Gender: Female  
License number: NP3108  
NPI: 1265447601  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
1130 2ND ST  
ENCINITAS, CA 92024-5008

Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

#### SCHROEDER, MARY L

Provider ID: 480243  
Provider Gender: Female  
License number: RN557074  
NPI: 1164431664  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

#### SCHROEDER, MARY L

Provider ID: 480243  
Provider Gender: Female  
License number: NP14856

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

**NPI:** 1164431664  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**IHP-TRUECARE**  
**1130 2ND ST**  
**ENCINITAS, CA 92024-5008**  
**Phone:** (760) 736-6767  
**Fax:**  
**After Hours Phone:** (760) 736-6767  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-TH 8AM-5PM, F 8:30AM-5:30PM, SA 9AM-5PM

**SCHROEDER, MARY L**  
**Provider ID:** 480243  
**Provider Gender:** Female  
**License number:** NM1617  
**NPI:** 1164431664  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**IHP-TRUECARE**  
**1130 2ND ST**  
**ENCINITAS, CA 92024-5008**  
**Phone:** (760) 736-6767  
**Fax:**  
**After Hours Phone:** (760) 736-6767  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**

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

**TRUMAN, LAURA L**  
**Provider ID:** 480243  
**Provider Gender:** Female  
**License number:** NP19860  
**NPI:** 1376840231  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**IHP-TRUECARE**  
**1130 2ND ST**  
**ENCINITAS, CA 92024-5008**  
**Phone:** (760) 736-6767  
**Fax:**  
**After Hours Phone:** (760) 736-6767  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-TH 8AM-5PM, F 8:30AM-5:30PM, SA 9AM-5PM

**TURNER, DAWN M**  
**Provider ID:** 480243  
**Provider Gender:** Female  
**License number:** NP22586  
**NPI:** 1386988368  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**IHP-TRUECARE**  
**1130 2ND ST**  
**ENCINITAS, CA 92024-5008**

**Phone:** (760) 736-6767  
**Fax:**  
**After Hours Phone:** (760) 736-6767  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-TH 8AM-5PM, F 8:30AM-5:30PM, SA 9AM-5PM

---

### **CERTIFIED REGISTERED NURSE MIDWIFE**

---

**ALSTON, VICKIE S**  
**Provider ID:** 480243  
**Provider Gender:** Female  
**License number:** NM993  
**NPI:** 1932209905  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**IHP-TRUECARE**  
**1130 2ND ST**  
**ENCINITAS, CA 92024-5008**  
**Phone:** (760) 736-6767  
**Fax:**  
**After Hours Phone:** (760) 736-6767  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-TH 8AM-5PM, F 8:30AM-5:30PM, SA 9AM-5PM

**KARVER CHRISTENSON,**

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## C. Primary Care Directory

### ELYSE S

Provider ID: 480243  
 Provider Gender: Female  
 License number: NMW276  
 NPI: 1720098155  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760)  
 736-6767  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-TH 8AM-5PM, F  
 8:30AM-5:30PM, SA 9AM-5PM

### VENOR, KRISTEN A

Provider ID: 480243  
 Provider Gender: Female  
 License number: NM235688  
 NPI: 1811391261  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760)  
 736-6767  
 Website:

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

### FAMILY PRACTICE

### DSOUZA, LYDIA D

Provider ID: 480243  
 Provider Gender: Female  
 License number: A114700  
 NPI: 1932343746  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital Encinitas  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 753-7842  
 Fax:  
 After Hours Phone: (760)  
 753-7842  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-TH 8AM-5PM, F  
 8:30AM-5:30PM, SA 9AM-5PM

### NATH, DEVARSHI

Provider ID: 480243  
 Provider Gender: Male  
 License number: C54157  
 NPI: 1275630618

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Bengali  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 753-7842  
 Fax:  
 After Hours Phone: (760)  
 753-7842  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-TH 8AM-5PM, F  
 8:30AM-5:30PM, SA 9AM-5PM

### SAFI, ROOZCHEHR

Provider ID: 480243  
 Provider Gender: Female  
 License number: A116562  
 NPI: 1659563641  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 753-7842  
 Fax:  
 After Hours Phone: (760)  
 753-7842  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

### WILSON, MARITZA K

Provider ID: 480243  
Provider Gender: Female  
License number: A146931  
NPI: 1720465925  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr  
Board Certified Specialty: No  
IHP-TRUECARE  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 753-7842  
Fax:  
After Hours Phone: (760)  
753-7842  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

### FQHC

### TRUECARE,

Provider ID: 480243  
Provider Gender:  
License number: 080000638  
NPI: 1245246917  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation:  
Board Certified Specialty:  
IHP-TRUECARE  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 753-7842  
Fax: (760) 736-8740  
After Hours Phone: (760)  
753-7842  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

### INTERNAL MEDICINE

### HUANG, YUN SAN

Provider ID: 480243  
Provider Gender: Female  
License number: A128784  
NPI: 1306095963  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Mandarin  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Board Certified Specialty: No  
IHP-TRUECARE  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 753-7842  
Fax:  
After Hours Phone: (760)  
753-7842  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):

No  
♿ Accessibility:  
Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

### JEFFERIS, LAUREN R

Provider ID: 480243  
Provider Gender: Female  
License number: A80674  
NPI: 1346354776  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 753-7842  
Fax:  
After Hours Phone: (760)  
753-7842  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

### OBSTETRICS / GYNECOLOGY

### MOSTOFIAN, EIMANEH

Provider ID: 480243  
Provider Gender: Female  
License number: A97181  
NPI: 1154477628  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr

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## C. Primary Care Directory

Board Certified Specialty: No  
IHP-TRUECARE  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 753-7842  
Fax:  
After Hours Phone: (760)  
753-7842  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

### PEDIATRICS

**BRION, SONJA K**  
Provider ID: 386639  
Provider Gender: Female  
License number: A68705  
NPI: 1306817317  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital Encinitas,  
Rady Childrens Hospital San  
Diego, Scripps Memorial Hospital  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
499 N EL CAMINO REAL STE  
B100  
ENCINITAS, CA 92024-1347  
Phone: (760) 436-4511  
Fax: (760) 436-5106  
After Hours Phone: (760)  
436-4511  
Website:  
Email:  
Medi-Cal Open Panel: Yes

Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

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

**MENDENHALL, ANNA K**  
Provider ID: 386635  
Provider Gender: Female  
License number: A65279  
NPI: 1639140650  
Provider English Spoken: Yes

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

**METSCH, RANDALL B**  
Provider ID: 386630  
Provider Gender: Male  
License number: G69565  
NPI: 1619948635  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital  
Encinitas, Scripps Memorial  
Hospital  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
499 N EL CAMINO REAL STE  
B100

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

ENCINITAS, CA 92024-1347  
 Phone: (760) 436-4511  
 Fax: (760) 436-5106  
 After Hours Phone: (760) 436-4511  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

### MURPHY, CARMEL C

Provider ID: 480243  
 Provider Gender: Female  
 License number: A103940  
 NPI: 1790824787  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 753-7842  
 Fax:  
 After Hours Phone: (760) 753-7842  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-TH 8AM-5PM, F 8:30AM-5:30PM, SA 9AM-5PM

### TERRY, AMANDA R

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

### TOLBA, KAMEI B

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

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

### ZACHRY, ALISON D

Provider ID: 480243  
 Provider Gender: Female  
 License number: A131678  
 NPI: 1922402858  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Tri City Medical Ctr  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 753-7842  
 Fax:  
 After Hours Phone: (760) 753-7842  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

### PHYSICIANS ASSISTANT

#### CHISWICK, GARY R

Provider ID: 480243  
Provider Gender: Male  
License number: PA22667  
NPI: 1174964001  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Board Certified Specialty: No  
IHP-TRUECARE  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

#### CRUZ, ASHLEY D

Provider ID: 480243  
Provider Gender: Female  
License number: PA22997  
NPI: 1063851814  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
1130 2ND ST

ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

#### FORSMAN, SHANA A

Provider ID: 480243  
Provider Gender: Female  
License number: PA19437  
NPI: 1306026737  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

#### PADDOCK, DIANA L

Provider ID: 480243

Provider Gender: Female  
License number: PA52175  
NPI: 1447657804  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Board Certified Specialty: No  
IHP-TRUECARE  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-TH 8AM-5PM, F  
8:30AM-5:30PM, SA 9AM-5PM

#### RUSSO, KRISTA L

Provider ID: 480243  
Provider Gender: Female  
License number: PA53036  
NPI: 1922471192  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767

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## C. Primary Care Directory

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-TH 8AM-5PM, F

8:30AM-5:30PM, SA 9AM-5PM

### ESCONDIDO

#### CARDIOVASCULAR DISEASE

#### SCHWARTZ, JOSEPH A

Provider ID: 419344

Provider Gender: Male

License number: A36637

NPI: 1295747038

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Long Beach

Memorial Med Ctr, Providence St

Mary Medical Center

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

1121 E WASHINGTON AVE

ESCONDIDO, CA 92025-2214

Phone: (760) 871-0606

Fax:

After Hours Phone: (760)

871-0606

Website: n

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,

W

Hours: SA,SU 8AM-12PM, M-F

8AM-8PM

#### CERTIFIED NURSE PRACTITIONER

#### CARNEY, AMY

Provider ID: 206269

Provider Gender: Female

License number: NP8169

NPI: 1164445227

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Palomar

Medical Center

Board Certified Specialty: No

IHP-NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

Phone: (760) 520-8200

Fax:

After Hours Phone: (760)

520-8200

Website: www.ihsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

#### DELA CRUZ, ANGELITO L

Provider ID: 206271

Provider Gender: Male

License number: NP95004663

NPI: 1457806366

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052

Phone: (760) 737-6900

Fax:

After Hours Phone: (760)

737-6900

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,

W

Hours: M,TU,TH,F 8AM-5PM, W

9AM-5PM, SA 9AM-5PM

#### HACINAS, REYNALDO O

Provider ID: 419344

Provider Gender: Male

License number: NP95003024

NPI: 1215304860

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

1121 E WASHINGTON AVE

ESCONDIDO, CA 92025-2214

Phone: (760) 767-5051

Fax:

After Hours Phone: (760)

767-5051

Website: n

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,

W

Hours: SA,SU 8AM-12PM, M-F

8AM-8PM

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## C. Primary Care Directory

---

### **KAHL, NICHOLAS D**

Provider ID: 519481  
Provider Gender: Male  
License number: NP95006360  
NPI: 1821306598  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
255 N ASH ST STE 101  
ESCONDIDO, CA 92027-3069  
Phone: (760) 745-5832  
Fax:  
After Hours Phone: (760)  
745-5832  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/120  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### **KOROGODSKI, ANNA**

Provider ID: 519481  
Provider Gender: Female  
License number: NP95019424  
NPI: 1326634890  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
255 N ASH ST STE 101  
ESCONDIDO, CA 92027-3069

Phone: (760) 745-5832  
Fax:  
After Hours Phone: (760)  
745-5832  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/120  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### **MITCHELL, CATHY A**

Provider ID: 424775  
Provider Gender: Female  
License number: NP4799  
NPI: 1356365365  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD  
HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
Phone: (760) 690-5900  
Fax:  
After Hours Phone: (760)  
690-5900  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **TEHRAN, SAGHI J**

Provider ID: 519481  
Provider Gender: Female  
License number: NP95018423

NPI: 1134792245  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Persian  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Rady  
Childrens Hospital San Diego  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
255 N ASH ST STE 101  
ESCONDIDO, CA 92027-3069  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/120  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### **TODD, MIKAYLA S**

Provider ID: 519481  
Provider Gender: Female  
License number: NP95005999  
NPI: 1316478092  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
255 N ASH ST STE 101  
ESCONDIDO, CA 92027-3069  
Phone: (760) 745-5832  
Fax:  
After Hours Phone: (760)  
745-5832

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## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Website:<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0/120<br/>American Sign Language (ASL): No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>License number: A159727<br/>NPI: 1962936450<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency: No<br/>Hospital Affiliation:<br/>Board Certified Specialty: No<br/>IHP-NEIGHBORHOOD HEALTHCARE<br/>460 N ELM ST<br/>ESCONDIDO, CA 92025-3002<br/>Phone: (760) 520-8100<br/>Fax:<br/>After Hours Phone: (760) 520-8100<br/>Website: www.ihsocal.org<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility: W<br/>Hours: M-F 8AM-5PM, SA 8AM-12PM</p> | <p>Website:<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility: P, EB, IB, E, R, W<br/>Hours: M,TU,TH,F 8AM-5PM, W 9AM-5PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>CHIROPRACTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>ROBINSON, DEAN A</b><br/>Provider ID: 206270<br/>Provider Gender: Male<br/>License number: DC12036<br/>NPI: 1851320337<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Spanish<br/>Cultural Competency: No<br/>Hospital Affiliation:<br/>Board Certified Specialty: No<br/>IHP-NEIGHBORHOOD HEALTHCARE<br/>460 N ELM ST<br/>ESCONDIDO, CA 92025-3002<br/>Phone: (760) 520-8100<br/>Fax:<br/>After Hours Phone: (760) 520-8100<br/>Website: www.ihsocal.org<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility: W<br/>Hours: M-F 8AM-5PM, SA 8AM-12PM</p> | <p><b>BISHOP, MELISSA E</b><br/>Provider ID: 206271<br/>Provider Gender: Female<br/>License number: C137521<br/>NPI: 1578667077<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Spanish<br/>Cultural Competency: No<br/>Hospital Affiliation: Palomar Medical Center<br/>Board Certified Specialty: No<br/>IHP-NEIGHBORHOOD HEALTHCARE<br/>728 E VALLEY PKWY<br/>ESCONDIDO, CA 92025-3052<br/>Phone: (760) 737-6900<br/>Fax: (858) 633-4694<br/>After Hours Phone: (760) 737-6900</p>                                                        | <p><b>CASTANER, ZALYA</b><br/>Provider ID: 206270<br/>Provider Gender: Female<br/>License number: A139490<br/>NPI: 1487072179<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Cultural Competency: No<br/>Hospital Affiliation:<br/>Board Certified Specialty: No<br/>IHP-NEIGHBORHOOD HEALTHCARE<br/>460 N ELM ST<br/>ESCONDIDO, CA 92025-3002<br/>Phone: (760) 520-8100<br/>Fax:<br/>After Hours Phone: (760) 520-8100<br/>Website: www.ihsocal.org<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility: W<br/>Hours: M-F 8AM-5PM, SA 8AM-12PM</p> |
| <b>FAMILY PRACTICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>AVILA, MICHAEL A</b><br/>Provider ID: 206270<br/>Provider Gender: Male</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>CASTANER, ZALYA</b><br/>Provider ID: 206271<br/>Provider Gender: Female<br/>License number: A139490<br/>NPI: 1487072179<br/>Provider English Spoken: Yes</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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## C. Primary Care Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:*  
*After Hours Phone:* (760)  
 737-6900  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, R,  
 W  
*Hours:* M,TU,TH,F 8AM-5PM, W  
 9AM-5PM, SA 9AM-5PM

### **COBIAN, VANESSA E**

*Provider ID:* 206271  
*Provider Gender:* Female  
*License number:* A145349  
*NPI:* 1134513039  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:*  
*After Hours Phone:* (760)  
 737-6900  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, R,  
 W  
*Hours:* M,TU,TH,F 8AM-5PM, W  
 9AM-5PM, SA 9AM-5PM

### **COX, VICTORIA R**

*Provider ID:* 519481  
*Provider Gender:* Female  
*License number:* C171064  
*NPI:* 1093087819  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 255 N ASH ST STE 101  
 ESCONDIDO, CA 92027-3069  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/120  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **DELGADO, GEORGE, MD**

*Provider ID:* 318978  
*Provider Gender:* Male  
*License number:* G66807  
*NPI:* 1083639470  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital Encinitas,

Scripps Mercy Hospital, Palomar  
 Medical Center, Pomerado  
 Hospital  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 362 W MISSION AVE STE 105  
 ESCONDIDO, CA 92025-1738  
*Phone:* (760) 741-1224  
*Fax:* (888) 815-1761  
*After Hours Phone:* (760)  
 741-1224  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **FERRAILOLO, NATALIE K**

*Provider ID:* 206270  
*Provider Gender:* Female  
*License number:* A152372  
*NPI:* 1306290143  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:*  
*After Hours Phone:* (760)  
 520-8100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W

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## C. Primary Care Directory

---

Hours: M-F 8AM-5PM, SA  
8AM-12PM

**FERRAIOLO, NATALIE K**

Provider ID: 206271  
Provider Gender: Female  
License number: A152372  
NPI: 1306290143  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD  
HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
Phone: (760) 737-6900  
Fax:  
After Hours Phone: (760)  
737-6900  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
W  
Hours: M,TU,TH,F 8AM-5PM, W  
9AM-5PM, SA 9AM-5PM

**KAUR, JATINDER**

Provider ID: 206270  
Provider Gender: Female  
License number: A120771  
NPI: 1912141391  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Hindi, Urdu  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD  
HEALTHCARE

460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax:  
After Hours Phone: (760)  
520-8100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

**LAI, AMARA J**

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

9AM-5PM, SA 9AM-5PM

**MCHENRY, KATHRYN D**

Provider ID: 206270  
Provider Gender: Female  
License number: 20A14292  
NPI: 1326458373  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD  
HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax:  
After Hours Phone: (760)  
520-8100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

**MORALES LITCHARD,  
CARMEN L**

Provider ID: 419344  
Provider Gender: Female  
License number: A140992  
NPI: 1033534672  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
BORREGO COMMUNITY  
HEALTH FOUNDTION

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## C. Primary Care Directory

1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025-2214  
Phone: (760) 871-0606  
Fax:  
After Hours Phone: (760)  
871-0606  
Website: n  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
W  
Hours: SA,SU 8AM-12PM, M-F  
8AM-8PM

### **NAKAMURA, MELANIE A**

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

### **OTANEZ CERVANTES, JORGE A**

Provider ID: 419344  
Provider Gender: Male  
License number: A153220  
NPI: 1457734675  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
BORREGO COMMUNITY  
HEALTH FOUNDTION  
1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025-2214  
Phone: (760) 871-0606  
Fax:  
After Hours Phone: (760)  
871-0606  
Website: n  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
W  
Hours: SA,SU 8AM-12PM, M-F  
8AM-8PM

### **PATEL, JITENBHAI J**

Provider ID: 206269  
Provider Gender: Male  
License number: A94128  
NPI: 1902921406  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD  
HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604

Phone: (760) 520-8200  
Fax:  
After Hours Phone: (760)  
520-8200  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **PATEL, JITENBHAI J**

Provider ID: 206270  
Provider Gender: Male  
License number: A94128  
NPI: 1902921406  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD  
HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax:  
After Hours Phone: (760)  
520-8100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

### **PATEL, JITENBHAI J**

Provider ID: 206271  
Provider Gender: Male

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## C. Primary Care Directory

License number: A94128  
 NPI: 1902921406  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
 Phone: (760) 737-6900  
 Fax:  
 After Hours Phone: (760)  
 737-6900  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R,  
 W  
 Hours: M,TU,TH,F 8AM-5PM, W  
 9AM-5PM, SA 9AM-5PM

### **RADFORD, JAMES A**

Provider ID: 419344  
 Provider Gender: Male  
 License number: 20A17662  
 NPI: 1023188026  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Hemet Valley  
 Med Ctr  
 Board Certified Specialty: No  
 BORREGO COMMUNITY  
 HEALTH FOUNDTION  
 1121 E WASHINGTON AVE  
 ESCONDIDO, CA 92025-2214

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

### **RASHCOVSKY SCHIFF, KARIN**

Provider ID: 206270  
 Provider Gender: Female  
 License number: A82173  
 NPI: 1699706333  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center  
 Board Certified Specialty: No  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
 Phone: (760) 520-8100  
 Fax:  
 After Hours Phone: (760)  
 520-8100  
 Website: www.ihsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 8AM-12PM

### **SAENZ ZAVALA, GUILLERMO**

Provider ID: 419344  
 Provider Gender: Male  
 License number: A153513  
 NPI: 1720475478  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Riverside  
 Community Hosp  
 Board Certified Specialty: No  
 BORREGO COMMUNITY  
 HEALTH FOUNDTION  
 1121 E WASHINGTON AVE  
 ESCONDIDO, CA 92025-2214  
 Phone: (760) 871-0606  
 Fax:  
 After Hours Phone: (760)  
 871-0606  
 Website: n  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R,  
 W  
 Hours: SA,SU 8AM-12PM, M-F  
 8AM-8PM

### **SANDHU, BASANT S**

Provider ID: 206271  
 Provider Gender: Male  
 License number: A140398  
 NPI: 1265795744  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 German, Hindi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-NEIGHBORHOOD  
 HEALTHCARE

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
Phone: (760) 737-6900  
Fax:  
After Hours Phone: (760)  
737-6900  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
W  
Hours: M,TU,TH,F 8AM-5PM, W  
9AM-5PM, SA 9AM-5PM

### **SAROKI, KAREN A**

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

### **SCHULTZ, JAMES H**

Provider ID: 206270  
Provider Gender: Male  
License number: G61829  
NPI: 1356376164  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Greek, Spanish  
Cultural Competency: No  
Hospital Affiliation: Palomar  
Health Downtown Campus,  
Southwest Healthcare System  
Wildomar, Southwest Healthcare  
System Murrieta, Palomar  
Medical Center  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD  
HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax:  
After Hours Phone: (760)  
520-8100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

### **SCHULTZ, JAMES H**

Provider ID: 206271  
Provider Gender: Male  
License number: G61829  
NPI: 1356376164  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Greek, Spanish  
Cultural Competency: No  
Hospital Affiliation: Southwest

Healthcare System Wildomar,  
Southwest Healthcare System  
Murrieta, Palomar Medical  
Center  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD  
HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
Phone: (760) 737-6900  
Fax:  
After Hours Phone: (760)  
737-6900  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
W  
Hours: M,TU,TH,F 8AM-5PM, W  
9AM-5PM, SA 9AM-5PM

### **TANTOD, KULIN R**

Provider ID: 206270  
Provider Gender: Male  
License number: A109655  
NPI: 1902058928  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD  
HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax:  
After Hours Phone: (760)  
520-8100  
Website: www.ihpsocal.org  
Email:

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## C. Primary Care Directory

Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 8AM-12PM

### THOMPSON, CHERYL E

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

### FQHC

### CENTRO MEDICO ESCONDIDO,

Provider ID: 419344  
Provider Gender:

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

### NEIGHBORHOOD HEALTHCARE ESCONDIDO,

Provider ID: 206270  
Provider Gender:  
License number: 080000397  
NPI: 1598703647  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: IHP-NEIGHBORHOOD HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax: (360) 462-2752  
After Hours Phone: (760) 520-8100

Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 8AM-12PM

### NEIGHBORHOOD HEALTHCARE GRAND AVE,

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

### NEIGHBORHOOD HEALTHCARE GRAND AVE,

Provider ID: 206269  
Provider Gender:  
License number: 080000397  
NPI: 1487826772

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### **NEIGHBORHOOD HEALTHCARE GRAND AVE,**

*Provider ID:* 206269  
*Provider Gender:*  
*License number:* 550000697  
*NPI:* 1487826772  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (360) 462-2749  
*After Hours Phone:* (760)  
 520-8200  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

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

### **NEIGHBORHOOD HEALTHCARE PEDIATRICS AND PRENATAL,**

*Provider ID:* 424775  
*Provider Gender:*  
*License number:* 550000511  
*NPI:* 1437335353  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:* (360) 462-2747  
*After Hours Phone:* (760)  
 690-5900  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY,**

*Provider ID:* 206271  
*Provider Gender:*  
*License number:* 080000158  
*NPI:* 1720264641  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (360) 462-2748  
*After Hours Phone:* (760)  
 737-6900  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes

### **NEIGHBORHOOD HEALTHCARE PEDS AND PRENATAL,**

*Provider ID:* 206266  
*Provider Gender:*  
*License number:*  
*NPI:* 1265618185  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8340  
*Fax:* (360) 462-2752  
*After Hours Phone:* (760)  
 520-8340  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 000/21  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

*Provider ID:* 206271  
*Provider Gender:*  
*License number:* 080000158  
*NPI:* 1720264641  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (360) 462-2748  
*After Hours Phone:* (760)  
 737-6900  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R,  
 W  
 Hours: M,TU,TH,F 8AM-5PM, W  
 9AM-5PM, SA 9AM-5PM

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

Provider ID: 519481  
 Provider Gender:  
 License number:  
 NPI: 1801438239  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 255 N ASH ST STE 101  
 ESCONDIDO, CA 92027-3069  
 Phone: (760) 745-5832  
 Fax:  
 After Hours Phone: (760)  
 745-5832  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/120  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

### **GENERAL PRACTICE**

### **WATSON, THOMAS L , MD**

Provider ID: 383999  
 Provider Gender: Male  
 License number: A52193  
 NPI: 1104865781  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 303 S JUNIPER ST  
 ESCONDIDO, CA 92025-4924  
 Phone: (760) 480-9051  
 Fax: (760) 480-9054  
 After Hours Phone: (760)  
 480-9051  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T  
 Hours: M-SA 9AM-5PM

### **WATSON, THOMAS L , MD**

Provider ID: 80659  
 Provider Gender: Male  
 License number: A52193  
 NPI: 1104865781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 301 E WASHINGTON AVE STE  
 B  
 ESCONDIDO, CA 92025-2855  
 Phone: (760) 480-9051  
 Fax: (760) 480-9054  
 After Hours Phone: (760)  
 480-9051  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):

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

### **INTERNAL MEDICINE**

### **CARRERA, JORGE A**

Provider ID: 519481  
 Provider Gender: Male  
 License number: G58033  
 NPI: 1184728586  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 255 N ASH ST STE 101  
 ESCONDIDO, CA 92027-3069  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/120  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

### **CHEN, MARGARET K**

Provider ID: 206270  
 Provider Gender: Female  
 License number: A61751  
 NPI: 1659305084  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Greek, Spanish  
 Cultural Competency: No

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## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hospital Affiliation:</b><br><b>Board Certified Specialty:</b> No<br><b>IHP-NEIGHBORHOOD HEALTHCARE</b><br><b>460 N ELM ST</b><br><b>ESCONDIDO, CA 92025-3002</b><br><b>Phone:</b> (760) 520-8100<br><b>Fax:</b><br><b>After Hours Phone:</b> (760) 520-8100<br><b>Website:</b> www.ihpsocal.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b> W<br><b>Hours:</b> M-F 8AM-5PM, SA 8AM-12PM                                                                                                                                                                                                                                           | <b>W</b><br><b>Hours:</b> SA,SU 8AM-12PM, M-F 8AM-8PM<br><br><b>LAU, BENISON C</b><br><b>Provider ID:</b> 206269<br><b>Provider Gender:</b> Male<br><b>License number:</b> A161074<br><b>NPI:</b> 1255726154<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b><br><b>Board Certified Specialty:</b> No<br><b>IHP-NEIGHBORHOOD HEALTHCARE</b><br><b>1001 E GRAND AVE</b><br><b>ESCONDIDO, CA 92025-4604</b><br><b>Phone:</b> (760) 520-8200<br><b>Fax:</b><br><b>After Hours Phone:</b> (760) 520-8200<br><b>Website:</b> www.ihpsocal.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b> W<br><b>Hours:</b> M-F 8AM-5PM, SA 9AM-5PM | <b>1001 E GRAND AVE</b><br><b>ESCONDIDO, CA 92025-4604</b><br><b>Phone:</b> (760) 520-8200<br><b>Fax:</b><br><b>After Hours Phone:</b> (760) 520-8200<br><b>Website:</b> www.ihpsocal.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b> W<br><b>Hours:</b> M-F 8AM-5PM, SA 9AM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>KAUFER, DAVID I</b><br><b>Provider ID:</b> 419344<br><b>Provider Gender:</b> Male<br><b>License number:</b> G80107<br><b>NPI:</b> 1710082789<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b><br><b>Board Certified Specialty:</b> No<br><b>BORREGO COMMUNITY HEALTH FOUNDTION</b><br><b>1121 E WASHINGTON AVE</b><br><b>ESCONDIDO, CA 92025-2214</b><br><b>Phone:</b> (760) 871-0606<br><b>Fax:</b><br><b>After Hours Phone:</b> (760) 871-0606<br><b>Website:</b> n<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/999<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b> P, EB, IB, E, R, | <b>W</b><br><b>Hours:</b> M-F 8AM-5PM, SA 9AM-5PM<br><br><b>NARAYAN, ARCHANA</b><br><b>Provider ID:</b> 206269<br><b>Provider Gender:</b> Female<br><b>License number:</b> A101773<br><b>NPI:</b> 1003053950<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Hindi, Kannada</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b><br><b>Board Certified Specialty:</b> No<br><b>IHP-NEIGHBORHOOD HEALTHCARE</b>                                                                                                                                                                                                                                                                                                                                                                      | <b>RATNIEWSKI, ALFREDO</b><br><b>Provider ID:</b> 419344<br><b>Provider Gender:</b> Male<br><b>License number:</b> C42220<br><b>NPI:</b> 1689768459<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>French, Hebrew, Spanish</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Palomar Medical Center<br><b>Board Certified Specialty:</b> No<br><b>BORREGO COMMUNITY HEALTH FOUNDTION</b><br><b>1121 E WASHINGTON AVE</b><br><b>ESCONDIDO, CA 92025-2214</b><br><b>Phone:</b> (760) 871-0606<br><b>Fax:</b><br><b>After Hours Phone:</b> (760) 871-0606<br><b>Website:</b> n<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/999<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b> P, EB, IB, E, R, W<br><b>Hours:</b> SA,SU 8AM-12PM, M-F |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

8AM-8PM

### **TASHER, DEAN C**

Provider ID: 206269  
 Provider Gender: Male  
 License number: A22852  
 NPI: 1205817673  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center  
 Board Certified Specialty: No  
 IHP-NEIGHBORHOOD HEALTHCARE

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

### **VETTICADEN, SANTOSH J**

Provider ID: 206270  
 Provider Gender: Male  
 License number: C53062  
 NPI: 1679102461  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Board Certified Specialty: No  
 IHP-NEIGHBORHOOD HEALTHCARE  
 460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100  
 Fax:  
 After Hours Phone: (760) 520-8100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 8AM-12PM

### **PEDIATRICS**

### **AGUILAR, EDITA S**

Provider ID: 206266  
 Provider Gender: Female  
 License number: A56054  
 NPI: 1467407411  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Board Certified Specialty: No  
 IHP-NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
 Phone: (760) 520-8340  
 Fax:  
 After Hours Phone: (760) 520-8340  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 000/21  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **AGUILAR, EDITA S**

Provider ID: 424775  
 Provider Gender: Female  
 License number: A56054  
 NPI: 1467407411  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Board Certified Specialty: No  
 IHP-NEIGHBORHOOD HEALTHCARE  
 426 N DATE ST

ESCONDIDO, CA 92025-3409

Phone: (760) 690-5900  
 Fax:  
 After Hours Phone: (760) 690-5900  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **ALDANA, NANCY V**

Provider ID: 424775  
 Provider Gender: Female  
 License number: A62467  
 NPI: 1558371963  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas  
 Board Certified Specialty: No  
 IHP-NEIGHBORHOOD

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
Phone: (760) 690-5900  
Fax:  
After Hours Phone: (760)  
690-5900  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

### CHOW, BYRON C

Provider ID: 206270  
Provider Gender: Male  
License number: A78116  
NPI: 1619907607  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Palomar Medical Center  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD  
HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax:  
After Hours Phone: (760)  
520-8100  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA

8AM-12PM

### COHEN, CARA E

Provider ID: 59178  
Provider Gender: Female  
License number: G83617  
NPI: 1215021274  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Pomerado  
Hospital, Rady Childrens  
Hospital San Diego, Palomar  
Medical Center, Childrens Hosp  
And Resrch Ctr At Oakland  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
625 CITRACADO PKWY STE  
200  
ESCONDIDO, CA 92025-6428  
Phone: (760) 746-2641  
Fax: (760) 740-2178  
After Hours Phone: (760)  
746-2641  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-SA 9AM-5PM

### COULLAHAN, JESSICA M

Provider ID: 102560  
Provider Gender: Female  
License number: A95336  
NPI: 1750579108  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Palomar  
Health Downtown Campus, Rady

Childrens Hospital San Diego,  
Palomar Medical Center  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
625 CITRACADO PKWY STE  
200  
ESCONDIDO, CA 92025-6428  
Phone: (760) 746-2641  
Fax: (760) 740-2178  
After Hours Phone: (760)  
746-2641  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-SA 9AM-5PM

### CURET, ZULMA

Provider ID: 206270  
Provider Gender: Female  
License number: A119661  
NPI: 1841561107  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD  
HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax:  
After Hours Phone: (760)  
520-8100  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None

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## C. Primary Care Directory

*American Sign Language (ASL):* No

*♿ Accessibility:* W

*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **DOSHI, NEELIMA G**

*Provider ID:* 206266

*Provider Gender:* Female

*License number:* A67626

*NPI:* 1417921578

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Board Certified Specialty:* No

IHP-NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

*Phone:* (760) 520-8340

*Fax:*

*After Hours Phone:* (760)

520-8340

*Website:* www.iypsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 000/21

*American Sign Language (ASL):*

No

*♿ Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### **DOSHI, NEELIMA G**

*Provider ID:* 424775

*Provider Gender:* Female

*License number:* A67626

*NPI:* 1417921578

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Board Certified Specialty:* No

IHP-NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

*Phone:* (760) 690-5900

*Fax:*

*After Hours Phone:* (760)

690-5900

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### **IBRAHIM, MAGED F**

*Provider ID:* 419344

*Provider Gender:* Male

*License number:* C141296

*NPI:* 1306852934

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic

*Cultural Competency:* No

*Hospital Affiliation:* Riverside

Community Hosp

*Board Certified Specialty:* No

BORREGO COMMUNITY

HEALTH FOUNDTION

1121 E WASHINGTON AVE

ESCONDIDO, CA 92025-2214

*Phone:* (760) 871-0606

*Fax:*

*After Hours Phone:* (760)

871-0606

*Website:* n

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*♿ Accessibility:* P, EB, IB, E, R, W

*Hours:* SA,SU 8AM-12PM, M-F 8AM-8PM

### **LUM HO, RACHEL L**

*Provider ID:* 511573

*Provider Gender:* Female

*License number:* A169392

*NPI:* 1215469283

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

625 CITRACADO PKWY STE

200

ESCONDIDO, CA 92025-6428

*Phone:* (760) 746-2641

*Fax:* (760) 740-2178

*After Hours Phone:* (760)

746-2641

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

### **MALEKSHAMRAN, KEYVAN**

*Provider ID:* 419344

*Provider Gender:* Male

*License number:* A94845

*NPI:* 1952466112

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Pioneers

Memorial Hospital, Desert

Regional Med Ctr

*Board Certified Specialty:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

**BORREGO COMMUNITY HEALTH FOUNDATION**  
 1121 E WASHINGTON AVE  
 ESCONDIDO, CA 92025-2214  
*Phone:* (760) 871-0606  
*Fax:*  
*After Hours Phone:* (760) 871-0606  
*Website:* n  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* SA,SU 8AM-12PM, M-F 8AM-8PM

**MARTINEZ, ASHLEY R**  
*Provider ID:* 524530  
*Provider Gender:* Female  
*License number:* A146820  
*NPI:* 1649667379  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 625 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92025-6428  
*Phone:* (760) 746-2641  
*Fax:* (760) 740-2178  
*After Hours Phone:* (760) 746-2641  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*

*Hours:* M-SA 9AM-5PM  
**PAYNE, ELIZABETH E**  
*Provider ID:* 26991  
*Provider Gender:* Female  
*License number:* G74067  
*NPI:* 1043229305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center, Palomar Health Downtown Campus  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 625 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92025-6428  
*Phone:* (760) 746-2641  
*Fax:* (760) 740-2178  
*After Hours Phone:* (760) 746-2641  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM

**SOCHA, TRACI E**  
*Provider ID:* 22973  
*Provider Gender:* Female  
*License number:* 20A7862  
*NPI:* 1669478616  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar

Medical Center  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 215 S HICKORY ST STE 126  
 ESCONDIDO, CA 92025-4360  
*Phone:* (760) 745-7313  
*Fax:* (760) 745-6360  
*After Hours Phone:* (760) 745-7313  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

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

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## C. Primary Care Directory

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

### **STERNFELD, SHARON R**

*Provider ID:* 56437  
*Provider Gender:* Female  
*License number:* A61025  
*NPI:* 1184695108  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Rady Childrens Hospital San Diego, Palomar Medical Center  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 625 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92025-6428  
*Phone:* (760) 746-2641  
*Fax:* (760) 740-2178  
*After Hours Phone:* (760) 746-2641  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM

### **STRAZICICH, KARLA A**

*Provider ID:* 206270  
*Provider Gender:* Female  
*License number:* A45413  
*NPI:* 1134154958  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

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

### **TELLECHEA-SANCHEZ, SELMIRA**

*Provider ID:* 424775  
*Provider Gender:* Female  
*License number:* G83438  
*NPI:* 1730288747  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-NEIGHBORHOOD HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760) 690-5900  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*

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

### **WOSK, BERNARD**

*Provider ID:* 419344  
*Provider Gender:* Male  
*License number:* A49350  
*NPI:* 1033154984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 BORREGO COMMUNITY HEALTH FOUNDTION  
 1121 E WASHINGTON AVE  
 ESCONDIDO, CA 92025-2214  
*Phone:* (760) 871-0606  
*Fax:*  
*After Hours Phone:* (760) 871-0606  
*Website:* n  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, W  
*Hours:* SA,SU 8AM-12PM, M-F 8AM-8PM

### **ZANDKARIMI, FARIBA**

*Provider ID:* 87737  
*Provider Gender:* Female  
*License number:* A46161  
*NPI:* 1356373674  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Mercy General Hospital, Rady Childrens

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

Hospital San Diego, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Ucsd  
 Medical Ctr  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH  
 NETWORK**  
 240 W MISSION AVE STE A  
 ESCONDIDO, CA 92025-1700  
*Phone:* (760) 747-5400  
*Fax:* (760) 747-2286  
*After Hours Phone:* (760)  
 747-5400  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R,  
 W  
*Hours:* M-SA 9AM-5PM

---

### PHYSICIANS ASSISTANT

**BAISLEY, SHAWN M**  
*Provider ID:* 519481  
*Provider Gender:* Male  
*License number:* PA52347  
*NPI:* 1376936120  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 255 N ASH ST STE 101  
 ESCONDIDO, CA 92027-3069  
*Phone:* (760) 745-5832  
*Fax:*  
*After Hours Phone:* (760)  
 745-5832  
*Website:*  
*Email:*

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

**SAVILLE, KUN**  
*Provider ID:* 206269  
*Provider Gender:* Female  
*License number:* PA51508  
*NPI:* 1518377894  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
*Phone:* (760) 850-8200  
*Fax:*  
*After Hours Phone:* (760)  
 850-8200  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

**SHARPE, NORMA A**  
*Provider ID:* 519481  
*Provider Gender:* Female  
*License number:* PA20490  
*NPI:* 1619100237  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*

*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 255 N ASH ST STE 101  
 ESCONDIDO, CA 92027-3069  
*Phone:* (760) 745-5832  
*Fax:*  
*After Hours Phone:* (760)  
 745-5832  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/120  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

---

### PODIATRIST

**NEGRON, RICARDO J**  
*Provider ID:* 206271  
*Provider Gender:* Male  
*License number:* DPM5260  
*NPI:* 1932548393  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Providence St  
 Joseph Hospital  
*Board Certified Specialty:* No  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:*  
*After Hours Phone:* (760)  
 737-6900  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

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## C. Primary Care Directory

♿ Accessibility: P, EB, IB, E, R, W  
Hours: M,TU,TH,F 8AM-5PM, W 9AM-5PM, SA 9AM-5PM

### REHM, KENNETH B

Provider ID: 206266  
Provider Gender: Male  
License number: DPM2808  
NPI: 1588607766  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital, Ucsd Medical Ctr, Kindred Hospital San Diego  
Board Certified Specialty: No  
IHP-NEIGHBORHOOD HEALTHCARE  
425 N DATE ST  
ESCONDIDO, CA 92025-3413  
Phone: (760) 520-8340  
Fax:  
After Hours Phone: (760) 520-8340  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 000/21  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM

### FALLBROOK

#### FAMILY PRACTICE

### PAPALIA, SARAH A

Provider ID: 183910  
Provider Gender: Female  
License number: A144436  
NPI: 1336572676

Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No  
IHP-COMMUNITY HEALTH SYSTEM  
1328 S MISSION RD  
FALLBROOK, CA 92028-4006  
Phone: (760) 451-4720  
Fax:  
After Hours Phone: (760) 451-4720  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, W  
Hours: M-SA 8AM-5PM

#### FQHC

### FALLBROOK FAMILY HLTH CTR,

Provider ID: 183910  
Provider Gender: License number: 080000150  
NPI: 1982756086  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No  
IHP-COMMUNITY HEALTH SYSTEM  
1328 S MISSION RD  
FALLBROOK, CA 92028-4006  
Phone: (760) 451-4720  
Fax: (760) 451-4700  
After Hours Phone: (760) 451-4720  
Website:

Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, W  
Hours: M-SA 8AM-5PM

#### OBSTETRICS / GYNECOLOGY

### PEARSON, LAWRENCE F

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

#### PEDIATRICS

### DEL RE, AMANDA M

Provider ID: 238960  
Provider Gender: Female

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## C. Primary Care Directory

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

**LINARES, YENDI N**  
*Provider ID:* 538068  
*Provider Gender:* Female  
*License number:* A148629  
*NPI:* 1336674886  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens  
 Hosp Of Los Angeles, Scripps  
 Memorial Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 1107 S MISSION RD  
 FALLBROOK, CA 92028-3224

*Phone:* (760) 451-0070  
*Fax:* (760) 451-1499  
*After Hours Phone:* (760)  
 451-0070  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

**PAIK, JULIANA S**  
*Provider ID:* 504522  
*Provider Gender:* Female  
*License number:* A73973  
*NPI:* 1528167087  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 1107 S MISSION RD  
 FALLBROOK, CA 92028-3224  
*Phone:* (760) 451-0070  
*Fax:* (760) 451-1499  
*After Hours Phone:* (760)  
 451-0070  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

**ROBINSON, DAISY A**  
*Provider ID:* 230579  
*Provider Gender:* Female  
*License number:* A56278  
*NPI:* 1659389740

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

**VU, WENDY**  
*Provider ID:* 183910  
*Provider Gender:* Female  
*License number:* A169529  
*NPI:* 1508148370  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 IHP-COMMUNITY HEALTH  
 SYSTEM  
 1328 S MISSION RD  
 FALLBROOK, CA 92028-4006  
*Phone:* (760) 451-4770  
*Fax:*  
*After Hours Phone:* (760)  
 451-4770  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 T, W  
 Hours: M-SA 8AM-5PM

### IMPERIAL BEACH

#### CERTIFIED NURSE PRACTITIONER

#### O'BRIEN, FRANCESCA A

Provider ID: 179678  
 Provider Gender: Female  
 License number: NP95005211  
 NPI: 1649720756  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-IMPERIAL BEACH HEALTH  
 CENTER  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503  
 Phone: (619) 429-3733  
 Fax:  
 After Hours Phone: (619)  
 429-3733  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, E, R, W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

#### FAMILY PRACTICE

#### JOHNSON, DANIEL W

Provider ID: 179678

Provider Gender: Male  
 License number: 20A9393  
 NPI: 1245311216  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista  
 Board Certified Specialty: No  
 IHP-IMPERIAL BEACH HEALTH  
 CENTER  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503  
 Phone: (619) 429-3733  
 Fax:  
 After Hours Phone: (619)  
 429-3733  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, E, R, W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

#### LEUTE, ERIC J

Provider ID: 179678  
 Provider Gender: Male  
 License number: A80832  
 NPI: 1720171507  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Board Certified Specialty: Yes  
 IHP-IMPERIAL BEACH HEALTH

CENTER  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503  
 Phone: (619) 429-3733  
 Fax:  
 After Hours Phone: (619)  
 429-3733  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, E, R, W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

#### FQHC

#### IMPERIAL BEACH HEALTH CENTER,

Provider ID: 179678  
 Provider Gender:  
 License number: 090000119  
 NPI: 1790718351  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP-IMPERIAL BEACH HEALTH  
 CENTER  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619)  
 429-3733  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):

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## C. Primary Care Directory

No  
 ☯ Accessibility: P, EB, E, R, W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### INTERNAL MEDICINE

#### RYAN, DANA A

Provider ID: 179678  
 Provider Gender: Female  
 License number: A66830  
 NPI: 1780609990  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-IMPERIAL BEACH HEALTH  
 CENTER  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503  
 Phone: (619) 429-3733  
 Fax:  
 After Hours Phone: (619)  
 429-3733  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: P, EB, E, R, W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### PEDIATRICS

#### DOKICH, SRETENKA

Provider ID: 179678  
 Provider Gender: Female  
 License number: A51447  
 NPI: 1154409035  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Board Certified Specialty: No  
 IHP-IMPERIAL BEACH HEALTH  
 CENTER  
 949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503  
 Phone: (619) 429-3733  
 Fax:  
 After Hours Phone: (619)  
 429-3733  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: P, EB, E, R, W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### JULIAN

### CARDIOVASCULAR DISEASE

#### SCHWARTZ, JOSEPH A

Provider ID: 185180  
 Provider Gender: Male  
 License number: A36637  
 NPI: 1295747038  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Long Beach  
 Memorial Med Ctr, Providence St  
 Mary Medical Center  
 Board Certified Specialty: No  
 BORREGO COMMUNITY  
 HEALTH FOUNDTION  
 2721 WASHINGTON ST  
 JULIAN, CA 92036-9233

Phone: (760) 765-1223  
 Fax: (760) 765-1278  
 After Hours Phone: (760)  
 765-1223  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: W  
 Hours: M-SA 9AM-5PM

### FQHC

#### JULIAN MEDICAL CENTER,

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

### LA JOLLA

### PEDIATRICS

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### **GAINOR, GRETCHEN C**

*Provider ID:* 537752  
*Provider Gender:* Female  
*License number:* G79066  
*NPI:* 1174504757  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 7300 GIRARD AVE STE 106  
 LA JOLLA, CA 92037-5138  
*Phone:* (858) 459-4351  
*Fax:* (858) 459-4399  
*After Hours Phone:* (858) 459-4351  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **GANDHI, SHEETAL N**

*Provider ID:* 282029  
*Provider Gender:* Female  
*License number:* A81898  
*NPI:* 1700858859  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 4150 REGENTS PARK ROW  
 STE 355  
 LA JOLLA, CA 92037-9102

*Phone:* (858) 457-2043  
*Fax:* (858) 457-2092  
*After Hours Phone:* (858) 457-2043  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:* EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

### **HUNTER, WENDY L**

*Provider ID:* 377597  
*Provider Gender:* Female  
*License number:* A94607  
*NPI:* 1053515551  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens  
 Hosp And Resrch Ctr At  
 Oakland, Rady Childrens  
 Hospital San Diego  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 7300 GIRARD AVE STE 106  
 LA JOLLA, CA 92037-5138  
*Phone:* (858) 459-4351  
*Fax:* (858) 459-4399  
*After Hours Phone:* (858) 459-4351  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **JAMES, VERONIQUE M**

*Provider ID:* 9959

*Provider Gender:* Female  
*License number:* C50068  
*NPI:* 1700857703  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 4150 REGENTS PARK ROW  
 STE 355  
 LA JOLLA, CA 92037-9102  
*Phone:* (858) 457-2043  
*Fax:* (858) 457-2092  
*After Hours Phone:* (858) 457-2043  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:* EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

### **LYM, RYAN L**

*Provider ID:* 477104  
*Provider Gender:* Male  
*License number:* A152493  
*NPI:* 1114389491  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 7300 GIRARD AVE STE 106  
 LA JOLLA, CA 92037-5138

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (858) 459-4351

Fax:

After Hours Phone: (858)  
459-4351

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **PARSONS, GENEVIEVE N**

Provider ID: 24122

Provider Gender: Female

License number: A91825

NPI: 1699700914

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista, Rady

Childrens Hospital San Diego,

Scripps Memorial Hospital

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

7300 GIRARD AVE STE 106

LA JOLLA, CA 92037-5138

Phone: (858) 459-4351

Fax: (858) 459-4399

After Hours Phone: (858)  
459-4351

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **ROBERTS, KENDALL R**

Provider ID: 48933

Provider Gender: Male

License number: A66977

NPI: 1265762033

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Rady

Childrens Hospital San Diego

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

4150 REGENTS PARK ROW  
STE 355

LA JOLLA, CA 92037-9102

Phone: (858) 457-2043

Fax: (858) 457-2092

After Hours Phone: (858)  
457-2043

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: EB, IB, E, R

Hours: M-SA 9AM-5PM

### **SHAH, MEERA T**

Provider ID: 145167

Provider Gender: Female

License number: A111054

NPI: 1720300239

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Scripps Memorial Hospital,

Scripps Mercy Hospital Chula

Vista, Sharp Chula Vista Med Ctr

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

4150 REGENTS PARK ROW  
STE 355

LA JOLLA, CA 92037-9102

Phone: (858) 457-2043

Fax: (858) 457-2092

After Hours Phone: (858)  
457-2043

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: EB, IB, E, R

Hours: M-SA 9AM-5PM

### **TUNG, VIVIAN V**

Provider ID: 11291

Provider Gender: Female

License number: A78067

NPI: 1285665133

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Scripps Memorial Hospital

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

7300 GIRARD AVE STE 106

LA JOLLA, CA 92037-5138

Phone: (858) 459-4351

Fax: (858) 459-4399

After Hours Phone: (858)  
459-4351

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Hours: M-SA 9AM-5PM

### **TWITO, TORY R**

Provider ID: 465383

Provider Gender: Female

License number: 20A12114

NPI: 1073838611

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital

Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK

4150 REGENTS PARK ROW STE 355

LA JOLLA, CA 92037-9102

Phone: (858) 457-2043

Fax: (858) 457-2092

After Hours Phone: (858)

457-2043

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

### **LA MESA**

### **CARDIOVASCULAR DISEASE**

### **SCHWARTZ, JOSEPH A**

Provider ID: 480827

Provider Gender: Male

License number: A36637

NPI: 1295747038

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Long Beach

Memorial Med Ctr, Providence St

Mary Medical Center

Board Certified Specialty: No

BORREGO COMMUNITY

HEALTH FOUNDTION

8881 FLETCHER PKWY STE

200

LA MESA, CA 91942-3135

Phone: (619) 401-0404

Fax:

After Hours Phone: (619)

401-0404

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/21

American Sign Language (ASL):

No

Accessibility: W

Hours: M-SA 9AM-5PM

### **FAMILY PRACTICE**

### **BROWN, ANDREW J**

Provider ID: 470836

Provider Gender: Male

License number: A154289

NPI: 1629430814

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

8881 FLETCHER PKWY STE

205

LA MESA, CA 91942-3187

Phone: (619) 270-4388

Fax: (619) 464-5109

After Hours Phone: (619)

270-4388

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

### **BROWN, ANDREW J**

Provider ID: 470837

Provider Gender: Male

License number: A154289

NPI: 1629430814

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

8881 FLETCHER PKWY STE

200

LA MESA, CA 91942-3135

Phone: (619) 464-6434

Fax:

After Hours Phone: (619)

464-6434

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

### **GURTCH, TIM P**

Provider ID: 395107

Provider Gender: Male

License number: C50806

NPI: 1881694776

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian, Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Hospital, Alvarado Hosp Med Ctr, Alvarado Hospital Llc  
*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 8875 LA MESA BLVD STE C  
 LA MESA, CA 91942-5434  
*Phone:* (619) 668-8100  
*Fax:* (619) 667-2688  
*After Hours Phone:* (619) 668-8100  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### FQHC

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

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

### INTERNAL MEDICINE

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

### OBSTETRICS / GYNECOLOGY

**BULLOCH, EDGAR M**  
*Provider ID:* 480827  
*Provider Gender:* Male  
*License number:* A113241  
*NPI:* 1508046376  
*Provider English Spoken:* Yes

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

**DAVIS, TRACIE L**  
*Provider ID:* 480827  
*Provider Gender:* Female  
*License number:* A89865  
*NPI:* 1275680738  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Board Certified Specialty:* No  
**BORREGO COMMUNITY HEALTH FOUNDTION**  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942-3135  
*Phone:* (619) 464-6434  
*Fax:*  
*After Hours Phone:* (619) 464-6434  
*Website:*  
*Email:*

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## C. Primary Care Directory

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

### **MODI, MONICA N**

Provider ID: 480827  
Provider Gender: Female  
License number: A150637  
NPI: 1619116605  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No  
BORREGO COMMUNITY HEALTH FOUNDTION  
8881 FLETCHER PKWY STE 200

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

### **PAPA, RHETT R**

Provider ID: 480827  
Provider Gender: Male  
License number: 20A11733  
NPI: 1063642312  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital

Board Certified Specialty: No  
BORREGO COMMUNITY HEALTH FOUNDTION  
8881 FLETCHER PKWY STE 200  
LA MESA, CA 91942-3135  
Phone: (619) 464-6434  
Fax:  
After Hours Phone: (619) 464-6434  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/21  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

## **PEDIATRICS**

### **ADIGOPULA, BINA**

Provider ID: 44140  
Provider Gender: Female  
License number: A45273  
NPI: 1982686200  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital, Rady Childrens Hospital San Diego  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
6942 UNIVERSITY AVE STE A  
LA MESA, CA 91942-5963  
Phone: (619) 698-2184  
Fax: (619) 698-2084  
After Hours Phone: (619) 698-2184  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18

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

### **ALSHEIKH, HUDA Y**

Provider ID: 435468  
Provider Gender: Female  
License number: C133872  
NPI: 1487746855  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Arabic  
Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
8881 FLETCHER PKWY STE 200

LA MESA, CA 91942-3135  
Phone: (619) 464-6434  
Fax: (619) 464-5109  
After Hours Phone: (619) 464-6434  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### **ALSHEIKH, HUDA Y**

Provider ID: 451191  
Provider Gender: Female  
License number: C133872  
NPI: 1487746855  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Arabic  
Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

**RADY CHILDRENS HEALTH NETWORK**  
 8881 FLETCHER PKWY STE 205  
 LA MESA, CA 91942-3187  
*Phone:* (619) 464-6434  
*Fax:* (619) 464-5109  
*After Hours Phone:* (619) 464-6434  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

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

*Hours:* M-SA 9AM-5PM  
**CLAY, CORRIE T**  
*Provider ID:* 536652  
*Provider Gender:* Female  
*License number:* A91977  
*NPI:* 1437207750  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942-3135  
*Phone:* (619) 464-6434  
*Fax:* (619) 464-5109  
*After Hours Phone:* (619) 464-6434  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

**GIANFORTUNE, RACHEL M**  
*Provider ID:* 433091  
*Provider Gender:* Female  
*License number:* A94327  
*NPI:* 1912193301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

Sharp Memorial Hospital, Grossmont Hospital  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942-3135  
*Phone:* (619) 464-6434  
*Fax:* (619) 464-5109  
*After Hours Phone:* (619) 464-6434  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

**GIANFORTUNE, RACHEL M**  
*Provider ID:* 450501  
*Provider Gender:* Female  
*License number:* A94327  
*NPI:* 1912193301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Grossmont Hospital  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 8881 FLETCHER PKWY STE 205  
 LA MESA, CA 91942-3187  
*Phone:* (619) 464-6434  
*Fax:*  
*After Hours Phone:* (619) 464-6434  
*Website:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **IMUS, PAUL M**

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

### **MOFFATT, KYRRA**

*Provider ID:* 275099  
*Provider Gender:* Female  
*License number:* 20A10604  
*NPI:* 1194922419

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

### **MOLINOS, NICOLE P**

*Provider ID:* 538098  
*Provider Gender:* Female  
*License number:* A166790  
*NPI:* 1538685524  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 6942 UNIVERSITY AVE STE A  
 LA MESA, CA 91942-5963

*Phone:* (619) 698-2184  
*Fax:* (619) 698-2084  
*After Hours Phone:* (619)  
 698-2184  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **RONQUILLO, RINA R**

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

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## C. Primary Care Directory

Hours: M-SA 9AM-5PM

### **SHORT, RICHARD L**

Provider ID: 60736

Provider Gender: Male

License number: G37177

NPI: 1568552727

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Rady Childrens

Hospital San Diego, Sharp Mary

Birch Hosp For Women And

Newborns

Board Certified Specialty: Yes

RADY CHILDRENS HEALTH  
NETWORK

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942-3135

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)

464-6434

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

### **LAKESIDE**

### **CHIROPRACTOR**

### **PAGE, BIANCA M**

Provider ID: 353843

Provider Gender: Female

License number: DC33688

NPI: 1649787607

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (858) 218-3000

Fax:

After Hours Phone: (858)

218-3000

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

### **FAMILY PRACTICE**

### **FERRAIOLO, NATALIE K**

Provider ID: 353843

Provider Gender: Female

License number: A152372

NPI: 1306290143

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (858) 218-3000

Fax:

After Hours Phone: (858)

218-3000

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

### **ZAMPELLO, LISA E**

Provider ID: 353843

Provider Gender: Female

License number: A145924

NPI: 1477933026

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (858) 218-3000

Fax:

After Hours Phone: (858)

218-3000

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

### **FQHC**

### **NEIGHBORHOOD**

**HEALTHCARE LAKESIDE,**

Provider ID: 353843

Provider Gender:

License number: 080000483

NPI: 1932384120

Provider English Spoken: Yes

Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
*Phone:* (858) 218-3000  
*Fax:* (360) 462-2744

*After Hours Phone:* (858)  
 218-3000

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
 No

*Accessibility:* W

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

### INTERNAL MEDICINE

#### MCFARLAND, NATHAN A

*Provider ID:* 353843

*Provider Gender:* Male

*License number:* A75411

*NPI:* 1265462196

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Italian, Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

IHP-NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

*Phone:* (858) 218-3000

*Fax:*

*After Hours Phone:* (858)

218-3000

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### PREVENTATIVE MEDICINE

#### GENERAL

#### MANNINO, ELIZABETH A

*Provider ID:* 353843

*Provider Gender:* Female

*License number:* A43914

*NPI:* 1548290463

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Italian, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital

*Board Certified Specialty:* No

IHP-NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

*Phone:* (858) 218-3000

*Fax:*

*After Hours Phone:* (858)

218-3000

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### LEMON GROVE

### CERTIFIED NURSE

#### PRACTITIONER

#### ALLEN, KATHERINE L

*Provider ID:* 419139

*Provider Gender:* Female

*License number:* NP95009933

*NPI:* 1831557024

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

91945-1604

*Phone:* (619) 515-2550

*Fax:*

*After Hours Phone:* (619)

515-2550

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* P, EB, IB, E, T

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

9AM-5PM

#### SMITH, SHARON T

*Provider ID:* 419139

*Provider Gender:* Female

*License number:* NP15444

*NPI:* 1780603597

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

91945-1604

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## C. Primary Care Directory

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)  
515-2550

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, T

Hours: M-F 9AM-5PM, SA  
9AM-5PM

### SMITH, SHARON T

Provider ID: 419139

Provider Gender: Female

License number: RN428876

NPI: 1780603597

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

91945-1604

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)  
515-2550

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, T

Hours: M-F 9AM-5PM, SA  
9AM-5PM

### TOTH, JESSICA R

Provider ID: 419139

Provider Gender: Female

License number: NP95001050

NPI: 1578993788

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

91945-1604

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)  
515-2550

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, T

Hours: M-F 9AM-5PM, SA  
9AM-5PM

### FAMILY PRACTICE

### KIM, YUHEE

Provider ID: 419139

Provider Gender: Female

License number: A107323

NPI: 1629289400

Provider English Spoken: Yes

Provider Language(s) Spoken:

Korean

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

91945-1604

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)

515-2550

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, T

Hours: M-F 9AM-5PM, SA

9AM-5PM

### FQHC

### LEMON GROVE FAMILY HEALTH CENTER,

Provider ID: 419139

Provider Gender:

License number: 550001268

NPI: 1427282466

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

91945-1604

Phone: (619) 515-2550

Fax: (619) 825-9577

After Hours Phone: (619)

515-2550

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, T

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## C. Primary Care Directory

Hours: M-F 9AM-5PM, SA  
9AM-5PM

### INTERNAL MEDICINE

#### **GALLARES, DANIEL D**

Provider ID: 419139  
Provider Gender: Male  
License number: A165925  
NPI: 1245689488  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2550  
Fax:  
After Hours Phone: (619)  
515-2550  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, T  
Hours: M-F 9AM-5PM, SA  
9AM-5PM

### OBSTETRICS / GYNECOLOGY

#### **ALIMONOS, LYSISTRATI A**

Provider ID: 419139  
Provider Gender: Female  
License number: 20A14919  
NPI: 1619397031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2500  
Fax:  
After Hours Phone: (619)  
515-2500  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, T  
Hours: M-F 9AM-5PM, SA  
9AM-5PM

#### **BUECHNER, CHARLENE A**

Provider ID: 419139  
Provider Gender: Female  
License number: A68463  
NPI: 1376663831  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp Mary  
Birch Hosp For Women And  
Newborns  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

Phone: (619) 515-2550  
Fax:  
After Hours Phone: (619)  
515-2550  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, T  
Hours: M-F 9AM-5PM, SA  
9AM-5PM

#### **CAMPBELL, ELIZABETH C**

Provider ID: 419139  
Provider Gender: Female  
License number: 20A6763  
NPI: 1932147329  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy Hospital,  
Palomar Medical Center,  
Pomerado Hospital, Rady  
Childrens Hospital San Diego,  
Sharp Coronado Hosp And  
Healthcare Ctr  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2550  
Fax:  
After Hours Phone: (619)  
515-2550  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):

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## C. Primary Care Directory

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         ☞ <i>Accessibility:</i> P, EB, IB, E, T<br/> <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><b>CARTER, KHALIL J</b><br/> <i>Provider ID:</i> 419139<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A113001<br/> <i>NPI:</i> 1225231582<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital<br/> <i>Board Certified Specialty:</i> No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO<br/>           7592 BROADWAY<br/>           LEMON GROVE, CA<br/>           91945-1604<br/> <i>Phone:</i> (619) 515-2550<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2550<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ☞ <i>Accessibility:</i> P, EB, IB, E, T<br/> <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><b>CERVANTES, SANDRA M</b><br/> <i>Provider ID:</i> 419139<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A118095<br/> <i>NPI:</i> 1073701041<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No</p> | <p><i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital<br/> <i>Board Certified Specialty:</i> No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO<br/>           7592 BROADWAY<br/>           LEMON GROVE, CA<br/>           91945-1604<br/> <i>Phone:</i> (619) 515-2550<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2550<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ☞ <i>Accessibility:</i> P, EB, IB, E, T<br/> <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><b>DE MIK, TRAVIS J</b><br/> <i>Provider ID:</i> 419139<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A108228<br/> <i>NPI:</i> 1629277322<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital<br/> <i>Board Certified Specialty:</i> No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO<br/>           7592 BROADWAY<br/>           LEMON GROVE, CA<br/>           91945-1604<br/> <i>Phone:</i> (619) 515-2550<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2550<br/> <i>Website:</i><br/> <i>Email:</i></p> | <p><i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ☞ <i>Accessibility:</i> P, EB, IB, E, T<br/> <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><b>FOLCH TORRES-AGUIAR, BEATRIZ M</b><br/> <i>Provider ID:</i> 419139<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A148014<br/> <i>NPI:</i> 1457794752<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish, Yue Chinese<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital<br/> <i>Board Certified Specialty:</i> No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO<br/>           7592 BROADWAY<br/>           LEMON GROVE, CA<br/>           91945-1604<br/> <i>Phone:</i> (619) 515-2550<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2550<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ☞ <i>Accessibility:</i> P, EB, IB, E, T<br/> <i>Hours:</i> M-F 9AM-5PM, SA 9AM-5PM</p> <p><b>HANLEY, LAUREN E</b><br/> <i>Provider ID:</i> 419139<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> C174771<br/> <i>NPI:</i> 1053392035</p> |
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## C. Primary Care Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Grossmont Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619) 515-2550  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

### **LIPSCHITZ, LISA S**

*Provider ID:* 419139  
*Provider Gender:* Female  
*License number:* A72005  
*NPI:* 1649208711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 7592 BROADWAY

LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619) 515-2550  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

### **LOEFFLER, ALLISON M**

*Provider ID:* 419139  
*Provider Gender:* Female  
*License number:* A116680  
*NPI:* 1700073962  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619) 515-2550  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

☞ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

### **MELENDEZ BERRIOS, IARA DEL M**

*Provider ID:* 419139  
*Provider Gender:* Female  
*License number:* A114181  
*NPI:* 1740514249  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619) 515-2550  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

### **RODRIGUEZ JEREZ, ROBERTO D**

*Provider ID:* 419139  
*Provider Gender:* Male  
*License number:* A154298  
*NPI:* 1710316450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

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## C. Primary Care Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

### **SAPRA, SONIA V**

*Provider ID:* 419139  
*Provider Gender:* Female  
*License number:* A164859  
*NPI:* 1952751711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619) 515-2550  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

### **SINGH, RASHMI**

*Provider ID:* 419139  
*Provider Gender:* Female  
*License number:* A168236  
*NPI:* 1679937619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619) 515-2550  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

### **WINESBURG, JENNIFER J**

*Provider ID:* 419139  
*Provider Gender:* Female  
*License number:* 20A11535  
*NPI:* 1811162456  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

### **ZIEG, ALAN J**

*Provider ID:* 419139  
*Provider Gender:* Male  
*License number:* G78814  
*NPI:* 1699790634  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital,

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## C. Primary Care Directory

Sharp Coronado Hosp And  
Healthcare Ctr, Scripps Mercy  
Hospital Chula Vista  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619)  
515-2500  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA  
9AM-5PM

### PEDIATRICS

**SLEIMAN, JOSEPH N**  
*Provider ID:* 419139  
*Provider Gender:* Male  
*License number:* A102060  
*NPI:* 1093976748  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619)  
515-2550  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA  
9AM-5PM

### PHYSICIANS ASSISTANT

**FLEMING, DAVID E**  
*Provider ID:* 419139  
*Provider Gender:* Male  
*License number:* PA12416  
*NPI:* 1932329505  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619)  
515-2550  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA  
9AM-5PM

### GODDARD, SHANNON

*Provider ID:* 419139  
*Provider Gender:* Female  
*License number:* PA56072  
*NPI:* 1780961417  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619)  
515-2550  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA  
9AM-5PM

### NATIONAL CITY

### CERTIFIED NURSE PRACTITIONER

**AQUINO, FELINO V**  
*Provider ID:* 417102  
*Provider Gender:* Male  
*License number:* NP22974  
*NPI:* 1356684781  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

*Board Certified Specialty:* No  
**OPERATION SAMAHAN**  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410

*Phone:* (844) 200-2426

*Fax:*

*After Hours Phone:* (844)

200-2426

*Website:*

www.operationsamahan.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-TH 8AM-6PM, F

8AM-5PM, SA 9AM-5PM

### **AQUINO, FELINO V**

*Provider ID:* 418302

*Provider Gender:* Male

*License number:* NP22974

*NPI:* 1356684781

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Tagalog

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

**OPERATION SAMAHAN**

2101 GRANGER AVE

NATIONAL CITY, CA

91950-6208

*Phone:* (844) 200-2426

*Fax:*

*After Hours Phone:* (844)

200-2426

*Website:*

www.operationsamahan.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### **DACANAY-HERMAN, ROWENA S**

*Provider ID:* 417102

*Provider Gender:* Female

*License number:* NP22378

*NPI:* 1144689175

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Tagalog

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

**OPERATION SAMAHAN**

2743 HIGHLAND AVE

NATIONAL CITY, CA

91950-7410

*Phone:* (844) 200-2426

*Fax:*

*After Hours Phone:* (844)

200-2426

*Website:*

www.operationsamahan.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-TH 8AM-6PM, F

8AM-5PM, SA 9AM-5PM

### **DACANAY-HERMAN, ROWENA S**

*Provider ID:* 418302

*Provider Gender:* Female

*License number:* NP22378

*NPI:* 1144689175

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Tagalog

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

**OPERATION SAMAHAN**

2101 GRANGER AVE

NATIONAL CITY, CA

91950-6208

*Phone:* (844) 200-2426

*Fax:*

*After Hours Phone:* (844)

200-2426

*Website:*

www.operationsamahan.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### **DHARKAR SURBER, SAPNA A**

*Provider ID:* 185270

*Provider Gender:* Female

*License number:* NP95013257

*NPI:* 1538707765

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Cultural Competency: No

*Hospital Affiliation:*

*Board Certified Specialty:* No

**LA MAESTRA FAMILY CLINIC**

217 HIGHLAND AVE

NATIONAL CITY, CA

91950-1518

*Phone:* (619) 434-7308

*Fax:* (619) 434-7310

*After Hours Phone:* (619)

434-7308

*Website:* www.lamaestra.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

No  
 ☞ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-W,F,SA 9AM-5PM, TH 8AM-2PM

### **LIM, IMELDA B**

*Provider ID:* 417102  
*Provider Gender:* Female  
*License number:* NP95000203  
*NPI:* 1093130395  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844) 200-2426  
*Website:*  
 www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-TH 8AM-6PM, F 8AM-5PM, SA 9AM-5PM

### **LIM, IMELDA B**

*Provider ID:* 418302  
*Provider Gender:* Female  
*License number:* NP95000203  
*NPI:* 1093130395  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN  
 2101 GRANGER AVE  
 NATIONAL CITY, CA  
 91950-6208  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844) 200-2426  
*Website:*  
 www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **LUM, YUIN-WAH**

*Provider ID:* 418930  
*Provider Gender:* Female  
*License number:* NP95010663  
*NPI:* 1942764477  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
*Phone:* (619) 515-2399  
*Fax:*  
*After Hours Phone:* (619) 515-2399  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
 ☞ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M,W,F 8:30AM-3:30PM, TU,TH 10:30AM-5:30PM, SA 9AM-5PM

### **MACARIOLA, AMPARO E**

*Provider ID:* 417102  
*Provider Gender:* Female  
*License number:* NP95001709  
*NPI:* 1932505401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844) 200-2426  
*Website:*  
 www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-TH 8AM-6PM, F 8AM-5PM, SA 9AM-5PM

### **MILTON, JILL F**

*Provider ID:* 185270  
*Provider Gender:* Female  
*License number:* NP13612  
*NPI:* 1598757270  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

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## C. Primary Care Directory

*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
*Phone:* (619) 434-7308  
*Fax:*

*After Hours Phone:* (619)  
 434-7308  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, R,  
 W  
*Hours:* M-W,F,SA 9AM-5PM, TH  
 8AM-2PM

### NEVAREZ, IRENE

*Provider ID:* 185270  
*Provider Gender:* Female  
*License number:* NP95009891  
*NPI:* 1003166646  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
*Phone:* (619) 564-8765  
*Fax:*  
*After Hours Phone:* (619)  
 564-8765  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, R,  
 W  
*Hours:* M-W,F,SA 9AM-5PM, TH  
 8AM-2PM

### OCHOA, ERLINDA A

*Provider ID:* 185270  
*Provider Gender:* Female  
*License number:* NP4430  
*NPI:* 1346437464  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
*Phone:* (619) 434-7308  
*Fax:*

*After Hours Phone:* (619)  
 434-7308  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, R,  
 W  
*Hours:* M-W,F,SA 9AM-5PM, TH  
 8AM-2PM

### REAL, MARIA F

*Provider ID:* 185270  
*Provider Gender:* Female  
*License number:* NP17328  
*NPI:* 1548450471  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No

*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
*Phone:* (619) 434-7308  
*Fax:*

*After Hours Phone:* (619)  
 434-7308  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, R,  
 W  
*Hours:* M-W,F,SA 9AM-5PM, TH  
 8AM-2PM

### REID, EMILY

*Provider ID:* 185270  
*Provider Gender:* Female  
*License number:* NP95002766  
*NPI:* 1083081467  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
*Phone:* (619) 434-7308  
*Fax:*  
*After Hours Phone:* (619)  
 434-7308  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

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## C. Primary Care Directory

♿ Accessibility: P, EB, IB, E, R, W  
Hours: M-W,F,SA 9AM-5PM, TH 8AM-2PM

### **VERDUZCO GONZALEZ, AURORA B**

Provider ID: 185270  
Provider Gender: Female  
License number: NP95001961  
NPI: 1932452323  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
Phone: (619) 434-7308  
Fax:  
After Hours Phone: (619) 434-7308  
Website: www.lamaestra.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, W  
Hours: M-W,F,SA 9AM-5PM, TH 8AM-2PM

### **VILLANUEVA DE GUTIE, BERENICE**

Provider ID: 185270  
Provider Gender: Female  
License number: NP95002188  
NPI: 1952795536  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation:  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
Phone: (619) 434-7308  
Fax:  
After Hours Phone: (619) 434-7308  
Website: www.lamaestra.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, W  
Hours: M-W,F,SA 9AM-5PM, TH 8AM-2PM

### **WILLIAMS, BREAHA A**

Provider ID: 185270  
Provider Gender: Female  
License number: NP95001840  
NPI: 1063884864  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
Phone: (619) 434-7308  
Fax:  
After Hours Phone: (619) 434-7308  
Website: www.lamaestra.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):

No  
♿ Accessibility: P, EB, IB, E, R, W  
Hours: M-W,F,SA 9AM-5PM, TH 8AM-2PM

### **FAMILY PRACTICE**

### **ALGHAMDI, ASMA M**

Provider ID: 227418  
Provider Gender: Female  
License number: A167529  
NPI: 1316310840  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH CENTER  
2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, W  
Hours: M-F 8AM-5PM, SA 9AM-5PM

### **BAEZ, BEATRICE E**

Provider ID: 417102  
Provider Gender: Female  
License number: A74777  
NPI: 1245372507  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844)  
 200-2426  
*Website:*  
 www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-TH 8AM-6PM, F  
 8AM-5PM, SA 9AM-5PM

**BAEZ, BEATRICE E , MD**  
*Provider ID:* 455677  
*Provider Gender:* Female  
*License number:* A74777  
*NPI:* 1245372507  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844)  
 200-2426  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

**CAMPBELL, BRIANNA N**  
*Provider ID:* 227418  
*Provider Gender:* Female  
*License number:* A157488  
*NPI:* 1316479892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956  
*Phone:* (619) 662-4100  
*Fax:*

*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R,  
 T, W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

**CARRIEDO CENICEROS,  
 MARIA T**  
*Provider ID:* 227412  
*Provider Gender:* Female  
*License number:* A78373  
*NPI:* 1295746618  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 1136 D AVE  
 NATIONAL CITY, CA  
 91950-3412  
*Phone:* (619) 336-2300  
*Fax:*  
*After Hours Phone:* (619)  
 336-2300  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

**CEVALLOS, JAMES E**  
*Provider ID:* 227412  
*Provider Gender:* Male  
*License number:* A55469  
*NPI:* 1720181829  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 1136 D AVE  
 NATIONAL CITY, CA  
 91950-3412  
*Phone:* (619) 662-4100  
*Fax:* (619) 474-3722  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*

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## C. Primary Care Directory

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

### **DAMASCO GUTIERREZ, DAISY C**

*Provider ID:* 418302  
*Provider Gender:* Female  
*License number:* A66993  
*NPI:* 1700841582  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN  
 2101 GRANGER AVE  
 NATIONAL CITY, CA 91950-6208  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844) 200-2426  
*Website:* www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **DANGREMOND, ADRIANNA J**

*Provider ID:* 418930  
*Provider Gender:* Female  
*License number:* G138260  
*NPI:* 1508802828

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1000 EUCLID AVE  
 NATIONAL CITY, CA 91950-3856  
*Phone:* (619) 515-2399  
*Fax:*  
*After Hours Phone:* (619) 515-2399  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M,W,F 8:30AM-3:30PM, TU,TH 10:30AM-5:30PM, SA 9AM-5PM

### **DILLON, MAYRA M**

*Provider ID:* 227412  
*Provider Gender:* Female  
*License number:* A112571  
*NPI:* 1629232715  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 1136 D AVE  
 NATIONAL CITY, CA 91950-3412

*Phone:* (619) 662-4100  
*Fax:* (619) 336-2323  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **HERNANDEZ, JOANNA L**

*Provider ID:* 227412  
*Provider Gender:* Female  
*License number:* A138919  
*NPI:* 1154749315  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 1136 D AVE  
 NATIONAL CITY, CA 91950-3412  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **HOLTZMAN, AURY L**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Provider ID:</b> 418302<br><b>Provider Gender:</b> Male<br><b>License number:</b> A43970<br><b>NPI:</b> 1548462567<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b><br><b>Board Certified Specialty:</b> No<br><b>OPERATION SAMAHAN</b><br><b>2101 GRANGER AVE</b><br><b>NATIONAL CITY, CA</b><br><b>91950-6208</b><br><b>Phone:</b> (844) 200-2624<br><b>Fax:</b><br><b>After Hours Phone:</b> (844) 200-2624<br><b>Website:</b><br><b>www.operationsamahan.org</b><br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b><br><b>Hours:</b> M-F 8AM-5PM, SA 9AM-5PM | <b>Phone:</b> (619) 515-2399<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 515-2399<br><b>Website:</b> www.fhcsd.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b> P, EB, IB, E, R, T<br><b>Hours:</b> M,W,F 8:30AM-3:30PM, TU,TH 10:30AM-5:30PM, SA 9AM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>9AM-5PM</b><br><br><b>MCKENNETT, MARIANNE A , MD</b><br><b>Provider ID:</b> 447682<br><b>Provider Gender:</b> Female<br><b>License number:</b> G57243<br><b>NPI:</b> 1376639666<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital<br><b>Board Certified Specialty:</b> No<br><b>COMMUNITY CARE IPA LLC</b><br><b>2835 HIGHLAND AVE STE B</b><br><b>NATIONAL CITY, CA</b><br><b>91950-7406</b><br><b>Phone:</b> (844) 200-2426<br><b>Fax:</b> (619) 477-2628<br><b>After Hours Phone:</b> (844) 200-2426<br><b>Website:</b><br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/999<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b><br><b>Hours:</b> M-SA 9AM-5PM |
| <b>LANUZA, MARK J</b><br><b>Provider ID:</b> 418930<br><b>Provider Gender:</b> Male<br><b>License number:</b> 20A18460<br><b>NPI:</b> 1992230593<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b><br><b>Board Certified Specialty:</b> No<br><b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br><b>1000 EUCLID AVE</b><br><b>NATIONAL CITY, CA</b><br><b>91950-3856</b>                                                                                                                                                                                                                                                                                                    | <b>LAW, KAREN</b><br><b>Provider ID:</b> 227418<br><b>Provider Gender:</b> Female<br><b>License number:</b> A138534<br><b>NPI:</b> 1205253150<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Chula Vista Comm Hosp<br><b>Board Certified Specialty:</b> No<br><b>IHP-SAN YSIDRO HEALTH CENTER</b><br><b>2400 E 8TH ST STE A</b><br><b>NATIONAL CITY, CA</b><br><b>91950-2956</b><br><b>Phone:</b> (619) 662-4100<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 662-4100<br><b>Website:</b> www.ihpsocal.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b> P, EB, IB, E, R, T, W<br><b>Hours:</b> M-F 8AM-5PM, SA | <b>MEDINA, ALEXANDER R</b><br><b>Provider ID:</b> 361428<br><b>Provider Gender:</b> Male<br><b>License number:</b> A133539<br><b>NPI:</b> 1467714436<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b><br><b>Board Certified Specialty:</b> No<br><b>IHP-SAN YSIDRO HEALTH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

CENTER  
330 E 8TH ST  
NATIONAL CITY, CA  
91950-2312

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)  
662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### MOHAMED, NADIA A

Provider ID: 227418

Provider Gender: Female

License number: A146819

NPI: 1477947364

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)  
662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,

T, W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### NAVARRO, VANESSA M

Provider ID: 227418

Provider Gender: Female

License number: A113624

NPI: 1952563421

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital Chula Vista, Sharp  
Chula Vista Med Ctr

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

2400 E 8TH ST STE A  
NATIONAL CITY, CA

91950-2956

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)

662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,

T, W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### NIKZAD, JASON

Provider ID: 361428

Provider Gender: Male

License number: 20A12653

NPI: 1508121674

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps  
Memorial Hospital

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

330 E 8TH ST

NATIONAL CITY, CA

91950-2312

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### OCEGUEDA, JOSHUA A

Provider ID: 227412

Provider Gender: Male

License number: A165184

NPI: 1336643345

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

1136 D AVE

NATIONAL CITY, CA

91950-3412

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

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## C. Primary Care Directory

---

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

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

### **PALACIOS, YELENNIA**

*Provider ID:* 503938

*Provider Gender:* Female

*License number:* A152662

*NPI:* 1285088013

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Arabic, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
2835 HIGHLAND AVE STE A  
NATIONAL CITY, CA  
91950-7406

*Phone:* (619) 474-4451

*Fax:*

*After Hours Phone:* (619)  
474-4451

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

### **ROBERTS, POMAI**

*Provider ID:* 227412

*Provider Gender:* Female

*License number:* A103218

*NPI:* 1023278314

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH  
CENTER

1136 D AVE  
NATIONAL CITY, CA  
91950-3412

*Phone:* (619) 428-4463

*Fax:*

*After Hours Phone:* (619)  
428-4463

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

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

### **SERPAS, SHAILA, MD**

*Provider ID:* 449099

*Provider Gender:* Female

*License number:* G74728

*NPI:* 1124039136

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital, Sharp Chula  
Vista Med Ctr

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
2835 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-7404

*Phone:* (844) 800-2426

*Fax:*

*After Hours Phone:* (844)

800-2426

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

### **SEVILLA, MARIANITO D , MD**

*Provider ID:* 80910

*Provider Gender:* Male

*License number:* A37097

*NPI:* 1760574727

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Paradise Valley  
Hospital

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
2340 E 8TH ST STE D  
NATIONAL CITY, CA  
91950-2875

*Phone:* (619) 470-7007

*Fax:* (619) 470-9379

*After Hours Phone:* (619)

470-7007

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

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

### **SNOOK, BRIAN P**

*Provider ID:* 227418

*Provider Gender:* Male

*License number:* 20A11518

*NPI:* 1295977353

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956  
*Phone:* (619) 662-4100  
*Fax:* (619) 259-2806  
*After Hours Phone:* (619)  
 662-4100

*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R,  
 T, W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### VELASQUEZ, SHARON F

*Provider ID:* 227418  
*Provider Gender:* Female  
*License number:* A71304  
*NPI:* 1972732584  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956  
*Phone:* (619) 662-4100  
*Fax:* (619) 259-2807  
*After Hours Phone:* (619)  
 662-4100

*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R,  
 T, W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### FQHC

**FAMILY HEALTH CTR SD  
 NATIONAL CITY,**  
*Provider ID:* 418930  
*Provider Gender:*  
*License number:* 550000465  
*NPI:* 1417409228  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
*Phone:* (619) 515-2399  
*Fax:* (619) 269-0053  
*After Hours Phone:* (619)  
 515-2399  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M,W,F 8:30AM-3:30PM,  
 TU,TH 10:30AM-5:30PM, SA  
 9AM-5PM

### LA MAESTRA FAMILY CLINIC

**INC,**  
*Provider ID:* 185270  
*Provider Gender:*  
*License number:*  
*NPI:* 1336353721  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 LA MAESTRA FAMILY CLINIC  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
*Phone:* (619) 434-7308  
*Fax:* (619) 434-7310  
*After Hours Phone:* (619)  
 434-7308  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R,  
 W  
*Hours:* M-W,F,SA 9AM-5PM, TH  
 8AM-2PM

**OPERATION SAMAHAN -  
 NATIONAL C,**  
*Provider ID:* 417102  
*Provider Gender:*  
*License number:* 090000183  
*NPI:* 1801907449  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 OPERATION SAMAHAN  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

---

Phone: (844) 200-2426

Fax: (619) 474-3919

After Hours Phone: (844)  
200-2426

Website:

www.operationsamahan.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-TH 8AM-6PM, F  
8AM-5PM, SA 9AM-5PM

### **OPERATION SAMAHAN GRANGER SCHOOL BASED,**

Provider ID: 418302

Provider Gender:

License number: 550002622

NPI: 1205134517

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

OPERATION SAMAHAN

2101 GRANGER AVE

NATIONAL CITY, CA

91950-6208

Phone: (844) 200-2426

Fax: (619) 434-8999

After Hours Phone: (844)

200-2426

Website:

www.operationsamahan.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **SAN YSIDRO HEALTH NATIONAL CITY,**

Provider ID: 227412

Provider Gender:

License number:

NPI: 1003869363

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-SAN YSIDRO HEALTH  
CENTER

1136 D AVE

NATIONAL CITY, CA

91950-3412

Phone: (619) 662-4100

Fax: (619) 336-2323

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **SAN YSIDRO HEALTH PARADISE HILLS,**

Provider ID: 227418

Provider Gender:

License number:

NPI: 1598907487

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-SAN YSIDRO HEALTH  
CENTER

2400 E 8TH ST STE A

NATIONAL CITY, CA

91950-2956

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **SAN YSIDRO HEALTH SOUTH BAY,**

Provider ID: 361428

Provider Gender:

License number:

NPI: 1851757215

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-SAN YSIDRO HEALTH  
CENTER

330 E 8TH ST

NATIONAL CITY, CA

91950-2312

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

9AM-5PM

### HEPATOLOGY

#### GISH, ROBERT G

*Provider ID:* 185270  
*Provider Gender:* Male  
*License number:* G45632  
*NPI:* 1548281322  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Dutch, French, Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Providence Santa Rosa Memorial Hospital, Ucsd Medical Ctr, Stanford Health Care, California Pacific Med Ctr, Selma Community Hospital, Adventist Medical Center, Adventist Med Ctr Reedley, Loma Linda University Comm Med Ctr, Regional Medical Ctr Of San Jose  
*Board Certified Specialty:* No  
**LA MAESTRA FAMILY CLINIC**  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
*Phone:* (619) 434-7308  
*Fax:*  
*After Hours Phone:* (619) 434-7308  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-W,F,SA 9AM-5PM, TH 8AM-2PM

### INTERNAL MEDICINE

#### ALTAVAS, VALERIE C , MD

*Provider ID:* 57963  
*Provider Gender:* Female  
*License number:* C52243  
*NPI:* 1245231174  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 655 EUCLID AVE STE 209  
 NATIONAL CITY, CA  
 91950-2970  
*Phone:* (619) 470-7000  
*Fax:* (619) 470-7009  
*After Hours Phone:* (619) 470-7000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM

#### BAUTISTA, ARWINNAH

*Provider ID:* 383973  
*Provider Gender:* Female  
*License number:* C51221  
*NPI:* 1073579173  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital Llc, Paradise Valley Hospital, Sharp Memorial Hospital  
*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**

1430 E PLAZA BLVD STE E19A  
 NATIONAL CITY, CA  
 91950-3690  
*Phone:* (619) 434-2813  
*Fax:* (855) 631-3720  
*After Hours Phone:* (619) 434-2813  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

#### BRAVERMAN, IRA R

*Provider ID:* 10635  
*Provider Gender:* Male  
*License number:* A37912  
*NPI:* 1124039755  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital  
*Board Certified Specialty:* Yes  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 610 EUCLID AVE STE 201  
 NATIONAL CITY, CA  
 91950-2952  
*Phone:* (619) 267-8181  
*Fax:* (619) 479-6750  
*After Hours Phone:* (619) 267-8181  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

---

### **HEKMAT, RAZI D**

*Provider ID:* 78388

*Provider Gender:* Male

*License number:* A75886

*NPI:* 1871501205

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Paradise

Valley Hospital

*Board Certified Specialty:* No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

610 EUCLID AVE STE 201

NATIONAL CITY, CA

91950-2952

*Phone:* (619) 267-8181

*Fax:* (619) 479-6750

*After Hours Phone:* (619)

267-8181

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

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

### **LAMANTIA, MICHELE A**

*Provider ID:* 227412

*Provider Gender:* Female

*License number:* G71855

*NPI:* 1124176102

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

IHP-SAN YSIDRO HEALTH

CENTER

1136 D AVE

NATIONAL CITY, CA

91950-3412

*Phone:* (619) 428-4463

*Fax:*

*After Hours Phone:* (619)

428-4463

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### **LAMANTIA, MICHELE A**

*Provider ID:* 361428

*Provider Gender:* Female

*License number:* G71855

*NPI:* 1124176102

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

IHP-SAN YSIDRO HEALTH

CENTER

330 E 8TH ST

NATIONAL CITY, CA

91950-2312

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### **NIGUIDULA, TROY H**

*Provider ID:* 413964

*Provider Gender:* Male

*License number:* A92543

*NPI:* 1215948849

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Paradise

Valley Hospital

*Board Certified Specialty:* No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

610 EUCLID AVE

NATIONAL CITY, CA

91950-2951

*Phone:* (619) 267-8181

*Fax:* (619) 479-6750

*After Hours Phone:* (619)

267-8181

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

### **SACAMAY, ELENA MARIA B , MD**

*Provider ID:* 109971

*Provider Gender:* Female

*License number:* A63422

*NPI:* 1992777882

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy

Hospital Chula Vista

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

655 EUCLID AVE STE 209  
NATIONAL CITY, CA  
91950-2970  
Phone: (619) 470-7000  
Fax: (619) 470-7009  
After Hours Phone: (619)  
470-7000  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

**TIANGCO, IRINEO D**  
Provider ID: 103444  
Provider Gender: Male  
License number: A52655  
NPI: 1245322213  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Paradise Valley  
Hospital  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
2340 E 8TH ST STE J  
NATIONAL CITY, CA  
91950-2876  
Phone: (619) 479-0320  
Fax: (619) 479-0367  
After Hours Phone: (619)  
479-0320  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W

Hours: M-SA 9AM-5PM

### **OBSTETRICS / GYNECOLOGY**

**ASLIAN, AZITA**  
Provider ID: 227418  
Provider Gender: Female  
License number: A118227  
NPI: 1851667661  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Fataleka  
Cultural Competency: No  
Hospital Affiliation: Hemet Global  
Medical Center, Meniffee Global  
Medical Center, Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website: www.iypsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

**FAKSH, ARIJ**  
Provider ID: 185270  
Provider Gender: Female  
License number: 20A14222  
NPI: 1912166737  
Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Tri City  
Medical Ctr, Scripps Mercy  
Hospital, Scripps Green Hospital,  
Scripps Memorial Hospital  
Encinitas, Scripps Memorial  
Hospital, Scripps Mercy Hospital  
Chula Vista  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
Phone: (619) 434-7308  
Fax:  
After Hours Phone: (619)  
434-7308  
Website: www.lamaestra.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
W  
Hours: M-W,F,SA 9AM-5PM, TH  
8AM-2PM

### **PEDIATRICS**

**ASSER, SETH M**  
Provider ID: 227412  
Provider Gender: Male  
License number: G46444  
NPI: 1205049038  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland  
Board Certified Specialty: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### IHP-SAN YSIDRO HEALTH CENTER

1136 D AVE  
NATIONAL CITY, CA  
91950-3412  
Phone: (619) 662-4100  
Fax: (619) 474-3722  
After Hours Phone: (619) 662-4100  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM

### BAILONY, AHMAD L

Provider ID: 146949  
Provider Gender: Male  
License number: A108665  
NPI: 1790914422  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Arabic, Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
655 EUCLID AVE STE 205  
NATIONAL CITY, CA  
91950-2967  
Phone: (619) 470-1945  
Fax: (619) 475-5048  
After Hours Phone: (619) 470-1945  
Website:  
Email:

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### BAILONY, MOHAMMED T

Provider ID: 30132  
Provider Gender: Male  
License number: A34406  
NPI: 1376625913  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista  
Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK  
655 EUCLID AVE STE 205  
NATIONAL CITY, CA  
91950-2967  
Phone: (619) 470-1945  
Fax: (619) 475-5048  
After Hours Phone: (619) 470-1945  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

### BARBADILLO, TERESITA T

Provider ID: 84258  
Provider Gender: Female  
License number: A38742

NPI: 1952416695  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Paradise Valley Hospital  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
655 EUCLID AVE STE 201  
NATIONAL CITY, CA  
91950-2966  
Phone: (619) 267-8601  
Fax: (619) 267-2242  
After Hours Phone: (619) 267-8601  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, W  
Hours: M-SA 9AM-5PM

### BONSU, BEMA K

Provider ID: 227412  
Provider Gender: Male  
License number: C55180  
NPI: 1932106986  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH CENTER  
1136 D AVE  
NATIONAL CITY, CA  
91950-3412

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Phone:</b> (619) 662-4100<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 662-4100<br><b>Website:</b> www.ihapsocal.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b> W<br><b>Hours:</b> M-F 8AM-5PM, SA 9AM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>8AM-2PM</b><br><br><b>FRESNO, BLANCA I</b><br><b>Provider ID:</b> 102433<br><b>Provider Gender:</b> Female<br><b>License number:</b> A45205<br><b>NPI:</b> 1346258787<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish, Tagalog<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Paradise Valley Hospital, Sharp Chula Vista Med Ctr<br><b>Board Certified Specialty:</b> No<br><b>RADY CHILDRENS HEALTH NETWORK</b><br><b>655 EUCLID AVE STE 207 NATIONAL CITY, CA 91950-2968</b><br><b>Phone:</b> (619) 475-4575<br><b>Fax:</b> (619) 475-4578<br><b>After Hours Phone:</b> (619) 475-4575<br><b>Website:</b><br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/18<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b><br><b>Hours:</b> M-SA 9AM-5PM | <b>Board Certified Specialty:</b> No<br><b>RADY CHILDRENS HEALTH NETWORK</b><br><b>610 EUCLID AVE STE 302 NATIONAL CITY, CA 91950-2953</b><br><b>Phone:</b> (619) 527-7700<br><b>Fax:</b> (619) 527-3226<br><b>After Hours Phone:</b> (619) 527-7700<br><b>Website:</b><br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/18<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b><br><b>Hours:</b> M-SA 9AM-5PM                                                                                                                                                                                                                                                                      |
| <b>CONE, STEPHANIE E</b><br><b>Provider ID:</b> 185270<br><b>Provider Gender:</b> Female<br><b>License number:</b> A123929<br><b>NPI:</b> 1437444858<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego<br><b>Board Certified Specialty:</b> No<br><b>LA MAESTRA FAMILY CLINIC</b><br><b>217 HIGHLAND AVE NATIONAL CITY, CA 91950-1518</b><br><b>Phone:</b> (619) 434-7308<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 434-7308<br><b>Website:</b> www.lamaestra.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b> P, EB, IB, E, R, W<br><b>Hours:</b> M-W,F,SA 9AM-5PM, TH | <b>GARCIA, RAFAEL A</b><br><b>Provider ID:</b> 84954<br><b>Provider Gender:</b> Male<br><b>License number:</b> A50715<br><b>NPI:</b> 1053414086<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish, Tagalog<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>HIPOLITO, CECILIA L</b><br><b>Provider ID:</b> 418930<br><b>Provider Gender:</b> Female<br><b>License number:</b> A145850<br><b>NPI:</b> 1770999773<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Mercy Hospital<br><b>Board Certified Specialty:</b> No<br><b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br><b>1000 EUCLID AVE NATIONAL CITY, CA 91950-3856</b><br><b>Phone:</b> (619) 515-2399<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 515-2399<br><b>Website:</b> www.fhcsd.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

---

♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M,W,F 8:30AM-3:30PM,  
TU,TH 10:30AM-5:30PM, SA  
9AM-5PM

### **RANA, DEBORAH T**

*Provider ID:* 227418  
*Provider Gender:* Female  
*License number:* G88347  
*NPI:* 1033191457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH  
CENTER  
2400 E 8TH ST STE A  
NATIONAL CITY, CA  
91950-2956  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
662-4100  
*Website:* [www.ihpsocal.org](http://www.ihpsocal.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R,  
T, W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM

### **UY, CARMELITA**

*Provider ID:* 424443  
*Provider Gender:* Female  
*License number:* C50548  
*NPI:* 1154431484  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Scripps Mercy

Hospital Chula Vista, Paradise  
Valley Hospital  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

2340 E 8TH ST STE E  
NATIONAL CITY, CA  
91950-2870  
*Phone:* (619) 216-8500  
*Fax:* (619) 216-8511  
*After Hours Phone:* (619)  
216-8500  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **VALENCIA, MARILES F**

*Provider ID:* 104060  
*Provider Gender:* Female  
*License number:* A54929  
*NPI:* 1275541625  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista, Paradise  
Valley Hospital, Sharp Chula  
Vista Med Ctr, Rady Childrens  
Hospital San Diego  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
655 EUCLID AVE STE 207  
NATIONAL CITY, CA  
91950-2968  
*Phone:* (619) 475-4575  
*Fax:* (619) 475-4578  
*After Hours Phone:* (619)  
475-4575

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **VITUG, ELENA P**

*Provider ID:* 74967  
*Provider Gender:* Female  
*License number:* A44349  
*NPI:* 1285746214  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise  
Valley Hospital, Sharp Chula  
Vista Med Ctr, Rady Childrens  
Hospital San Diego  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
502 EUCLID AVE STE 201  
NATIONAL CITY, CA  
91950-2949  
*Phone:* (619) 475-6204  
*Fax:* (619) 475-5174  
*After Hours Phone:* (619)  
475-6204  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R,  
W  
*Hours:* M-SA 9AM-5PM

---

### **PHYSICIANS ASSISTANT**

---

### **ARMENTA, JORGE**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

**Provider ID:** 185270  
**Provider Gender:** Male  
**License number:** PA13694  
**NPI:** 1346382611  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**LA MAESTRA FAMILY CLINIC**  
**217 HIGHLAND AVE**  
**NATIONAL CITY, CA**  
**91950-1518**  
**Phone:** (619) 434-7308  
**Fax:**  
**After Hours Phone:** (619)  
**434-7308**  
**Website:** www.lamaestra.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
**No**  
**Accessibility:** P, EB, IB, E, R, W  
**Hours:** M-W,F,SA 9AM-5PM, TH  
**8AM-2PM**

### BANGS, SASHA S

**Provider ID:** 418930  
**Provider Gender:** Female  
**License number:** PA55660  
**NPI:** 1720524374  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF**  
**SAN DIEGO**  
**1000 EUCLID AVE**  
**NATIONAL CITY, CA**  
**91950-3856**

**Phone:** (619) 515-2399  
**Fax:**  
**After Hours Phone:** (619)  
**515-2399**  
**Website:** www.fhcsd.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
**No**  
**Accessibility:** P, EB, IB, E, R, T  
**Hours:** M,W,F 8:30AM-3:30PM,  
**TU,TH 10:30AM-5:30PM, SA**  
**9AM-5PM**

### MARTINEZ MURGUIA, IRENE

**Provider ID:** 185270  
**Provider Gender:** Female  
**License number:** PA20296  
**NPI:** 1447492889  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**LA MAESTRA FAMILY CLINIC**  
**217 HIGHLAND AVE**  
**NATIONAL CITY, CA**  
**91950-1518**  
**Phone:** (619) 434-7308  
**Fax:**  
**After Hours Phone:** (619)  
**434-7308**  
**Website:** www.lamaestra.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
**No**  
**Accessibility:** P, EB, IB, E, R, W  
**Hours:** M-W,F,SA 9AM-5PM, TH  
**8AM-2PM**

**Phone:** (619) 434-7308  
**Fax:**  
**After Hours Phone:** (619)  
**434-7308**  
**Website:** www.lamaestra.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
**No**  
**Accessibility:** P, EB, IB, E, R, W  
**Hours:** M-W,F,SA 9AM-5PM, TH  
**8AM-2PM**

### MERCER, KELLY C

**Provider ID:** 185270  
**Provider Gender:** Female  
**License number:** PA21625  
**NPI:** 1154609790  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Arabic**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**LA MAESTRA FAMILY CLINIC**  
**217 HIGHLAND AVE**  
**NATIONAL CITY, CA**  
**91950-1518**  
**Phone:** (619) 434-7308  
**Fax:**  
**After Hours Phone:** (619)  
**434-7308**  
**Website:** www.lamaestra.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
**No**  
**Accessibility:** P, EB, IB, E, R, W  
**Hours:** M-W,F,SA 9AM-5PM, TH  
**8AM-2PM**

## OCEANSIDE

### CERTIFIED NURSE PRACTITIONER

### BAEK, KILHYO K

**Provider ID:** 206341  
**Provider Gender:** Female  
**License number:** NP95003571  
**NPI:**  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**IHP-VISTA COMMUNITY**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### CLINIC

4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
Phone: (760) 631-5000  
Fax:  
After Hours Phone: (760)  
631-5000  
Website:  
www.vistacommunityclinic.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-4PM

### BEECHER-VAN HORN, JOANNE B

Provider ID: 296476  
Provider Gender: Female  
License number: NP95013879  
NPI: 1457665424  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
605 CROUCH ST BLDG C  
OCEANSIDE, CA 92054-4415  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 8AM-5PM

### BROMAN, GRETCHEN L

Provider ID: 206341  
Provider Gender: Female  
License number: NP95007885  
NPI: 1922421288  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-VISTA COMMUNITY  
CLINIC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
Phone: (760) 631-3500  
Fax:  
After Hours Phone: (760)  
631-3500  
Website:  
www.vistacommunityclinic.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-4PM

### BROMAN, GRETCHEN L

Provider ID: 402434  
Provider Gender: Female  
License number: NP95007885  
NPI: 1922421288  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-VISTA COMMUNITY  
CLINIC  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803

Phone: (760) 631-5000  
Fax:  
After Hours Phone: (760)  
631-5000  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M,TU,TH,F 8AM-5PM, W  
8AM-7PM, SA 9AM-4PM

### BROMAN, GRETCHEN L

Provider ID: 402436  
Provider Gender: Female  
License number: NP95007885  
NPI: 1922421288  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-VISTA COMMUNITY  
CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
Phone: (760) 631-5000  
Fax:  
After Hours Phone: (760)  
631-5000  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-4PM

### HALGEDAHL, YI T

Provider ID: 206341  
Provider Gender: Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

---

*License number:* NP95006826  
*NPI:* 1619246907

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
IHP-VISTA COMMUNITY CLINIC

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

*Phone:* (844) 308-5003

*Fax:*

*After Hours Phone:* (844) 308-5003

*Website:*

www.vistacommunityclinic.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

♿ *Accessibility:* W

*Hours:* M-F 8AM-5PM, SA 9AM-4PM

### **HALGEDAHL, YI T**

*Provider ID:* 402434

*Provider Gender:* Male

*License number:* NP95006826

*NPI:* 1619246907

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Chinese

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

IHP-VISTA COMMUNITY CLINIC

818 PIER VIEW WAY

OCEANSIDE, CA 92054-2803

*Phone:* (760) 631-5000

*Fax:*

*After Hours Phone:* (760)

631-5000

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

♿ *Accessibility:* W

*Hours:* M,TU,TH,F 8AM-5PM, W 8AM-7PM, SA 9AM-4PM

### **HALGEDAHL, YI T**

*Provider ID:* 402436

*Provider Gender:* Male

*License number:* NP95006826

*NPI:* 1619246907

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Chinese

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

IHP-VISTA COMMUNITY CLINIC

517 N HORNE ST

OCEANSIDE, CA 92054-2518

*Phone:* (760) 631-5000

*Fax:*

*After Hours Phone:* (760)

631-5000

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

♿ *Accessibility:* W

*Hours:* M-F 8AM-5PM, SA 9AM-4PM

### **KELLEHER, BRIDGET M**

*Provider ID:* 206341

*Provider Gender:* Female

*License number:* NP95003447

*NPI:* 1245695006

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

Medical Ctr

*Board Certified Specialty:* No  
IHP-VISTA COMMUNITY CLINIC

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

*Phone:* (760) 631-5000

*Fax:*

*After Hours Phone:* (760)

631-5000

*Website:*

www.vistacommunityclinic.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

♿ *Accessibility:* W

*Hours:* M-F 8AM-5PM, SA 9AM-4PM

### **KELLEHER, BRIDGET M**

*Provider ID:* 402434

*Provider Gender:* Female

*License number:* NP95003447

*NPI:* 1245695006

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

Medical Ctr

*Board Certified Specialty:* No  
IHP-VISTA COMMUNITY CLINIC

CLINIC

818 PIER VIEW WAY

OCEANSIDE, CA 92054-2803

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website: www.ihapsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M,TU,TH,F 8AM-5PM, W 8AM-7PM, SA 9AM-4PM

### LEWIS, SARAH

Provider ID: 296476  
 Provider Gender: Female  
 License number: NP22697  
 NPI: 1437497963  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415  
 Phone: (760) 757-4566  
 Fax:  
 After Hours Phone: (760) 757-4566  
 Website: www.ihapsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 8AM-5PM

### LEWIS, SARAH

Provider ID: 480315  
 Provider Gender: Female  
 License number: NP22697  
 NPI: 1437497963

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### MACIAS, ALISSA M

Provider ID: 296476  
 Provider Gender: Female  
 License number: NP21368  
 NPI: 1952658445  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415  
 Phone: (760) 757-4566  
 Fax:  
 After Hours Phone: (760) 757-4566  
 Website: www.ihapsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessibility: W  
 Hours: M-SA 8AM-5PM

### MACIAS, ALISSA M

Provider ID: 480315  
 Provider Gender: Female  
 License number: NP21368  
 NPI: 1952658445  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### PALEN, BARBARA A

Provider ID: 296476  
 Provider Gender: Female  
 License number: NP3108  
 NPI: 1265447601  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (760) 757-4566

Fax:

After Hours Phone: (760)  
757-4566

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 8AM-5PM

### **PALEN, BARBARA A**

Provider ID: 480315

Provider Gender: Female

License number: NP3108

NPI: 1265447601

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)  
736-6767

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **SCHAEPE, RHODORA A**

Provider ID: 402434

Provider Gender: Female

License number: RN410247

NPI: 1700974789

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-VISTA COMMUNITY

CLINIC

818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)  
631-5000

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M,TU,TH,F 8AM-5PM, W  
8AM-7PM, SA 9AM-4PM

### **SCHAEPE, RHODORA A**

Provider ID: 402434

Provider Gender: Female

License number: NP7791

NPI: 1700974789

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-VISTA COMMUNITY

CLINIC

818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)  
631-5000

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M,TU,TH,F 8AM-5PM, W  
8AM-7PM, SA 9AM-4PM

### **TRUMAN, LAURA L**

Provider ID: 296476

Provider Gender: Female

License number: NP19860

NPI: 1376840231

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-TRUECARE

605 CROUCH ST BLDG C  
OCEANSIDE, CA 92054-4415

Phone: (760) 757-4566

Fax:

After Hours Phone: (760)  
757-4566

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 8AM-5PM

### **TRUMAN, LAURA L**

Provider ID: 480315

Provider Gender: Female

License number: NP19860

NPI: 1376840231

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-TRUECARE

3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA

9AM-5PM

### **TURNER, DAWN M**

Provider ID: 296476

Provider Gender: Female

License number: NP22586

NPI: 1386988368

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

605 CROUCH ST BLDG C

OCEANSIDE, CA 92054-4415

Phone: (760) 757-4566

Fax:

After Hours Phone: (760)

757-4566

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 8AM-5PM

### **TURNER, DAWN M**

Provider ID: 480315

Provider Gender: Female

License number: NP22586

NPI: 1386988368

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

3220 MISSION AVE STE 1

OCEANSIDE, CA 92058-1354

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA

9AM-5PM

### **VAUGHAN, ROBERT R**

Provider ID: 296476

Provider Gender: Male

License number: NP95012681

NPI: 1780233221

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

605 CROUCH ST BLDG C

OCEANSIDE, CA 92054-4415

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 8AM-5PM

### **CERTIFIED REGISTERED NURSE MIDWIFE**

### **VENOR, KRISTEN A**

Provider ID: 296476

Provider Gender: Female

License number: NM235688

NPI: 1811391261

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

605 CROUCH ST BLDG C

OCEANSIDE, CA 92054-4415

Phone: (760) 757-4566

Fax:

After Hours Phone: (760)

757-4566

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 8AM-5PM

### **ZAMORA-FLYR, MARIA M**

Provider ID: 402434

Provider Gender: Female

License number: NM1634

NPI: 1194938647

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

818 PIER VIEW WAY

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

OCEANSIDE, CA 92054-2803  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M,TU,TH,F 8AM-5PM, W 8AM-7PM, SA 9AM-4PM

### FAMILY PRACTICE

#### **ESPINOSA-SILVA, YAMINAH**

Provider ID: 206341  
 Provider Gender: Female  
 License number: 20A12958  
 NPI: 1003172016  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
 Board Certified Specialty: No  
 IHP-VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-4PM  
**ESPINOSA-SILVA, YAMINAH**  
 Provider ID: 402434  
 Provider Gender: Female  
 License number: 20A12958  
 NPI: 1003172016  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
 Board Certified Specialty: No  
 IHP-VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M,TU,TH,F 8AM-5PM, W 8AM-7PM, SA 9AM-4PM

#### **ESPINOSA-SILVA, YAMINAH**

Provider ID: 402436  
 Provider Gender: Female  
 License number: 20A12958  
 NPI: 1003172016  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps

Memorial Hospital Encinitas, Tri City Medical Ctr  
 Board Certified Specialty: No  
 IHP-VISTA COMMUNITY CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-4PM

#### **FATLAND, SARAH E**

Provider ID: 206341  
 Provider Gender: Female  
 License number: 20A18374  
 NPI: 1831354026  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
 Board Certified Specialty: No  
 IHP-VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         ☯ Accessibility: W<br/>         Hours: M-F 8AM-5PM, SA 9AM-4PM</p> <p><b>HAIDER, ABDULLAH T</b><br/>         Provider ID: 296476<br/>         Provider Gender: Male<br/>         License number: A64435<br/>         NPI: 1730156936<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Cultural Competency: No<br/>         Hospital Affiliation:<br/>         Board Certified Specialty: No<br/>         IHP-TRUECARE<br/>         605 CROUCH ST BLDG C<br/>         OCEANSIDE, CA 92054-4415<br/>         Phone: (760) 757-4566<br/>         Fax:<br/>         After Hours Phone: (760) 757-4566<br/>         Website: www.ihapsocal.org<br/>         Email:<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: None<br/>         American Sign Language (ASL): No<br/>         ☯ Accessibility: W<br/>         Hours: M-SA 8AM-5PM</p> <p><b>KETCHEL, CLINT</b><br/>         Provider ID: 206341<br/>         Provider Gender: Male<br/>         License number: A135564<br/>         NPI: 1699038125<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken: Arabic, Spanish, Syriac<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City</p> | <p>Medical Ctr, Whittier Hospital<br/>         Medical Center<br/>         Board Certified Specialty: No<br/>         IHP-VISTA COMMUNITY CLINIC<br/>         4700 N RIVER RD<br/>         OCEANSIDE, CA 92057-6043<br/>         Phone: (760) 631-5000<br/>         Fax:<br/>         After Hours Phone: (760) 631-5000<br/>         Website:<br/>         www.vistacommunityclinic.org<br/>         Email:<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: 0/999<br/>         American Sign Language (ASL): No<br/>         ☯ Accessibility: W<br/>         Hours: M-F 8AM-5PM, SA 9AM-4PM</p> <p><b>KETCHEL, CLINT</b><br/>         Provider ID: 402434<br/>         Provider Gender: Male<br/>         License number: A135564<br/>         NPI: 1699038125<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken: Arabic, Spanish, Syriac<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Whittier Hospital Medical Center<br/>         Board Certified Specialty: No<br/>         IHP-VISTA COMMUNITY CLINIC<br/>         818 PIER VIEW WAY<br/>         OCEANSIDE, CA 92054-2803</p> | <p>Phone: (760) 631-5000<br/>         Fax:<br/>         After Hours Phone: (760) 631-5000<br/>         Website: www.ihapsocal.org<br/>         Email:<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: 0/999<br/>         American Sign Language (ASL): No<br/>         ☯ Accessibility: W<br/>         Hours: M,TU,TH,F 8AM-5PM, W 8AM-7PM, SA 9AM-4PM</p> <p><b>KETCHEL, CLINT</b><br/>         Provider ID: 402436<br/>         Provider Gender: Male<br/>         License number: A135564<br/>         NPI: 1699038125<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken: Arabic, Spanish, Syriac<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Whittier Hospital Medical Center<br/>         Board Certified Specialty: No<br/>         IHP-VISTA COMMUNITY CLINIC<br/>         517 N HORNE ST<br/>         OCEANSIDE, CA 92054-2518<br/>         Phone: (760) 631-5000<br/>         Fax:<br/>         After Hours Phone: (760) 631-5000<br/>         Website:<br/>         Email:<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: 0/999<br/>         American Sign Language (ASL): No</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-4PM

### **KURUKULASURIYA, DAYANTHI N**

*Provider ID:* 296476  
*Provider Gender:* Female  
*License number:* 20A15689  
*NPI:* 1205246865  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415  
*Phone:* (760) 757-4566  
*Fax:*  
*After Hours Phone:* (760)  
 757-4566  
*Website:* www.iypsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 8AM-5PM

### **LAROCQUE, MICHAEL A**

*Provider ID:* 206341  
*Provider Gender:* Male  
*License number:* C34614  
*NPI:* 1306879549  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital Encinitas, Tri  
 City Medical Ctr  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY  
 CLINIC

4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-4PM

### **PANICKER, CIBU**

*Provider ID:* 206341  
*Provider Gender:* Male  
*License number:* A149340  
*NPI:* 1235492760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY  
 CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA

9AM-4PM

### **PONSFORD, DIANA O**

*Provider ID:* 402436  
*Provider Gender:* Female  
*License number:* 20A17371  
*NPI:* 1407204969  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY  
 CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-4PM

### **SAFI, ROOZCHEHR**

*Provider ID:* 296476  
*Provider Gender:* Female  
*License number:* A116562  
*NPI:* 1659563641  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (760) 757-4566

Fax: (760) 757-3004

After Hours Phone: (760)  
757-4566

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 8AM-5PM

### **SIMATI, BETH L**

Provider ID: 206341

Provider Gender: Female

License number: C156596

NPI: 1417187618

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Whittier

Hospital Medical Center, Scripps

Memorial Hospital Encinitas, Tri

City Medical Ctr

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-4PM

### **SIMATI, BETH L**

Provider ID: 402434

Provider Gender: Female

License number: C156596

NPI: 1417187618

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Whittier

Hospital Medical Center, Scripps

Memorial Hospital Encinitas, Tri

City Medical Ctr

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

818 PIER VIEW WAY

OCEANSIDE, CA 92054-2803

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M,TU,TH,F 8AM-5PM, W

8AM-7PM, SA 9AM-4PM

### **SIMATI, BETH L**

Provider ID: 402436

Provider Gender: Female

License number: C156596

NPI: 1417187618

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Whittier

Hospital Medical Center, Scripps

Memorial Hospital Encinitas, Tri

City Medical Ctr

Board Certified Specialty: No

IHP-VISTA COMMUNITY  
CLINIC

517 N HORNE ST

OCEANSIDE, CA 92054-2518

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-4PM

### **FQHC**

### **TRUECARE,**

Provider ID: 296476

Provider Gender:

License number: 080000240

NPI: 1245246917

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-TRUECARE

605 CROUCH ST BLDG C

OCEANSIDE, CA 92054-4415

Phone: (760) 757-4566

Fax: (760) 736-8740

After Hours Phone: (760)

757-4566

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 8AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>TRUECARE,</b><br/> <i>Provider ID:</i> 480247<br/> <i>Provider Gender:</i><br/> <i>License number:</i> 080000637<br/> <i>NPI:</i> 1245246917<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i><br/> IHP-TRUECARE<br/> 2210 MESA DR STE 300<br/> OCEANSIDE, CA 92054-3701<br/> <i>Phone:</i> (760) 966-3306<br/> <i>Fax:</i> (760) 736-8740<br/> <i>After Hours Phone:</i> (760) 966-3306<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5PM, SA 8AM-4:30PM</p> | <p><i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5PM, SA 8AM-4:30PM</p> <p><b>TRUECARE,</b><br/> <i>Provider ID:</i> 480315<br/> <i>Provider Gender:</i><br/> <i>License number:</i> 080000240<br/> <i>NPI:</i> 1245246917<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i><br/> IHP-TRUECARE<br/> 3220 MISSION AVE STE 1<br/> OCEANSIDE, CA 92058-1354<br/> <i>Phone:</i> (760) 433-3155<br/> <i>Fax:</i> (760) 736-8740<br/> <i>After Hours Phone:</i> (760) 433-3155<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> | <p><i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i><br/> IHP-VISTA COMMUNITY CLINIC<br/> 517 N HORNE ST<br/> OCEANSIDE, CA 92054-2518<br/> <i>Phone:</i> (760) 631-5000<br/> <i>Fax:</i> (760) 414-3892<br/> <i>After Hours Phone:</i> (760) 631-5000<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i><br/> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-4PM</p>                                                                                                                                                                                                        |
| <p><b>TRUECARE,</b><br/> <i>Provider ID:</i> 480247<br/> <i>Provider Gender:</i><br/> <i>License number:</i> 080000531<br/> <i>NPI:</i> 1245246917<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i><br/> IHP-TRUECARE<br/> 2210 MESA DR STE 300<br/> OCEANSIDE, CA 92054-3701<br/> <i>Phone:</i> (760) 966-3306<br/> <i>Fax:</i> (760) 736-8740<br/> <i>After Hours Phone:</i> (760) 966-3306</p>                                                                                                                                                                                                                                       | <p><b>VISTA COMMUNITY CLINIC HORNE STREET,</b><br/> <i>Provider ID:</i> 402436<br/> <i>Provider Gender:</i><br/> <i>License number:</i> 080000745<br/> <i>NPI:</i> 1437245412<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>VISTA COMMUNITY CLINIC PIER VIEW WAY,</b><br/> <i>Provider ID:</i> 402434<br/> <i>Provider Gender:</i><br/> <i>License number:</i> 080000510<br/> <i>NPI:</i> 1649363375<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i><br/> IHP-VISTA COMMUNITY CLINIC<br/> 818 PIER VIEW WAY<br/> OCEANSIDE, CA 92054-2803<br/> <i>Phone:</i> (760) 631-5000<br/> <i>Fax:</i> (760) 414-3892<br/> <i>After Hours Phone:</i> (760) 631-5000<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i></p> |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

No  
 ♿ Accessibility: W  
 Hours: M,TU,TH,F 8AM-5PM, W  
 8AM-7PM, SA 9AM-4PM

### **VISTA COMMUNITY CLINIC,**

Provider ID: 206341

Provider Gender:

License number: 080000002

NPI: 1316501562

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-VISTA COMMUNITY  
 CLINIC

4700 N RIVER RD STE B  
 OCEANSIDE, CA 92057-6043

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)

631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
 No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
 9AM-4PM

### **VISTA COMMUNITY CLINIC,**

Provider ID: 206341

Provider Gender:

License number: 080000002

NPI: 1851300123

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-VISTA COMMUNITY

CLINIC

4700 N RIVER RD STE B  
 OCEANSIDE, CA 92057-6043

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)

631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
 No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
 9AM-4PM

### **GENERAL PRACTICE**

### **RONAN, KEVIN J**

Provider ID: 402436

Provider Gender: Male

License number: G77176

NPI: 1225017353

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Scripps Memorial  
 Hospital Encinitas

Board Certified Specialty: No

IHP-VISTA COMMUNITY  
 CLINIC

517 N HORNE ST  
 OCEANSIDE, CA 92054-2518

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
 9AM-4PM

### **INTERNAL MEDICINE**

### **CHONG, ILSONG J**

Provider ID: 296476

Provider Gender: Male

License number: C152937

NPI: 1831240159

Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Korean

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415

Phone: (760) 757-4566

Fax:

After Hours Phone: (760)

757-4566

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
 No

♿ Accessibility: W

Hours: M-SA 8AM-5PM

### **DELGADILLO, ALEXANDER**

Provider ID: 206341

Provider Gender: Male

License number: G89399

NPI: 1245298769

Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Spanish

Cultural Competency: No

Hospital Affiliation: Temecula

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Valley Hospital Inc  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY  
 CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000

*Fax:*

*After Hours Phone:* (760)  
 631-5000

*Website:*

www.vistacommunityclinic.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
 No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA  
 9AM-4PM

### **DELGADILLO, ALEXANDER**

*Provider ID:* 402434

*Provider Gender:* Male

*License number:* G89399

*NPI:* 1245298769

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Temecula

Valley Hospital Inc

*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY  
 CLINIC

818 PIER VIEW WAY

OCEANSIDE, CA 92054-2803

*Phone:* (760) 631-5000

*Fax:*

*After Hours Phone:* (760)

631-5000

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
 No

*Accessibility:* W

*Hours:* M,TU,TH,F 8AM-5PM, W  
 8AM-7PM, SA 9AM-4PM

### **DELGADILLO, ALEXANDER**

*Provider ID:* 402436

*Provider Gender:* Male

*License number:* G89399

*NPI:* 1245298769

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Temecula

Valley Hospital Inc

*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY  
 CLINIC

517 N HORNE ST

OCEANSIDE, CA 92054-2518

*Phone:* (760) 631-5000

*Fax:*

*After Hours Phone:* (760)

631-5000

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
 No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA  
 9AM-4PM

### **GOMEZ, DENISE Y**

*Provider ID:* 296476

*Provider Gender:* Female

*License number:* A66289

*NPI:* 1407871817

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City  
 Medical Ctr, Palomar Medical  
 Center

*Board Certified Specialty:* No  
 IHP-TRUECARE

605 CROUCH ST BLDG C

OCEANSIDE, CA 92054-4415

*Phone:* (760) 757-4566

*Fax:* (760) 757-3004

*After Hours Phone:* (760)

757-4566

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
 No

*Accessibility:* W

*Hours:* M-SA 8AM-5PM

### **JEFFERIS, LAUREN R**

*Provider ID:* 296476

*Provider Gender:* Female

*License number:* A80674

*NPI:* 1346354776

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

IHP-TRUECARE

605 CROUCH ST BLDG C

OCEANSIDE, CA 92054-4415

*Phone:* (760) 757-4566

*Fax:*

*After Hours Phone:* (760)

757-4566

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
 No

*Accessibility:* W

*Hours:* M-SA 8AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>JEFFERIS, LAUREN R</b><br/> <i>Provider ID:</i> 480247<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A80674<br/> <i>NPI:</i> 1346354776<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> IHP-TRUECARE<br/> 2210 MESA DR STE 300<br/> OCEANSIDE, CA 92054-3701<br/> <i>Phone:</i> (760) 891-4667<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 891-4667<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5PM, SA 8AM-4:30PM</p> | <p>Scripps Memorial Hospital<br/> <i>Board Certified Specialty:</i> No<br/> IHP-TRUECARE<br/> 605 CROUCH ST BLDG C<br/> OCEANSIDE, CA 92054-4415<br/> <i>Phone:</i> (760) 736-6767<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 736-6767<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 8AM-5PM</p>                                                                                                                                                                                                                                                                              | <p>No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5PM, SA 8AM-4:30PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <hr/> <p><b>INTERVENTIONAL CARDIOLOGY</b></p> <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>MOUSSAVIAN, MEHRAN</b><br/> <i>Provider ID:</i> 296476<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> 20A7241<br/> <i>NPI:</i> 1689788234<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Farsi, Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital,</p>                                                                                                                                                                                                                                                                                            | <p><b>CALHOUN, CHANELLE R</b><br/> <i>Provider ID:</i> 480247<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> G75390<br/> <i>NPI:</i> 1437166709<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Tri City Medical Ctr, Scripps Memorial Hospital Encinitas<br/> <i>Board Certified Specialty:</i> No<br/> IHP-TRUECARE<br/> 2210 MESA DR STE 300<br/> OCEANSIDE, CA 92054-3701<br/> <i>Phone:</i> (760) 891-4667<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 891-4667<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i></p> | <p><b>CHEN, MING</b><br/> <i>Provider ID:</i> 480247<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A56246<br/> <i>NPI:</i> 1851525505<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Portuguese, Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Delano Regional Med Ctr<br/> <i>Board Certified Specialty:</i> No<br/> IHP-TRUECARE<br/> 2210 MESA DR STE 300<br/> OCEANSIDE, CA 92054-3701<br/> <i>Phone:</i> (760) 891-4667<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 891-4667<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5PM, SA 8AM-4:30PM</p> <p><b>CURLEY, EDWARD R</b><br/> <i>Provider ID:</i> 480247<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A73814<br/> <i>NPI:</i> 1164434312<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Tri City Medical Ctr</p> |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Board Certified Specialty:* No  
 IHP-TRUECARE  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
*Phone:* (760) 891-4667  
*Fax:*  
*After Hours Phone:* (760)  
 891-4667  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 8AM-4:30PM

### **DANIELS, SARAH R**

*Provider ID:* 433806  
*Provider Gender:* Female  
*License number:* A130872  
*NPI:* 1730446527  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Rady Childrens  
 Hospital San Diego, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Memorial Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 130B  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1010  
*Fax:*  
*After Hours Phone:* (760)  
 547-1010  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*

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

### **FALLON, TINA U**

*Provider ID:* 480247  
*Provider Gender:* Female  
*License number:* A161739  
*NPI:* 1013371004  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
*Phone:* (760) 891-4667

*Fax:*  
*After Hours Phone:* (760)  
 891-4667  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 8AM-4:30PM

### **GUNTA, SUJANA S**

*Provider ID:* 402434  
*Provider Gender:* Female  
*License number:* A109056  
*NPI:* 1932304342  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi, Marathi, Spanish, Telugu  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego, Tri  
 City Medical Ctr  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY

CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760)  
 631-5000  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M,TU,TH,F 8AM-5PM, W  
 8AM-7PM, SA 9AM-4PM

### **KRAMER, MELISSA S**

*Provider ID:* 469759  
*Provider Gender:* Female  
*License number:* A146613  
*NPI:* 1467833467  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY BLDG B  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1010  
*Fax:* (760) 547-1011  
*After Hours Phone:* (760)  
 547-1010  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>MACINTYRE, ELIZABETH T</b><br/> <i>Provider ID:</i> 543354<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A172352<br/> <i>NPI:</i> 1336520766<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/>           Board Certified Specialty: No<br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/>           3605 VISTA WAY BLDG B # 130<br/>           OCEANSIDE, CA 92056-4565<br/> <i>Phone:</i> (760) 547-1010<br/> <i>Fax:</i> (760) 547-1011<br/> <i>After Hours Phone:</i> (760) 547-1010<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/>           ♿ <i>Accessibility:</i> P, EB, IB, E, R, T<br/> <i>Hours:</i> M-SA 9AM-5PM</p> | <p><i>Phone:</i> (760) 631-5000<br/> <i>Fax:</i> (760) 414-3731<br/> <i>After Hours Phone:</i> (760) 631-5000<br/> <i>Website:</i><br/>           www.vistacommunityclinic.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/>           ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-4PM</p> <p><b>MILLER, DONALD T</b><br/> <i>Provider ID:</i> 433589<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G69645<br/> <i>NPI:</i> 1154356582<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Palomar Medical Center, Childrens Hosp And Resrch Ctr At Oakland, Scripps Memorial Hospital<br/> <i>Board Certified Specialty:</i> No<br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/>           3605 VISTA WAY BLDG B # 130<br/>           OCEANSIDE, CA 92056-4565<br/> <i>Phone:</i> (760) 547-1010<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 547-1010<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/>           ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM</p> | <p>No<br/>           ♿ <i>Accessibility:</i> P, EB, IB, E, R, T<br/> <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>PERKINS, RACHEL E</b><br/> <i>Provider ID:</i> 435952<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A123956<br/> <i>NPI:</i> 1427398320<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Tri City Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego<br/> <i>Board Certified Specialty:</i> No<br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/>           3605 VISTA WAY STE 130B<br/>           OCEANSIDE, CA 92056-4565<br/> <i>Phone:</i> (760) 547-1010<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 547-1010<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/>           ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM</p> |
| <p><b>MCCAMMACK, BRADLEY D</b><br/> <i>Provider ID:</i> 206341<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A130883<br/> <i>NPI:</i> 1629368857<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Tri City Medical Ctr<br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-VISTA COMMUNITY CLINIC</b><br/>           4700 N RIVER RD<br/>           OCEANSIDE, CA 92057-6043</p>                                                                                                                                                                                                                                                                                                                                                            | <p><i>After Hours Phone:</i> (760) 547-1010<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>PERTL, URSULA G</b><br/> <i>Provider ID:</i> 69068<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A89997<br/> <i>NPI:</i> 1609947464<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY # B  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1010

*Fax:* (760) 547-1011

*After Hours Phone:* (760) 547-1010

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

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

### **ZACHRY, ALISON D**

*Provider ID:* 296476

*Provider Gender:* Female

*License number:* A131678

*NPI:* 1922402858

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego, Tri City Medical Ctr

*Board Certified Specialty:* No  
IHP-TRUECARE

605 CROUCH ST BLDG C  
OCEANSIDE, CA 92054-4415

*Phone:* (760) 757-4566

*Fax:* (760) 757-3004

*After Hours Phone:* (760) 757-4566

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M-SA 8AM-5PM

### **ZACHRY, ALISON D**

*Provider ID:* 480247

*Provider Gender:* Female

*License number:* A131678

*NPI:* 1922402858

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego, Tri City Medical Ctr

*Board Certified Specialty:* No  
IHP-TRUECARE

2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701

*Phone:* (760) 891-4667

*Fax:*

*After Hours Phone:* (760)

891-4667

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-F 8AM-5PM, SA

8AM-4:30PM

### **ZACHRY, ALISON D**

*Provider ID:* 480315

*Provider Gender:* Female

*License number:* A131678

*NPI:* 1922402858

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego, Tri City Medical Ctr

*Board Certified Specialty:* No  
IHP-TRUECARE

3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354

*Phone:* (760) 891-4667

*Fax:*

*After Hours Phone:* (760)

891-4667

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

## **PHYSICIANS ASSISTANT**

### **ABRESCH, LISA M**

*Provider ID:* 296476

*Provider Gender:* Female

*License number:* PA21227

*NPI:* 1114298130

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
IHP-TRUECARE

605 CROUCH ST BLDG C  
OCEANSIDE, CA 92054-4415

*Phone:* (760) 757-4566

*Fax:*

*After Hours Phone:* (760)

757-4566

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

*American Sign Language (ASL):* OCEANSIDE, CA 92054-4415  
*No*  
*Accessibility:* W  
*Hours:* M-SA 8AM-5PM

### **BLAKESPEAR, JEREMY D**

*Provider ID:* 480315  
*Provider Gender:* Male  
*License number:* PA19825  
*NPI:* 1750474177  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354  
*Phone:* (760) 433-3155  
*Fax:*  
*After Hours Phone:* (760)  
 433-3155  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
*No*  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **CHISWICK, GARY R**

*Provider ID:* 296476  
*Provider Gender:* Male  
*License number:* PA22667  
*NPI:* 1174964001  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 605 CROUCH ST BLDG C

*Phone:* (760) 757-4566  
*Fax:*  
*After Hours Phone:* (760)  
 757-4566  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
*No*  
*Accessibility:* W  
*Hours:* M-SA 8AM-5PM

### **CHISWICK, GARY R**

*Provider ID:* 480247  
*Provider Gender:* Male  
*License number:* PA22667  
*NPI:* 1174964001  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:*  
*After Hours Phone:* (760)  
 966-3306  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
*No*  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 8AM-4:30PM

### **CRUZ, ASHLEY D**

*Provider ID:* 296476  
*Provider Gender:* Female

*License number:* PA22997  
*NPI:* 1063851814  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415  
*Phone:* (760) 757-4566  
*Fax:*  
*After Hours Phone:* (760)  
 757-4566  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
*No*  
*Accessibility:* W  
*Hours:* M-SA 8AM-5PM

### **CRUZ, ASHLEY D**

*Provider ID:* 480247  
*Provider Gender:* Female  
*License number:* PA22997  
*NPI:* 1063851814  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:*  
*After Hours Phone:* (760)  
 966-3306  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5PM, SA 8AM-4:30PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>IHP-TRUECARE<br/>         605 CROUCH ST BLDG C<br/>         OCEANSIDE, CA 92054-4415<br/> <i>Phone:</i> (760) 757-4566<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 757-4566<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 8AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>RANDALLS, JESSICA L</b><br/> <i>Provider ID:</i> 296476<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> PA54982<br/> <i>NPI:</i> 1538410550<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/>         IHP-TRUECARE<br/>         605 CROUCH ST BLDG C<br/>         OCEANSIDE, CA 92054-4415<br/> <i>Phone:</i> (760) 736-6767<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 736-6767<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 8AM-5PM</p> |
| <p><b>CRUZ, ASHLEY D</b><br/> <i>Provider ID:</i> 480315<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> PA22997<br/> <i>NPI:</i> 1063851814<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/>         IHP-TRUECARE<br/>         3220 MISSION AVE STE 1<br/>         OCEANSIDE, CA 92058-1354<br/> <i>Phone:</i> (760) 433-3155<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 433-3155<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> | <p><b>PADDOCK, DIANA L</b><br/> <i>Provider ID:</i> 480247<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> PA52175<br/> <i>NPI:</i> 1447657804<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br/> <i>Board Certified Specialty:</i> No<br/>         IHP-TRUECARE<br/>         2210 MESA DR STE 300<br/>         OCEANSIDE, CA 92054-3701<br/> <i>Phone:</i> (760) 966-3306<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 966-3306<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5PM, SA 8AM-4:30PM</p> | <p><b>RUSSO, KRISTA L</b><br/> <i>Provider ID:</i> 296476<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> PA53036<br/> <i>NPI:</i> 1922471192<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/>         IHP-TRUECARE<br/>         605 CROUCH ST BLDG C<br/>         OCEANSIDE, CA 92054-4415<br/> <i>Phone:</i> (760) 757-4566<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 757-4566<br/> <i>Website:</i> www.ihpsocal.org</p>                                                                                                                                                                                                               |
| <p><b>PADDOCK, DIANA L</b><br/> <i>Provider ID:</i> 296476<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> PA52175<br/> <i>NPI:</i> 1447657804<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br/> <i>Board Certified Specialty:</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### **RUSSO, KRISTA L**

Provider ID: 480247  
 Provider Gender: Female  
 License number: PA53036  
 NPI: 1922471192  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:

Board Certified Specialty: No  
 IHP-TRUECARE  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
 Phone: (760) 966-3306

Fax:  
 After Hours Phone: (760)  
 966-3306

Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 8AM-4:30PM

### **RUSSO, KRISTA L**

Provider ID: 480315  
 Provider Gender: Female  
 License number: PA53036  
 NPI: 1922471192  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No

IHP-TRUECARE  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354  
 Phone: (760) 433-3155  
 Fax:  
 After Hours Phone: (760)  
 433-3155  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

### **SCHALCK, KRISTEN S**

Provider ID: 296476  
 Provider Gender: Female  
 License number: PA14416  
 NPI: 1760587919  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415  
 Phone: (760) 757-4566  
 Fax:  
 After Hours Phone: (760)  
 757-4566  
 Website: www.ihpsocal.org

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

## **POWAY**

## **FAMILY PRACTICE**

### **KAUR, JATINDER**

Provider ID: 481187  
 Provider Gender: Female  
 License number: A120771  
 NPI: 1912141391  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Urdu  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-NEIGHBORHOOD  
 HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 92064  
 Phone: (858) 218-3000  
 Fax:

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

## **FQHC**

### **NEIGHBORHOOD HEALTHCARE GOLD FAMILY HEALTH CENTER,**

Provider ID: 481187  
 Provider Gender:  
 License number: 550004321  
 NPI: 1023518768  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### Board Certified Specialty:

IHP-NEIGHBORHOOD  
HEALTHCARE

13010 POWAY RD

POWAY, CA 92064

Phone: (858) 218-3000

Fax: (360) 462-2742

After Hours Phone: (858)

218-3000

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility:

Hours: M-F 8AM-5PM, SA

9AM-5PM

### PEDIATRICS

#### CURET, ZULMA

Provider ID: 481187

Provider Gender: Female

License number: A119661

NPI: 1841561107

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Board Certified Specialty: No

IHP-NEIGHBORHOOD

HEALTHCARE

13010 POWAY RD

POWAY, CA 92064

Phone: (858) 218-3000

Fax:

After Hours Phone: (858)

218-3000

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility:

Hours: M-F 8AM-5PM, SA

9AM-5PM

### PHYSICIANS ASSISTANT

#### BALDWIN, DONNA J

Provider ID: 481187

Provider Gender: Female

License number: PA23310

NPI: 1649692369

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-NEIGHBORHOOD

HEALTHCARE

13010 POWAY RD

POWAY, CA 92064

Phone: (858) 218-3000

Fax:

After Hours Phone: (858)

218-3000

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility:

Hours: M-F 8AM-5PM, SA

9AM-5PM

### PAUMA VALLEY

### FAMILY PRACTICE

#### AYON MARTINEZ, CARLOS X

Provider ID: 206267

Provider Gender: Male

License number: A114419

NPI: 1154583128

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-NEIGHBORHOOD

HEALTHCARE

16650 HIGHWAY 76

PAUMA VALLEY, CA

92061-9524

Phone: (760) 742-9919

Fax:

After Hours Phone: (760)

742-9919

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: P, EB, IB, E, R,

T, W

Hours: M-F 8AM-4:30PM, SA

9AM-5PM

#### SCHULTZ, JAMES H

Provider ID: 206267

Provider Gender: Male

License number: G61829

NPI: 1356376164

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Greek, Spanish

Cultural Competency: No

Hospital Affiliation: Southwest

Healthcare System Wildomar,

Southwest Healthcare System

Murrieta, Palomar Medical

Center

Board Certified Specialty: No

IHP-NEIGHBORHOOD

HEALTHCARE

16650 HIGHWAY 76

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

PAUMA VALLEY, CA  
92061-9524  
Phone: (760) 742-9919  
Fax:  
After Hours Phone: (760)  
742-9919  
Website: www.ihpsocal.org  
Email:

Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-F 8AM-4:30PM, SA  
9AM-5PM

### FQHC

#### NEIGHBORHOOD HEALTHCARE PAUMA VALLEY,

Provider ID: 206267  
Provider Gender:  
License number: 080000611  
NPI: 1407031693  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty:  
IHP-NEIGHBORHOOD  
HEALTHCARE  
16650 HIGHWAY 76  
PAUMA VALLEY, CA  
92061-9524  
Phone: (760) 742-9919  
Fax: (858) 633-4696  
After Hours Phone: (760)  
742-9919  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):

No  
Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-F 8AM-4:30PM, SA  
9AM-5PM

### POWAY

#### FAMILY PRACTICE

##### IONESCU, LUDMILLA N , MD

Provider ID: 505945  
Provider Gender: Female  
License number: C130451  
NPI: 1568498145  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Russian  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD FL 3  
POWAY, CA 92064-2437  
Phone: (858) 675-3210  
Fax: (858) 613-2938  
After Hours Phone: (858)  
675-3210  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM

##### MALETZ, LOUIS, MD

Provider ID: 70756  
Provider Gender: Male  
License number: G50801  
NPI: 1013983055  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
German, Spanish

Cultural Competency: No  
Hospital Affiliation: Palomar  
Health Downtown Campus,  
Pomerado Hospital  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD STE 400  
POWAY, CA 92064-2437  
Phone: (858) 675-3100  
Fax: (858) 613-2938  
After Hours Phone: (858)  
675-3100  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: P, EB, IB, E, R  
Hours: M-SA 9AM-5PM

##### MERAM, SUSAN, MD

Provider ID: 38214  
Provider Gender: Female  
License number: A53727  
NPI: 1588630735  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: St Johns  
Regional Medical Center  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD STE 400  
POWAY, CA 92064-2437  
Phone: (858) 675-3100  
Fax: (858) 613-2938  
After Hours Phone: (858)  
675-3100  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### **MIR, YUSRA A , MD**

Provider ID: 104018  
 Provider Gender: Female  
 License number: A101298  
 NPI: 1932435757  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Spanish, Urdu  
 Cultural Competency: No  
 Hospital Affiliation:

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3100  
 Fax: (858) 613-2932  
 After Hours Phone: (858)  
 675-3100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM

### **PUTNAM, RICHARD L , MD**

Provider ID: 506946  
 Provider Gender: Male  
 License number: G50068  
 NPI: 1861468027  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 300  
 POWAY, CA 92064-2437

Phone: (858) 675-3100  
 Fax: (858) 207-0039  
 After Hours Phone: (858)  
 675-3100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM

### **INTERNAL MEDICINE**

### **ANDERSEN, STUART J**

Provider ID: 546663  
 Provider Gender: Male  
 License number: A162976  
 NPI: 1205270956  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3293  
 Fax: (858) 673-5187  
 After Hours Phone: (858)  
 675-3293  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM

### **CARTY, DAVID J , MD**

Provider ID: 53596  
 Provider Gender: Male  
 License number: A41501

NPI: 1205802568  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado  
 Hospital  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3293  
 Fax: (858) 487-3823  
 After Hours Phone: (858)  
 675-3293  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM

### **DURE-SMITH, BELINDA A , MD**

Provider ID: 25721  
 Provider Gender: Female  
 License number: A52257  
 NPI: 1487620662  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado  
 Hospital  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3293  
 Fax: (858) 487-3823  
 After Hours Phone: (858)  
 675-3293  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes

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## C. Primary Care Directory

Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM

### **MAMARIL, DENNIS M , MD**

Provider ID: 53861  
 Provider Gender: Male  
 License number: A90180  
 NPI: 1508832601  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado Hospital

Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3293  
 Fax: (858) 613-5192  
 After Hours Phone: (858) 675-3293  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM

### **PRESANT, LARRY A , MD**

Provider ID: 57940  
 Provider Gender: Male  
 License number: G42579  
 NPI: 1790751956  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado Hospital

Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3100  
 Fax: (858) 618-1523  
 After Hours Phone: (858) 675-3100  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM

## **PEDIATRICS**

### **BOWERS, HILARY M**

Provider ID: 41436  
 Provider Gender: Female  
 License number: A78338  
 NPI: 1891884318  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Pomerado Hospital, Palomar Medical Center  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 15725 POMERADO RD STE 203  
 POWAY, CA 92064-2058  
 Phone: (858) 673-3340  
 Fax: (858) 673-1075  
 After Hours Phone: (858) 673-3340  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):

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

### **CHANG, IRENE S**

Provider ID: 462361  
 Provider Gender: Female  
 License number: A73533  
 NPI: 1790756799  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Pomerado Hospital  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 15725 POMERADO RD STE 203  
 POWAY, CA 92064-2058  
 Phone: (858) 673-3340  
 Fax:  
 After Hours Phone: (858) 673-3340  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM

### **DIEP, THUAN M**

Provider ID: 462977  
 Provider Gender: Male  
 License number: A146685  
 NPI: 1477948479  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Sharp

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Memorial Hospital, Rady  
 Childrens Hospital San Diego  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 15725 POMERADO RD STE 203  
 POWAY, CA 92064-2058  
*Phone:* (858) 673-3340  
*Fax:* (858) 673-1075  
*After Hours Phone:* (858) 673-3340  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

### **GRAHAM, STUART N , MD**

*Provider ID:* 508717  
*Provider Gender:* Male  
*License number:* G70035  
*NPI:* 1083680060  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 15611 POMERADO RD STE 300  
 POWAY, CA 92064-2437  
*Phone:* (858) 924-1900  
*Fax:* (858) 924-1949  
*After Hours Phone:* (858) 924-1900  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R

*Hours:* M-SA 9AM-5PM  
**KHATTRI, SONAL, MD**  
*Provider ID:* 506565  
*Provider Gender:* Female  
*License number:* A105678  
*NPI:* 1013997303  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 15611 POMERADO RD FL 3  
 POWAY, CA 92064-2437  
*Phone:* (858) 675-3170  
*Fax:* (858) 675-0518  
*After Hours Phone:* (858) 675-3170  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **LINDBACK, SARAH M**

*Provider ID:* 161834  
*Provider Gender:* Female  
*License number:* A117823  
*NPI:* 1427345487  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Scripps Memorial Hospital, Rady Childrens Hospital San Diego  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**

15725 POMERADO RD STE 203  
 POWAY, CA 92064-2058  
*Phone:* (858) 673-3340  
*Fax:* (858) 673-1075  
*After Hours Phone:* (858) 673-3340  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

### **LOSTETTER, ADRIENNE L**

*Provider ID:* 261797  
*Provider Gender:* Female  
*License number:* C54914  
*NPI:* 1881607984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Pomerado Hospital  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 15725 POMERADO RD STE 203  
 POWAY, CA 92064-2058  
*Phone:* (858) 673-3340  
*Fax:* (858) 673-1075  
*After Hours Phone:* (858) 673-3340  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

### **MOREIRA, LUCILA K**

*Provider ID:* 523761  
*Provider Gender:* Female  
*License number:* 20A15437  
*NPI:* 1104846567  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 15725 POMERADO RD STE 203  
 POWAY, CA 92064-2058  
*Phone:* (858) 673-3340  
*Fax:* (858) 673-1075  
*After Hours Phone:* (858) 673-3340  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

### **MORTIMER, DORI R**

*Provider ID:* 230552  
*Provider Gender:* Female  
*License number:* A75016  
*NPI:* 1417928417  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Pomerado Hospital  
*Board Certified Specialty:* No

**RADY CHILDRENS HEALTH NETWORK**  
 15725 POMERADO RD STE 203  
 POWAY, CA 92064-2058  
*Phone:* (858) 673-3340  
*Fax:* (858) 673-1075  
*After Hours Phone:* (858) 673-3340  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

### **RAMGREN, AILEEN N**

*Provider ID:* 397707  
*Provider Gender:* Female  
*License number:* 20A14418  
*NPI:* 1356785505  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 15725 POMERADO RD STE 203  
 POWAY, CA 92064-2058  
*Phone:* (858) 673-3340  
*Fax:*  
*After Hours Phone:* (858) 673-3340  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

### **RENDLER, NATHAN**

*Provider ID:* 30205  
*Provider Gender:* Male  
*License number:* G64231  
*NPI:* 1275531337  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hebrew, Spanish, Yiddish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Pomerado Hospital  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 15525 POMERADO RD STE B1 # 1  
 POWAY, CA 92064-2425  
*Phone:* (858) 487-8333  
*Fax:* (858) 487-0856  
*After Hours Phone:* (858) 487-8333  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **SHANMUGAM, CHERYL L , MD**

*Provider ID:* 509248  
*Provider Gender:* Female  
*License number:* G86245  
*NPI:* 1053387134  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

15611 POMERADO RD STE 300  
POWAY, CA 92064-2437

Phone: (858) 675-3100

Fax: (858) 618-1523

After Hours Phone: (858)  
675-3100

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### TAI, KUANGKAI

Provider ID: 351834

Provider Gender: Male

License number: A68063

NPI: 1396744066

Provider English Spoken: Yes

Provider Language(s) Spoken:

Chinese, Mandarin, Spanish

Cultural Competency: No

Hospital Affiliation: Pomerado

Hospital, Rady Childrens

Hospital San Diego

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

15525 POMERADO RD STE B1

POWAY, CA 92064-2425

Phone: (858) 487-8333

Fax: (858) 487-0856

After Hours Phone: (858)

484-4003

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R

Hours: M-SA 9AM-5PM

### RAMONA

#### CERTIFIED NURSE PRACTITIONER

### DOAN, CHINH N

Provider ID: 449438

Provider Gender: Female

License number: NP18874

NPI: 1083845069

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

220 ROTANZI ST

RAMONA, CA 92065-2583

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R

Hours: M-F 8AM-5PM, SA

8AM-12PM

### LEWIS, SARAH

Provider ID: 449438

Provider Gender: Female

License number: NP22697

NPI: 1437497963

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

220 ROTANZI ST

RAMONA, CA 92065-2583

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R

Hours: M-F 8AM-5PM, SA

8AM-12PM

### PALEN, BARBARA A

Provider ID: 449438

Provider Gender: Female

License number: NP3108

NPI: 1265447601

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

220 ROTANZI ST

RAMONA, CA 92065-2583

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R

Hours: M-F 8AM-5PM, SA

8AM-12PM

### TRUMAN, LAURA L

Provider ID: 449438

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Provider Gender:* Female  
*License number:* NP19860  
*NPI:* 1376840231  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-TRUECARE**  
 220 ROTANZI ST  
 RAMONA, CA 92065-2583  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760)  
 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-F 8AM-5PM, SA  
 8AM-12PM

### **TURNER, DAWN M**

*Provider ID:* 449438  
*Provider Gender:* Female  
*License number:* NP22586  
*NPI:* 1386988368  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-TRUECARE**  
 220 ROTANZI ST  
 RAMONA, CA 92065-2583  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760)  
 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-F 8AM-5PM, SA  
 8AM-12PM

### **CERTIFIED REGISTERED NURSE MIDWIFE**

### **VENOR, KRISTEN A**

*Provider ID:* 449438  
*Provider Gender:* Female  
*License number:* NM235688  
*NPI:* 1811391261  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-TRUECARE**  
 220 ROTANZI ST  
 RAMONA, CA 92065-2583  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760)  
 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-F 8AM-5PM, SA  
 8AM-12PM

### **FAMILY PRACTICE**

### **HARDISON, CHARLES L**

*Provider ID:* 82228  
*Provider Gender:* Male  
*License number:* G70382  
*NPI:* 1538475793  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Natividad  
 Medical Center  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 211 13TH ST  
 RAMONA, CA 92065-2711  
*Phone:* (760) 789-5160  
*Fax:* (858) 613-2938  
*After Hours Phone:* (760)  
 789-5160  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E  
*Hours:* M-SA 9AM-5PM

### **KASCH, JANINE**

*Provider ID:* 78918  
*Provider Gender:* Female  
*License number:* 20A5832  
*NPI:* 1871569087  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego,  
 Pomerado Hospital  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 211 13TH ST  
 RAMONA, CA 92065-2711  
*Phone:* (760) 789-5160  
*Fax:* (760) 788-7983  
*After Hours Phone:* (760)  
 789-5160  
*Website:*  
*Email:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E  
Hours: M-SA 9AM-5PM

### **MILLER, JERRY, MD**

Provider ID: 247912  
Provider Gender: Male  
License number: A119340  
NPI: 1871543199  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
211 13TH ST  
RAMONA, CA 92065-2711  
Phone: (760) 789-5160  
Fax: (760) 788-5892  
After Hours Phone: (760) 789-5160  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E  
Hours: M-SA 9AM-5PM

### **FQHC**

### **TRUECARE,**

Provider ID: 449438  
Provider Gender:  
License number: 080000149  
NPI: 1245246917  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:

Board Certified Specialty:  
IHP-TRUECARE  
220 ROTANZI ST  
RAMONA, CA 92065-2583  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA 8AM-12PM

### **INTERNAL MEDICINE**

### **JEFFERIS, LAUREN R**

Provider ID: 449438  
Provider Gender: Female  
License number: A80674  
NPI: 1346354776  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
220 ROTANZI ST  
RAMONA, CA 92065-2583  
Phone: (760) 891-4667  
Fax:  
After Hours Phone: (760) 891-4667  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA

8AM-12PM

### **YUNG, DORIS A**

Provider ID: 449438  
Provider Gender: Female  
License number: A89893  
NPI: 1730386863  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Chinese, Mandarin, Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital Encinitas  
Board Certified Specialty: No  
IHP-TRUECARE  
220 ROTANZI ST  
RAMONA, CA 92065-2583  
Phone: (760) 891-4667  
Fax:

After Hours Phone: (760) 891-4667  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA 8AM-12PM

### **PHYSICIANS ASSISTANT**

### **CHISWICK, GARY R**

Provider ID: 449438  
Provider Gender: Male  
License number: PA22667  
NPI: 1174964001  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital  
Board Certified Specialty: No  
IHP-TRUECARE

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

220 ROTANZI ST  
RAMONA, CA 92065-2583  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

### **CRUZ, ASHLEY D**

Provider ID: 449438  
Provider Gender: Female  
License number: PA22997  
NPI: 1063851814  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
220 ROTANZI ST  
RAMONA, CA 92065-2583  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

220 ROTANZI ST  
RAMONA, CA 92065-2583  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

### **PADDOCK, DIANA L**

Provider ID: 449438

Provider Gender: Female  
License number: PA52175  
NPI: 1447657804  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

Board Certified Specialty: No  
IHP-TRUECARE

220 ROTANZI ST  
RAMONA, CA 92065-2583  
Phone: (760) 736-6767

Fax:  
After Hours Phone: (760)  
736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

### **REIFENBERGER, JODY L**

Provider ID: 449438  
Provider Gender: Female  
License number: PA22669  
NPI: 1386741072  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:

Board Certified Specialty: No  
IHP-TRUECARE

220 ROTANZI ST  
RAMONA, CA 92065-2583  
Phone: (760) 736-6767

Fax:  
After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

### **RUSSO, KRISTA L**

Provider ID: 449438  
Provider Gender: Female  
License number: PA53036  
NPI: 1922471192  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
220 ROTANZI ST  
RAMONA, CA 92065-2583  
Phone: (760) 736-6767

Fax:  
After Hours Phone: (760)  
736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

### **SCHALCK, KRISTEN S**

Provider ID: 449438  
Provider Gender: Female  
License number: PA14416  
NPI: 1760587919  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Hospital Affiliation:*

*Board Certified Specialty:* No  
IHP-TRUECARE

220 ROTANZI ST  
RAMONA, CA 92065-2583

*Phone:* (760) 736-6767

*Fax:*

*After Hours Phone:* (760)

736-6767

*Website:* www.ihapsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R

*Hours:* M-F 8AM-5PM, SA  
8AM-12PM

### **ZANGEN, ROCHELLE L**

*Provider ID:* 449438

*Provider Gender:* Female

*License number:* PA51494

*NPI:* 1447681150

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
IHP-TRUECARE

220 ROTANZI ST  
RAMONA, CA 92065-2583

*Phone:* (760) 736-6767

*Fax:*

*After Hours Phone:* (760)

736-6767

*Website:* www.ihapsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R

*Hours:* M-F 8AM-5PM, SA  
8AM-12PM

## **SAN DIEGO**

### **CARDIOLOGY**

### **NARAYANAN, MEENA R**

*Provider ID:* 206363

*Provider Gender:* Female

*License number:* A113448

*NPI:* 1508170697

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Sharp Chula  
Vista Med Ctr

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2560

*Fax:*

*After Hours Phone:* (619)

515-2560

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R,  
T, ME

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

### **CARDIOVASCULAR DISEASE**

### **BLUM, RICHARD I**

*Provider ID:* 417937

*Provider Gender:* Male

*License number:* G53758

*NPI:* 1043310030

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545

*Fax:*

*After Hours Phone:* (619)

515-2545

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-TH 8AM-9PM, F

8AM-5PM, SA 9AM-5PM

### **CHRISTOPHY, ANTONIO C**

*Provider ID:* 417937

*Provider Gender:* Male

*License number:* 20A15088

*NPI:* 1871897678

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Persian, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Memorial  
Hospital

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545

*Fax:*

*After Hours Phone:* (619)

515-2545

*Website:* www.fhcsd.org

*Email:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

*Medi-Cal Open Panel: Yes*

*Min/Max Age: None*

*American Sign Language (ASL):  
No*

*♿ Accessibility:*

*Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM*

### **GARIBYAN, VARTAN N**

*Provider ID: 417937*

*Provider Gender: Male*

*License number: 20A12504*

*NPI: 1790084143*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Scripps*

*Memorial Hospital, Scripps*

*Mercy Hospital, Scripps Mercy*

*Hospital Chula Vista, Scripps*

*Green Hospital*

*Board Certified Specialty: No*

*FAMILY HEALTH CENTERS OF*

*SAN DIEGO*

*4094 4TH AVE*

*SAN DIEGO, CA 92103-2143*

*Phone: (619) 515-2545*

*Fax:*

*After Hours Phone: (619)*

*515-2545*

*Website: www.fhcsd.org*

*Email:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: None*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours: M-TH 8AM-9PM, F*

*8AM-5PM, SA 9AM-5PM*

### **CERTIFIED NURSE PRACTITIONER**

### **AQUINO, FELINO V**

*Provider ID: 418535*

*Provider Gender: Male*

*License number: NP22974*

*NPI: 1356684781*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Tagalog*

*Cultural Competency: No*

*Hospital Affiliation:*

*Board Certified Specialty: No*

*OPERATION SAMAHAN*

*9995 CARMEL MOUNTAIN RD*

*STE B10 AND B11*

*SAN DIEGO, CA 92129-2889*

*Phone: (844) 200-2426*

*Fax:*

*After Hours Phone: (844)*

*200-2426*

*Website:*

*www.operationsamahan.org*

*Email:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: None*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours: M,TU,TH,F*

*8:30AM-5:30PM, W 10AM-7PM,*

*SA 9AM-5PM*

### **AQUINO, FELINO V**

*Provider ID: 432308*

*Provider Gender: Male*

*License number: NP22974*

*NPI: 1356684781*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Tagalog*

*Cultural Competency: No*

*Hospital Affiliation:*

*Board Certified Specialty: No*

*OPERATION SAMAHAN*

*9855 ERMA RD STE 105*

*SAN DIEGO, CA 92131-1007*

*Phone: (844) 200-2426*

*Fax:*

*After Hours Phone: (844)*

*200-2426*

*Website:*

*www.operationsamahan.org*

*Email:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

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

### **ARTS, SERENA C**

*Provider ID: 403583*

*Provider Gender: Female*

*License number: NP10769*

*NPI: 1801881552*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation:*

*Board Certified Specialty: No*

*IHP-ST VINCENT DE PAUL*

*VILLA*

*1501 IMPERIAL AVE*

*SAN DIEGO, CA 92101-7638*

*Phone: (619) 233-8500*

*Fax:*

*After Hours Phone: (619)*

*233-8500*

*Website:*

*Email:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

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

*9AM-5PM*

### **BELEN, NEZER B**

*Provider ID: 206363*

*Provider Gender: Male*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

License number: NP95009292  
 NPI: 1386120723  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2560  
 Fax:  
 After Hours Phone: (619)  
 515-2560  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 T, ME  
 Hours: M-SA 9AM-5PM

### **BERNARDO-GREGORY, ELSIE S**

Provider ID: 418535  
 Provider Gender: Female  
 License number: NP15257  
 NPI: 1588808349  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 OPERATION SAMAHAN  
 9995 CARMEL MOUNTAIN RD  
 STE B10 AND B11  
 SAN DIEGO, CA 92129-2889  
 Phone: (844) 200-2426  
 Fax:  
 After Hours Phone: (844)  
 200-2426

Website:  
 www.operationsamahan.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M,TU,TH,F  
 8:30AM-5:30PM, W 10AM-7PM,  
 SA 9AM-5PM

### **BESTERFELDT, LYDIA**

Provider ID: 482070  
 Provider Gender: Female  
 License number: NP95013060  
 NPI: 1265929442  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: (858) 810-8700  
 Fax:  
 After Hours Phone: (858)  
 810-8700  
 Website: www.sdfamilycare.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 W

Hours: M,W-F 8:30AM-5:30PM,  
 TU 8:30AM-8:30PM, SA  
 9AM-4PM

### **BURNS, DELLA E**

Provider ID: 233597  
 Provider Gender: Female  
 License number: NP7413

NPI: 1871577023  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN DIEGO FAMILY CARE  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524  
 Phone: (619) 563-0250  
 Fax:  
 After Hours Phone: (619)  
 563-0250  
 Website: www.sdfamilycare.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 8AM-2PM

### **CELESTIN-RAMSEY, AKANKE J**

Provider ID: 451167  
 Provider Gender: Female  
 License number: NP8563  
 NPI: 1447450275  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:

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## C. Primary Care Directory

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* P, EB, IB, E, R, T, W

*Hours:* M-F 8AM-5PM, SA 8AM-4PM

### **CHASE, AVA LOU C**

*Provider ID:* 206353

*Provider Gender:* Female

*License number:* NP95000602

*NPI:* 1164496386

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400

*Fax:*

*After Hours Phone:* (619)

515-2400

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* P, EB, IB, E, R, T, ME

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

### **CHASE, AVA LOU C**

*Provider ID:* 206360

*Provider Gender:* Female

*License number:* NP95000602

*NPI:* 1164496386

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* ME

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

### **CONNER, PAMELA M**

*Provider ID:* 417937

*Provider Gender:* Female

*License number:* NP18098

*NPI:* 1770558967

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Green Hospital

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545

*Fax:*

*After Hours Phone:* (619)

515-2545

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **DACANAY-HERMAN, ROWENA S**

*Provider ID:* 432308

*Provider Gender:* Female

*License number:* NP22378

*NPI:* 1144689175

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Tagalog

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
OPERATION SAMAHAN

9855 ERMA RD STE 105

SAN DIEGO, CA 92131-1007

*Phone:* (844) 200-2426

*Fax:*

*After Hours Phone:* (844)

200-2426

*Website:*

www.operationsamahan.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

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

### **DHARKAR SURBER, SAPNA A**

*Provider ID:* 185268

*Provider Gender:* Female

*License number:* NP95013257

*NPI:* 1538707765

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
LA MAESTRA FAMILY CLINIC

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
Phone: (619) 255-9155  
Fax:  
After Hours Phone: (619)  
255-9155  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

**DOW, RAEHELLE L**  
Provider ID: 482070  
Provider Gender: Female  
License number: NP15667  
NPI: 1184679789  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
Phone: (858) 810-8700  
Fax:  
After Hours Phone: (858)  
810-8700  
Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
W  
Hours: M,W-F 8:30AM-5:30PM,  
TU 8:30AM-8:30PM, SA  
9AM-4PM

**ESTRELLA, SUE K**  
Provider ID: 417101  
Provider Gender: Female  
License number: NP95005047  
NPI: 1083137541  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Tagalog  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
OPERATION SAMAHAN  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126-2375  
Phone: (844) 200-2426  
Fax:  
After Hours Phone: (844)  
200-2426  
Website:  
[www.operationsamahan.org](http://www.operationsamahan.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-4:30PM, SA  
9AM-5PM

**EVERHART, ANNE MICHELLE G**  
Provider ID: 432308  
Provider Gender: Female  
License number: NP95002876  
NPI: 1821464835  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
OPERATION SAMAHAN  
9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007

Phone: (844) 200-2426  
Fax:  
After Hours Phone: (844)  
200-2426  
Website:  
[www.operationsamahan.org](http://www.operationsamahan.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

**FERRARI, GINA E**  
Provider ID: 482070  
Provider Gender: Female  
License number: NP95016072  
NPI: 1922639301  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
Phone: (858) 810-8700  
Fax: (858) 633-4680  
After Hours Phone: (858)  
810-8700  
Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
W  
Hours: M,W-F 8:30AM-5:30PM,  
TU 8:30AM-8:30PM, SA  
9AM-4PM

**GARCIA, JOHNNY**  
Provider ID: 206363

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## C. Primary Care Directory

*Provider Gender:* Male  
*License number:* NP95007000  
*NPI:* 1932622156  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

**GOLDFINGER, SARAH N**  
*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* NP95011313  
*NPI:* 1134686744  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300

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

**GRAHAM, DEBRA J**  
*Provider ID:* 451167  
*Provider Gender:* Female  
*License number:* NP15657  
*NPI:* 1790757623  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

**GREER, TRACY P**  
*Provider ID:* 206362  
*Provider Gender:* Female  
*License number:* NP95002226  
*NPI:* 1891101754  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

**HARRINGTON, BARBARA LORRAINE R**  
*Provider ID:* 185268  
*Provider Gender:* Female  
*License number:* NP17008  
*NPI:* 1659579134  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
*Phone:* (619) 255-9155  
*Fax:*  
*After Hours Phone:* (619) 255-9155  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

♿ Accessibility: P, EB, IB, E, W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

### HA, THU M

Provider ID: 206046  
Provider Gender: Female  
License number: NP95010517  
NPI: 1346443983  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342  
Phone: (858) 279-0925  
Fax:  
After Hours Phone: (858)  
279-0925  
Website: www.sdfamilycare.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### HA, THU M

Provider ID: 482070  
Provider Gender: Female  
License number: NP95010517  
NPI: 1346443983  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
Phone: (858) 810-8700  
Fax:  
After Hours Phone: (858)  
810-8700  
Website: www.sdfamilycare.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
W  
Hours: M,W-F 8:30AM-5:30PM,  
TU 8:30AM-8:30PM, SA  
9AM-4PM

### HILLIARD, THESALONICA P

Provider ID: 417101  
Provider Gender: Female  
License number: NP95010585  
NPI: 1861956724  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Tagalog  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
OPERATION SAMAHAN  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126-2375  
Phone: (844) 200-2426  
Fax:  
After Hours Phone: (844)  
200-2426  
Website:  
www.operationsamahan.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-4:30PM, SA

9AM-5PM

### HOANG, CHI Q

Provider ID: 482070  
Provider Gender: Female  
License number: NP95004600  
NPI: 1902350994  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
Phone: (858) 810-8700  
Fax:  
After Hours Phone: (858)  
810-8700  
Website: www.sdfamilycare.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
W  
Hours: M,W-F 8:30AM-5:30PM,  
TU 8:30AM-8:30PM, SA  
9AM-4PM

### HOGAN, ROSELYNN JOY S

Provider ID: 206360  
Provider Gender: Female  
License number: NP17852  
NPI: 1205019510  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **HOGAN, ROSELYNN JOY S**

Provider ID: 206362

Provider Gender: Female

License number: NP17852

NPI: 1205019510

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)  
515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **INSTONE, SUSAN L**

Provider ID: 233532

Provider Gender: Female

License number: NP4858

NPI: 1710223268

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN DIEGO FAMILY CARE  
4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105-1690

Phone: (619) 280-2058

Fax:

After Hours Phone: (619)  
280-2058

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/22

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, W

Hours: M-F 8AM-5PM, SA  
8AM-2PM

### **INSTONE, SUSAN L**

Provider ID: 482070

Provider Gender: Female

License number: NP4858

NPI: 1710223268

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Board Certified Specialty: No

IHP-SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax:

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
W

Hours: M,W-F 8:30AM-5:30PM,  
TU 8:30AM-8:30PM, SA  
9AM-4PM

### **JOHNSON, SHAWNA AKIKO H**

Provider ID: 233597

Provider Gender: Female

License number: NP95002518

NPI: 1922237809

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN DIEGO FAMILY CARE  
4290 POLK AVE

SAN DIEGO, CA 92105-1524

Phone: (619) 563-0250

Fax:

After Hours Phone: (619)  
563-0250

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
8AM-2PM

### **KHAN, MATTHEW P**

Provider ID: 206353

Provider Gender: Male

License number: NP17838

NPI: 1942456124

Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Provider Language(s) Spoken:</i> No<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 5454 EL CAJON BLVD<br/> SAN DIEGO, CA 92115-3621<br/> <i>Phone:</i> (619) 515-2400<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2400<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p>                                                                                                         | <p>No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T<br/> <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>IHP-SAN DIEGO FAMILY CARE<br/> 7011 LINDA VISTA RD<br/> SAN DIEGO, CA 92111-6307<br/> <i>Phone:</i> (858) 810-8700<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 810-8700<br/> <i>Website:</i> www.sdfamilycare.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, W<br/> <i>Hours:</i> M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM</p>                                                                                                                                                                                                                                                                                                                        |
| <p><b>KHAN, MATTHEW P</b><br/> <i>Provider ID:</i> 417987<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> NP17838<br/> <i>NPI:</i> 1942456124<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 4874 POLK AVE<br/> SAN DIEGO, CA 92105-2026<br/> <i>Phone:</i> (619) 515-2426<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2426<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i></p> | <p><b>KI, TRISH H</b><br/> <i>Provider ID:</i> 206046<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> NP23847<br/> <i>NPI:</i> 1376840199<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Vietnamese<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN DIEGO FAMILY CARE</b><br/> 6973 LINDA VISTA RD<br/> SAN DIEGO, CA 92111-6342<br/> <i>Phone:</i> (858) 279-0925<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 279-0925<br/> <i>Website:</i> www.sdfamilycare.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br/> <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> | <p><b>KLOBERDANZ, KELSEY L</b><br/> <i>Provider ID:</i> 417937<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> NP95005293<br/> <i>NPI:</i> 1235672502<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 4094 4TH AVE<br/> SAN DIEGO, CA 92103-2143<br/> <i>Phone:</i> (619) 515-2545<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2545<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-TH 8AM-9PM, F</p> |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

8AM-5PM, SA 9AM-5PM

### **LIEBER, CAROL L**

*Provider ID:* 517403

*Provider Gender:* Female

*License number:* NP20849

*NPI:* 1487889846

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

IHP-SAN YSIDRO HEALTH  
CENTER

316 25TH ST

SAN DIEGO, CA 92102-3016

*Phone:* (619) 238-5551

*Fax:*

*After Hours Phone:* (619)

238-5551

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/120

*American Sign Language (ASL):*  
No

*Accessibility:*

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

### **LIM, IMELDA B**

*Provider ID:* 417101

*Provider Gender:* Female

*License number:* NP95000203

*NPI:* 1093130395

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Tagalog

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

OPERATION SAMAHAN

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

*Phone:* (844) 200-2426

*Fax:*

*After Hours Phone:* (844)

200-2426

*Website:*

www.operationsamahan.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-F 8AM-4:30PM, SA  
9AM-5PM

### **LOVE, VICKI L**

*Provider ID:* 206363

*Provider Gender:* Female

*License number:* NP17362

*NPI:* 1699759134

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2560

*Fax:*

*After Hours Phone:* (619)

515-2560

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R,  
T, ME

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

### **MACARIOLA, AMPARO E**

*Provider ID:* 417101

*Provider Gender:* Female

*License number:* NP95001709

*NPI:* 1932505401

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

OPERATION SAMAHAN

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

*Phone:* (800) 200-2426

*Fax:*

*After Hours Phone:* (800)

200-2426

*Website:*

www.operationsamahan.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-F 8AM-4:30PM, SA  
9AM-5PM

### **MACARIOLA, AMPARO E**

*Provider ID:* 418535

*Provider Gender:* Female

*License number:* NP95001709

*NPI:* 1932505401

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD  
STE B10 AND B11

SAN DIEGO, CA 92129-2889

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (844) 200-2426  
 Fax:  
 After Hours Phone: (844) 200-2426  
 Website:  
 www.operationsamahan.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

**MACARIOLA, AMPARO E**  
 Provider ID: 432308  
 Provider Gender: Female  
 License number: NP95001709  
 NPI: 1932505401  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 OPERATION SAMAHAN  
 9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131-1007  
 Phone: (844) 200-2426  
 Fax:  
 After Hours Phone: (844) 200-2426  
 Website:  
 www.operationsamahan.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

**MARTINEZ, CAROLYN M**

Provider ID: 214492  
 Provider Gender: Female  
 License number: NP22031  
 NPI: 1609101997  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-IMPERIAL BEACH HEALTH CENTER  
 1016 OUTER RD  
 SAN DIEGO, CA 92154-1351  
 Phone: (619) 429-3733  
 Fax:  
 After Hours Phone: (619) 429-3733  
 Website: www.ibclinic.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, IB, E, R, T, W  
 Hours: M,F 8:30AM-5PM, TU-TH 8:30AM-8PM, SA 9AM-5PM

**MELTZER, VIRGINIA N**  
 Provider ID: 233532  
 Provider Gender: Female  
 License number: NP95015948  
 NPI: 1821684390  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Board Certified Specialty: No  
 IHP-SAN DIEGO FAMILY CARE  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690

Phone: (619) 280-2058  
 Fax:  
 After Hours Phone: (619) 280-2058  
 Website: www.sdfamilycare.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/22  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, W  
 Hours: M-F 8AM-5PM, SA 8AM-2PM

**MILTON, JILL F**  
 Provider ID: 185268  
 Provider Gender: Female  
 License number: NP13612  
 NPI: 1598757270  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
 Phone: (619) 255-9155  
 Fax:  
 After Hours Phone: (619) 255-9155  
 Website: www.lamaestra.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

**NEVAREZ, IRENE**  
 Provider ID: 185268  
 Provider Gender: Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

License number: NP95009891  
NPI: 1003166646  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
Phone: (619) 564-8765

Fax:  
After Hours Phone: (619) 564-8765  
Website: www.lamaestra.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, W  
Hours: M-F 8AM-5PM, SA 9AM-5PM

### **NOCEDA, ANA B**

Provider ID: 233532  
Provider Gender: Female  
License number: NP19505  
NPI: 1386971760  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Tagalog  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE  
4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105-1690

Phone: (619) 280-2058  
Fax:  
After Hours Phone: (619) 280-2058  
Website: www.sdfamilycare.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/22  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, W  
Hours: M-F 8AM-5PM, SA 8AM-2PM

### **NOCEDA, ANA B**

Provider ID: 482070  
Provider Gender: Female  
License number: NP19505  
NPI: 1386971760  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Tagalog  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
Phone: (858) 810-8700  
Fax:  
After Hours Phone: (858) 810-8700  
Website: www.sdfamilycare.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, W  
Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM

### **O'BRIEN, FRANCESCA A**

Provider ID: 214492  
Provider Gender: Female  
License number: NP95005211  
NPI: 1649720756  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No  
IHP-IMPERIAL BEACH HEALTH CENTER  
1016 OUTER RD  
SAN DIEGO, CA 92154-1351  
Phone: (619) 429-3733  
Fax:  
After Hours Phone: (619) 429-3733  
Website: www.ibclinic.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, IB, E, R, T, W  
Hours: M,F 8:30AM-5PM, TU-TH 8:30AM-8PM, SA 9AM-5PM

### **OCAMPO, ELAINE R**

Provider ID: 206046  
Provider Gender: Female  
License number: NP95003427  
NPI: 1063856805  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (858) 279-0925  
 Fax:  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

### **OCAMPO, ELAINE R**

Provider ID: 482070  
 Provider Gender: Female  
 License number: NP95003427  
 NPI: 1063856805  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: (858) 810-8700  
 Fax:  
 After Hours Phone: (858) 810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, W  
 Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM

### **ORPILLA, IMELDA M**

Provider ID: 417101  
 Provider Gender: Female  
 License number: NP95003211  
 NPI: 1790785988  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 OPERATION SAMAHAN  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126-2375  
 Phone: (844) 200-2426  
 Fax:

After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-4:30PM, SA 9AM-5PM

### **ORPILLA, IMELDA M**

Provider ID: 418535  
 Provider Gender: Female  
 License number: NP95003211  
 NPI: 1790785988  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 OPERATION SAMAHAN  
 9995 CARMEL MOUNTAIN RD  
 STE B10 AND B11  
 SAN DIEGO, CA 92129-2889

Phone: (844) 200-2426  
 Fax:  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

### **OWEN, MICHAEL C**

Provider ID: 206362  
 Provider Gender: Female  
 License number: NP95001492  
 NPI: 1073869145  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax:  
 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>PATEL, KELLY M</b><br/> <i>Provider ID:</i> 402851<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> NP95004735<br/> <i>NPI:</i> 1033493747<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 3705 MISSION BLVD<br/> SAN DIEGO, CA 92109-7104<br/> <i>Phone:</i> (619) 515-2444<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2444<br/> <i>Website:</i> www.fhcscd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM</p> | <p><i>Phone:</i> (858) 279-0925<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 279-0925<br/> <i>Website:</i> www.sdfamilycare.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br/> <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><i>Provider ID:</i> 233597<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> NP95002509<br/> <i>NPI:</i> 1780816082<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN DIEGO FAMILY CARE</b><br/> 4290 POLK AVE<br/> SAN DIEGO, CA 92105-1524<br/> <i>Phone:</i> (619) 563-0250<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 563-0250<br/> <i>Website:</i> www.sdfamilycare.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 8AM-2PM</p> |
| <p><b>PATIAG, DANIEL B</b><br/> <i>Provider ID:</i> 206046<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> NP95012511<br/> <i>NPI:</i> 1073169769<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN DIEGO FAMILY CARE</b><br/> 6973 LINDA VISTA RD<br/> SAN DIEGO, CA 92111-6342</p>                                                                                                                                                                                                                                                                                                                                                                            | <p><b>PATIAG, DANIEL B</b><br/> <i>Provider ID:</i> 482070<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> NP95012511<br/> <i>NPI:</i> 1073169769<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN DIEGO FAMILY CARE</b><br/> 7011 LINDA VISTA RD<br/> SAN DIEGO, CA 92111-6307<br/> <i>Phone:</i> (858) 810-8700<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 810-8700<br/> <i>Website:</i> www.sdfamilycare.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, W<br/> <i>Hours:</i> M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM</p> | <p><b>QUINTO, CINDY R</b><br/> <i>Provider ID:</i> 233532<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> NP16433<br/> <i>NPI:</i> 1902810377<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> French, Lao, Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN DIEGO FAMILY CARE</b><br/> 4305 UNIVERSITY AVE STE 150<br/> SAN DIEGO, CA 92105-1690<br/> <i>Phone:</i> (619) 280-2058<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 280-2058</p>                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>POLHEBER, AMELIA S</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/22  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, W  
 Hours: M-F 8AM-5PM, SA 8AM-2PM

### QUINTO, CINDY R

Provider ID: 482070  
 Provider Gender: Female  
 License number: NP16433  
 NPI: 1902810377  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Lao, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 IHP-SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: (858) 810-8700  
 Fax:  
 After Hours Phone: (858) 810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, W  
 Hours: M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM

### RAMOS-HAGGAN, ANNETTE M

Provider ID: 207382  
 Provider Gender: Female

License number: NP95002918  
 NPI: 1285091991  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr  
 Board Certified Specialty: No  
 IHP-SAN DIEGO AMERICAN INDIAN HEALTH CENTER  
 2630 1ST AVE  
 SAN DIEGO, CA 92103-6599  
 Phone: (619) 234-0505  
 Fax: (619) 234-2158  
 After Hours Phone: (619) 234-0505  
 Website: [www.sdaihc.org](http://www.sdaihc.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### REID, EMILY

Provider ID: 185268  
 Provider Gender: Female  
 License number: NP95002766  
 NPI: 1083081467  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
 Phone: (619) 255-9155  
 Fax:  
 After Hours Phone: (619) 255-9155  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Email:

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

### ROGERS, TANYA L

Provider ID: 206353  
 Provider Gender: Female  
 License number: NP95004443  
 NPI: 1558710038  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619) 515-2400  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM

### ROGERS, TANYA L

Provider ID: 417987  
 Provider Gender: Female  
 License number: NP95004443  
 NPI: 1558710038  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:

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## C. Primary Care Directory

*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2426  
*Fax:*  
*After Hours Phone:* (619) 515-2426  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

### **RUTH, MARION A**

*Provider ID:* 207382  
*Provider Gender:* Female  
*License number:* NP95006781  
*NPI:* 1740789288  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO AMERICAN INDIAN HEALTH CENTER  
 2630 1ST AVE  
 SAN DIEGO, CA 92103-6599  
*Phone:* (619) 234-2158  
*Fax:* (619) 234-0505  
*After Hours Phone:* (619) 234-2158  
*Website:* www.sdaihc.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### **SABIN, NANCY J**

*Provider ID:* 206046  
*Provider Gender:* Female  
*License number:* NP4668  
*NPI:* 1285732586  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
*Phone:* (858) 279-0925  
*Fax:*  
*After Hours Phone:* (858) 279-0925  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

### **SABIN, NANCY J**

*Provider ID:* 482070  
*Provider Gender:* Female  
*License number:* NP4668  
*NPI:* 1285732586  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

*Phone:* (858) 810-8700  
*Fax:*  
*After Hours Phone:* (858) 810-8700  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM

### **SANTANGELO, JOANNE**

*Provider ID:* 206046  
*Provider Gender:* Female  
*License number:* NP2390  
*NPI:* 1619370475  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
*Phone:* (858) 279-0925  
*Fax:*  
*After Hours Phone:* (858) 279-0925  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

### **SANTANGELO, JOANNE**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

---

*Provider ID:* 482070  
*Provider Gender:* Female  
*License number:* NP2390  
*NPI:* 1619370475  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
IHP-SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:*  
*After Hours Phone:* (858)  
810-8700  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* P, EB, IB, E, R,  
W  
*Hours:* M,W-F 8:30AM-5:30PM,  
TU 8:30AM-8:30PM, SA  
9AM-4PM

**SATTERWHITE, MAURINE C**  
*Provider ID:* 206046  
*Provider Gender:* Female  
*License number:* NP7022  
*NPI:* 1225012842  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
IHP-SAN DIEGO FAMILY CARE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

*Phone:* (858) 279-0925  
*Fax:*  
*After Hours Phone:* (858)  
279-0925  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* P, EB, IB, E, R,  
T, W  
*Hours:* M-F 8:30AM-5:30PM, SA  
9AM-5PM

**SATTERWHITE, MAURINE C**  
*Provider ID:* 482070  
*Provider Gender:* Female  
*License number:* NP7022  
*NPI:* 1225012842  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
IHP-SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:*  
*After Hours Phone:* (858)  
810-8700  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* P, EB, IB, E, R,  
W  
*Hours:* M,W-F 8:30AM-5:30PM,  
TU 8:30AM-8:30PM, SA  
9AM-4PM

**SOTO, ROBIN J**  
*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* NP11778  
*NPI:* 1487688099  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

**SOTO, ROBIN J**  
*Provider ID:* 356145  
*Provider Gender:* Female  
*License number:* NP11778  
*NPI:* 1487688099  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2391 ISLAND AVE  
SAN DIEGO, CA 92102-2941

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## C. Primary Care Directory

Phone: (619) 515-2435

Fax:

After Hours Phone: (619)  
515-2435

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **TAYLOR, KAYLA L**

Provider ID: 206362

Provider Gender: Female

License number: NP95006792

NPI: 1730604414

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **TAYLOR, KAYLA L**

Provider ID: 417429

Provider Gender: Female

License number: NP95006792

NPI: 1730604414

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY # 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2525

Fax:

After Hours Phone: (619)

515-2525

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

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

### **TODD, MIKAYLA S**

Provider ID: 517998

Provider Gender: Female

License number: NP95005999

NPI: 1316478092

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

4690 EL CAJON BLVD

SAN DIEGO, CA 92115-4403

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/120

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **TRAN, KELLY T**

Provider ID: 206360

Provider Gender: Female

License number: NP95003689

NPI: 1255799276

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **TUEROS, VICTORIA S**

Provider ID: 206360

Provider Gender: Female

License number: NP2286

NPI: 1598989261

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 1809 NATIONAL AVE<br/> SAN DIEGO, CA 92113-2113<br/> <i>Phone:</i> (619) 515-2300<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2300<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 📞 <i>Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p>                                                                                                                                                                                                                                                                    | <p><i>Hours:</i> M-SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>2325 COMMERCIAL ST STE 1400<br/> SAN DIEGO, CA 92113-1195<br/> <i>Phone:</i> (619) 515-2422<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2422<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 📞 <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>VELASQUEZ, FERNANDO</b><br/> <i>Provider ID:</i> 206360<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> NP95011254<br/> <i>NPI:</i> 1386195535<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 1809 NATIONAL AVE<br/> SAN DIEGO, CA 92113-2113<br/> <i>Phone:</i> (619) 515-2300<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2300<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 📞 <i>Accessibility:</i> ME</p> | <p><b>VELASQUEZ, FERNANDO</b><br/> <i>Provider ID:</i> 356145<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> NP95011254<br/> <i>NPI:</i> 1386195535<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 2391 ISLAND AVE<br/> SAN DIEGO, CA 92102-2941<br/> <i>Phone:</i> (619) 515-2435<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2435<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 📞 <i>Accessibility:</i> P, EB, IB, E, R, T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> | <p><b>WALSH, DEBORAH A</b><br/> <i>Provider ID:</i> 417782<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> NP95003061<br/> <i>NPI:</i> 1255574612<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 1250 6TH AVE STE 100<br/> SAN DIEGO, CA 92101-4368<br/> <i>Phone:</i> (619) 515-2430<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2430<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 📞 <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> |
| <p><b>VELASQUEZ, FERNANDO</b><br/> <i>Provider ID:</i> 419529<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> NP95011254<br/> <i>NPI:</i> 1386195535<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>                                                                                                                                                                                                                                                                                                                                                             | <p><b>VELASQUEZ, FERNANDO</b><br/> <i>Provider ID:</i> 419529<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> NP95011254<br/> <i>NPI:</i> 1386195535<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

---

### **WALSH, DEBORAH A**

*Provider ID:* 419167  
*Provider Gender:* Female  
*License number:* NP95003061  
*NPI:* 1255574612  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
515-2520  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* IB, E, R  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM

### **WEICKERT, MARIA T**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* NP95010814  
*NPI:* 1841758984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619)  
515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R,  
T, ME  
*Hours:* M-SA 9AM-5PM

### **WEICKERT, MARIA T**

*Provider ID:* 417429  
*Provider Gender:* Female  
*License number:* NP95010814  
*NPI:* 1841758984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY # 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2525  
*Fax:*  
*After Hours Phone:* (619)  
515-2525  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **WESTON, TIFFANIE**

*Provider ID:* 206360  
*Provider Gender:* Female

*License number:* NP95011458  
*NPI:* 1154703718  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **WESTON, TIFFANIE**

*Provider ID:* 206362  
*Provider Gender:* Female  
*License number:* NP95011458  
*NPI:* 1154703718  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619)  
515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

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## C. Primary Care Directory

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM

### **WILLIAMS, BREAHA A**

Provider ID: 185268  
 Provider Gender: Female  
 License number: NP95001840  
 NPI: 1063884864  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:

Board Certified Specialty: No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
 Phone: (619) 255-9155

Fax:  
 After Hours Phone: (619) 255-9155  
 Website: www.lamaestra.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **WOLF, CELIA C**

Provider ID: 417937  
 Provider Gender: Female  
 License number: NP95001899  
 NPI: 1245635564  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545

Fax:  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **CERTIFIED REGISTERED NURSE MIDWIFE**

### **GEPSHTEIN, YANA**

Provider ID: 402851  
 Provider Gender: Female  
 License number: NM1662  
 NPI: 1396956512  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hebrew  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2444

Fax:  
 After Hours Phone: (619) 515-2444  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):

No  
 Accessibility:  
 Hours: M-W, F 8:30AM-5:30PM,  
 TH 9AM-6PM, SA 9AM-5PM

### **CHIROPRACTOR**

### **ASSADIAN, MEHRAK S**

Provider ID: 451167  
 Provider Gender: Female  
 License number: DC27523  
 NPI: 1295278281  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R,  
 T, W  
 Hours: M-F 8AM-5PM, SA 8AM-4PM

### **KAMSI, ALEX**

Provider ID: 185268  
 Provider Gender: Male  
 License number: DC28966  
 NPI: 1851405955  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
*Phone:* (619) 255-9155  
*Fax:*  
*After Hours Phone:* (619)  
 255-9155  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

**KAZEM, AHMAD N**  
*Provider ID:* 227409  
*Provider Gender:* Male  
*License number:* DC33300  
*NPI:* 1003296096  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W

*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
**KENNA, AARON A**  
*Provider ID:* 418535  
*Provider Gender:* Male  
*License number:* DC32051  
*NPI:* 1457629495  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN  
 9995 CARMEL MOUNTAIN RD  
 STE B10 AND B11  
 SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844)  
 200-2426  
*Website:*  
 www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M,TU,TH,F  
 8:30AM-5:30PM, W 10AM-7PM,  
 SA 9AM-5PM

**LOVERN, JENNIFER K**  
*Provider ID:* 418535  
*Provider Gender:* Female  
*License number:* DC29074  
*NPI:* 1235469396  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Italian  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD  
 STE B10 AND B11  
 SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844)  
 200-2426  
*Website:*  
 www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M,TU,TH,F  
 8:30AM-5:30PM, W 10AM-7PM,  
 SA 9AM-5PM

**PAGE, BIANCA M**  
*Provider ID:* 417937  
*Provider Gender:* Female  
*License number:* DC33688  
*NPI:* 1649787607  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619)  
 515-2545  
*Website:* www.fhcscd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-TH 8AM-9PM, F

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

8AM-5PM, SA 9AM-5PM

### **ROJAS, RICHARD J**

Provider ID: 417937

Provider Gender: Male

License number: DC31024

NPI: 1538318811

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility:

Hours: M-TH 8AM-9PM, F

8AM-5PM, SA 9AM-5PM

### **SOSA, DAVID S**

Provider ID: 206363

Provider Gender: Male

License number: DC33150

NPI: 1013308675

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax:

After Hours Phone: (619)

515-2560

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **TAGHIZADEH, MAJID**

Provider ID: 417937

Provider Gender: Male

License number: DC30121

NPI: 1750590600

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Turkish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility:

Hours: M-TH 8AM-9PM, F

8AM-5PM, SA 9AM-5PM

### **CLINIC OUTPATIENT**

### **OPERATION SAMAHAN RANCHO PENASQUITOS,**

Provider ID: 418535

Provider Gender:

License number: 550002478

NPI: 1699216622

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD  
STE B10 AND B11

SAN DIEGO, CA 92129-2889

Phone: (844) 200-2426

Fax: (858) 695-9074

After Hours Phone: (844)

200-2426

Website:

www.operationsamahan.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility:

Hours: M,TU,TH,F

8:30AM-5:30PM, W 10AM-7PM,  
SA 9AM-5PM

### **OPERATION SAMAHAN RANCHO PENASQUITOS,**

Provider ID: 418535

Provider Gender:

License number: 550003857

NPI: 1699216622

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD  
STE B10 AND B11

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## C. Primary Care Directory

SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:* (858) 695-9074  
*After Hours Phone:* (844) 200-2426  
*Website:*  
[www.operationsamahan.org](http://www.operationsamahan.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M,TU,TH,F  
 8:30AM-5:30PM, W 10AM-7PM,  
 SA 9AM-5PM

---

### DERMATOLOGY

---

**BURROWS, WILLIAM M**  
*Provider ID:* 417937  
*Provider Gender:* Male  
*License number:* G16236  
*NPI:* 1639199292  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Green Hospital, Scripps Mercy  
 Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619)  
 515-2545  
*Website:* [www.fhcsd.org](http://www.fhcsd.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

☯ *Accessibility:*  
*Hours:* M-TH 8AM-9PM, F  
 8AM-5PM, SA 9AM-5PM  
**CARTER, NATASHA F**  
*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* A140912  
*NPI:* 1033539184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619)  
 515-2560  
*Website:* [www.fhcsd.org](http://www.fhcsd.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-SA 9AM-5PM

---

### ENDOCRINOLOGY METABOLISM DIABETES

---

**AHMAD, AAKIF**  
*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* 20A12732  
*NPI:* 1720308331  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Green Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* [www.fhcsd.org](http://www.fhcsd.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

**CARRILLO, MARITZA E**  
*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A163183  
*NPI:* 1649628587  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* [www.fhcsd.org](http://www.fhcsd.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

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## C. Primary Care Directory

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

### **CHANG, AMY S**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A93385  
*NPI:* 1750568911  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Saddleback Memorial Med Ctr, Scripps Green Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **HARRIS, SAMANTHA R**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A120043  
*NPI:* 1720305436  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **HOSEIN, NADEEN**

*Provider ID:* 417937  
*Provider Gender:* Female  
*License number:* A113255  
*NPI:* 1912051715  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

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

### **LEVINE, MATTHEW J**

*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* A77126  
*NPI:* 1801994231  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **LORENZO, PATRICIA C**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A129599  
*NPI:* 1487913315  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Scripps Green Hospital, Scripps

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## C. Primary Care Directory

Memorial Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

**MARX, CHRISTOPHER W**  
*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* G58195  
*NPI:* 1811958929  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Green Hospital, Scripps  
 Memorial Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

☯ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
**MCCALLUM, JAMES D**  
*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* A55708  
*NPI:* 1609838994  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego,  
 Scripps Green Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

**NAGELBERG, JODI B**  
*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A146838  
*NPI:* 1720474141  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

**PHILIS-TSIMIKAS, ATHENA**  
*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A50477  
*NPI:* 1922105964  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Greek  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital, Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

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## C. Primary Care Directory

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

### **REDDY, NAVYA M**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A151525  
*NPI:* 1083069611  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300

*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **RODRIGUEZ MARTINEZ, RENIL M**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A142703  
*NPI:* 1477817757  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **FAMILY PRACTICE**

### **AHMAD, ROBINA**

*Provider ID:* 569911  
*Provider Gender:* Female  
*License number:* A168887  
*NPI:* 1003265745  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
IHP-SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858)  
810-8700  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **AHMAD, ROBINA**

*Provider ID:* 569912  
*Provider Gender:* Female

*License number:* A168887  
*NPI:* 1003265745  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
IHP-SAN DIEGO FAMILY CARE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342  
*Phone:* (858) 279-0925  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858)  
279-0925

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

### **AHN, EDWARD J**

*Provider ID:* 96552  
*Provider Gender:* Male  
*License number:* A38304  
*NPI:* 1093805103  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Korean  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
7750 DAGGET ST STE 108  
SAN DIEGO, CA 92111-2235  
*Phone:* (858) 571-1004  
*Fax:* (858) 571-1006  
*After Hours Phone:* (858)  
571-1004  
*Website:*  
*Email:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### **ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 227409  
Provider Gender: Male  
License number: A157505  
NPI: 1588197826  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH CENTER  
3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM

### **ARRIETA, NOEMI J**

Provider ID: 206360  
Provider Gender: Female  
License number: 20A11153  
NPI: 1912223496  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:

After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### **ASTRAN, MELINDA**

Provider ID: 451167  
Provider Gender: Female  
License number: C163169  
NPI: 1184624744  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital, Scripps Memorial Hospital  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No

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

### **BACHARACH, REBECCA E**

Provider ID: 417937  
Provider Gender: Female  
License number: 20A15459  
NPI: 1225442643  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2545  
Fax:  
After Hours Phone: (619) 515-2545  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **BAGINGITO, AUSTIN G**

Provider ID: 206360  
Provider Gender: Male  
License number: A163977  
NPI: 1942705637  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### **BAGINGITO, AUSTIN G**

Provider ID: 417429  
Provider Gender: Male  
License number: A163977  
NPI: 1942705637  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY # 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2525  
Fax:  
After Hours Phone: (619)  
515-2525  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **BAGINGITO, AUSTIN G**

Provider ID: 417937

Provider Gender: Male  
License number: A163977  
NPI: 1942705637  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2545  
Fax:  
After Hours Phone: (619)  
515-2545  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **BAHRAMZI, MARIA**

Provider ID: 206362  
Provider Gender: Female  
License number: A173486  
NPI: 1588141865  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Pushto  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax:  
After Hours Phone: (619)  
515-2424

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

### **BAHRAMZI, MARIA**

Provider ID: 417987  
Provider Gender: Female  
License number: A173486  
NPI: 1588141865  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Pushto  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2426  
Fax:  
After Hours Phone: (619)  
515-2426  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **BAUTISTA, LUIS G**

Provider ID: 517403  
Provider Gender: Male  
License number: A97270  
NPI: 1295712206  
Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### *Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Fresno

Community Hospital, St Agnes  
Medical Center

*Board Certified Specialty:* No

IHP-SAN YSIDRO HEALTH  
CENTER

316 25TH ST

SAN DIEGO, CA 92102-3016

*Phone:* (619) 238-5551

*Fax:*

*After Hours Phone:* (619)

238-5551

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/120

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### **BORTNER, ADAM C**

*Provider ID:* 206363

*Provider Gender:* Male

*License number:* A164879

*NPI:* 1811491749

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2560

*Fax:*

*After Hours Phone:* (619)

515-2560

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* P, EB, IB, E, R,

T, ME

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

### **BORTNER, ADAM C**

*Provider ID:* 417937

*Provider Gender:* Male

*License number:* A164879

*NPI:* 1811491749

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545

*Fax:*

*After Hours Phone:* (619)

515-2545

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-TH 8AM-9PM, F

8AM-5PM, SA 9AM-5PM

### **BRADY, PATRICIA H**

*Provider ID:* 403583

*Provider Gender:* Female

*License number:* C53121

*NPI:* 1952390437

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Board Certified Specialty:* No

IHP-ST VINCENT DE PAUL

VILLA

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

*Phone:* (619) 233-8500

*Fax:*

*After Hours Phone:* (619)

233-8500

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

9AM-5PM

### **BRODSKY, MARK E**

*Provider ID:* 402851

*Provider Gender:* Male

*License number:* C53623

*NPI:* 1346337904

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2444

*Fax:*

*After Hours Phone:* (619)

515-2444

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

### **BROWNELL, KRISTIN J**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* A80154  
*NPI:* 1134232259  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:* (619) 795-2756  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **BROWN, BRANDON S**

*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* A148499  
*NPI:* 1013399559  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **CAMPOS, PRISCILLA J**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A152651  
*NPI:* 1508217399  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME

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

### **CARRIEDO CENICEROS, MARIA T**

*Provider ID:* 227409  
*Provider Gender:* Female  
*License number:* A78373  
*NPI:* 1295746618  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
*Phone:* (619) 662-4100

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

### **CARSON, COREY M**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* A136616  
*NPI:* 1245599778  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619) 515-2400  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM

### **CARSON, COREY M**

Provider ID: 206360  
Provider Gender: Female  
License number: A136616  
NPI: 1245599778  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### **CARSON, COREY M**

Provider ID: 417937  
Provider Gender: Female  
License number: A136616  
NPI: 1245599778  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2545  
Fax:  
After Hours Phone: (619) 515-2545  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **CHOU, BILL**

Provider ID: 206362  
Provider Gender: Male  
License number: 20A14794  
NPI: 1730448101  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
Fax:  
After Hours Phone: (619) 515-2424  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM

### **CHOU, BILL**

Provider ID: 417937  
Provider Gender: Male  
License number: 20A14794  
NPI: 1730448101  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2545  
Fax:  
After Hours Phone: (619) 515-2545  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **CHUN, HYUN B**

Provider ID: 206360  
Provider Gender: Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*License number:* A163978  
*NPI:* 1083118988  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

**COLLINS, WILLIAM M**  
*Provider ID:* 206362  
*Provider Gender:* Male  
*License number:* 20A15413  
*NPI:* 1417361973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424

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

**COLLINS, WILLIAM M**  
*Provider ID:* 417937  
*Provider Gender:* Male  
*License number:* 20A15413  
*NPI:* 1417361973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**CORMAN, DANIEL M**  
*Provider ID:* 206353  
*Provider Gender:* Male  
*License number:* 20A13060  
*NPI:* 1629339593

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

**CORMAN, DANIEL M**  
*Provider ID:* 402851  
*Provider Gender:* Male  
*License number:* 20A13060  
*NPI:* 1629339593  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2444  
*Fax:*  
*After Hours Phone:* (619) 515-2444  
*Website:* www.fhcsd.org  
*Email:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

### **COULSON, LAURA E**

Provider ID: 206353  
Provider Gender: Female  
License number: A76301  
NPI: 1447308424  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619) 515-2400  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM

### **DAMASCO GUTIERREZ, DAISY C**

Provider ID: 418535  
Provider Gender: Female  
License number: A66993  
NPI: 1700841582  
Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Memorial Hospital  
Board Certified Specialty: No  
OPERATION SAMAHAN  
9995 CARMEL MOUNTAIN RD STE B10 AND B11  
SAN DIEGO, CA 92129-2889  
Phone: (844) 200-2426  
Fax:  
After Hours Phone: (844) 200-2426  
Website: www.operationsamahan.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

### **DANGREMOND, ADRIANNA J**

Provider ID: 206360  
Provider Gender: Female  
License number: G138260  
NPI: 1508802828  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300

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

### **DAPPEN, AMANDA K**

Provider ID: 227409  
Provider Gender: Female  
License number: A153414  
NPI: 1689037111  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH CENTER  
3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM

### **DAVIS, DEIRDRE S**

Provider ID: 451167  
Provider Gender: Female  
License number: A165432  
NPI: 1265921365  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

**DWABE, KEFAH T**  
*Provider ID:* 108795  
*Provider Gender:* Male  
*License number:* A94193  
*NPI:* 1477656049  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Burmese, Cambodian, Thai  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hosp Med Ctr  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 4863 EL CAJON BLVD # A  
 SAN DIEGO, CA 92115-4636  
*Phone:* (619) 286-9000  
*Fax:* (619) 286-9004  
*After Hours Phone:* (619) 286-9000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM

**FAMBRO, CYNTHIA L**  
*Provider ID:* 451167  
*Provider Gender:* Female  
*License number:* A153223  
*NPI:* 1710331707  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

**GLEASON ROHRER, GWEN E**  
*Provider ID:* 233532  
*Provider Gender:* Female  
*License number:* A112176  
*NPI:* 1710140462  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*

*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690  
*Phone:* (619) 280-2058  
*Fax:*  
*After Hours Phone:* (619) 280-2058  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/22  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**GLEASON ROHRER, GWEN E**  
*Provider ID:* 233597  
*Provider Gender:* Female  
*License number:* A112176  
*NPI:* 1710140462  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524  
*Phone:* (619) 563-0250  
*Fax:*  
*After Hours Phone:* (619) 563-0250  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

8AM-2PM

### **GREEN, BRENDA**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* A134406  
*NPI:* 1508125410  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **GRIFFITHS, KENNETH J**

*Provider ID:* 417937  
*Provider Gender:* Male  
*License number:* C52451  
*NPI:* 1760563068  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE

SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **HAMILTON, LISA MARIE S**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* 20A14772  
*NPI:* 1235576059  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **HAMILTON, LISA MARIE S**

*Provider ID:* 418142

*Provider Gender:* Female  
*License number:* 20A14772  
*NPI:* 1235576059  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429  
*Phone:* (619) 515-2454  
*Fax:*  
*After Hours Phone:* (619) 515-2454  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

### **HASSANEIN, TAREK I**

*Provider ID:* 414056  
*Provider Gender:* Male  
*License number:* A54452  
*NPI:* 1801854450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French, German, Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Parkview Community Hospital Medical Center, Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr, Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

Hospital, Alvarado Hospital Llc,  
Hoag Hospital Irvine  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
995 GATEWAY CENTER WAY  
STE 105  
SAN DIEGO, CA 92102-4544  
*Phone:* (619) 264-1934  
*Fax:* (619) 264-1937  
*After Hours Phone:* (619)  
264-1934  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

### HEINRICI, ALEKA D

*Provider ID:* 451167  
*Provider Gender:* Female  
*License number:* A125329  
*NPI:* 1780979120  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* John Muir  
Medical Center Walnut Creek  
Campus  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH  
CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* P, EB, IB, E, R,  
T, W  
*Hours:* M-F 8AM-5PM, SA  
8AM-4PM

### HOLTZMAN, AURY L

*Provider ID:* 417101  
*Provider Gender:* Male  
*License number:* A43970  
*NPI:* 1548462567  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
OPERATION SAMAHAN  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126-2375  
*Phone:* (844) 200-2426

*Fax:*  
*After Hours Phone:* (844)  
200-2426  
*Website:*  
www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-4:30PM, SA  
9AM-5PM

### HOLTZMAN, AURY L

*Provider ID:* 418535  
*Provider Gender:* Male  
*License number:* A43970  
*NPI:* 1548462567  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*

*Board Certified Specialty:* No  
OPERATION SAMAHAN  
9995 CARMEL MOUNTAIN RD  
STE B10 AND B11  
SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844)  
200-2426  
*Website:*  
www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M,TU,TH,F  
8:30AM-5:30PM, W 10AM-7PM,  
SA 9AM-5PM

### KAUFHOLD, ANNE D

*Provider ID:* 227409  
*Provider Gender:* Female  
*License number:* A88893  
*NPI:* 1164508073  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH  
CENTER  
3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432  
*Phone:* (619) 662-4100  
*Fax:* (619) 858-1003  
*After Hours Phone:* (619)  
662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **KAUFMAN, JENNIFER CHILYN**

**L**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* G149974  
*NPI:* 1407818768  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **KAUFMAN, JENNIFER CHILYN**

**L**

*Provider ID:* 417987  
*Provider Gender:* Female  
*License number:* G149974  
*NPI:* 1407818768  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2426  
*Fax:*  
*After Hours Phone:* (619) 515-2426  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

### **KEFLEZIGHI, BAHGHI R**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* A100391  
*NPI:* 1124210844  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:* (619) 263-2499  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **KIDDER, BRENDAN J**

*Provider ID:* 227409  
*Provider Gender:* Male  
*License number:* A112379  
*NPI:* 1275793929  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **KIM, ERNEST S**

*Provider ID:* 417429  
*Provider Gender:* Male  
*License number:* A156221  
*NPI:* 1124414925  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*

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## C. Primary Care Directory

*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1550 BROADWAY # 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2525  
*Fax:*  
*After Hours Phone:* (619) 515-2525  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**KIM, ERNEST S**  
*Provider ID:* 417937  
*Provider Gender:* Male  
*License number:* A156221  
*NPI:* 1124414925  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-TH 8AM-9PM, F

8AM-5PM, SA 9AM-5PM  
**KUNDU, SURITI**  
*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* G80882  
*NPI:* 1326132754  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

**LEE, SANDRINE J**  
*Provider ID:* 206362  
*Provider Gender:* Female  
*License number:* 20A15068  
*NPI:* 1073909651  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

**LE, TRAM B, MD**  
*Provider ID:* 44947  
*Provider Gender:* Female  
*License number:* A105829  
*NPI:* 1346442985  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hosp Med Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 5507 EL CAJON BLVD # L  
 SAN DIEGO, CA 92115-3624  
*Phone:* (619) 286-2789  
*Fax:* (619) 265-2070  
*After Hours Phone:* (619) 286-2789  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

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## C. Primary Care Directory

### **LINDEMAN, KURTIS P**

*Provider ID:* 403583  
*Provider Gender:* Male  
*License number:* A104052  
*NPI:* 1124155791  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Board Certified Specialty:* No  
 IHP-ST VINCENT DE PAUL VILLA  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:*  
*After Hours Phone:* (619) 233-8500  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

### **LIU, JIE**

*Provider ID:* 206362  
*Provider Gender:* Female  
*License number:* A147758  
*NPI:* 1780066472  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF

### **SAN DIEGO**

3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **LU, JULIE P**

*Provider ID:* 418142  
*Provider Gender:* Female  
*License number:* 20A14804  
*NPI:* 1619210614  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429  
*Phone:* (619) 515-2454  
*Fax:*  
*After Hours Phone:* (619) 515-2454  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

### **MANDOYAN, AUSTIN**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A161682  
*NPI:* 1841726148  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **MARSTON, JACQUELINE N**

*Provider ID:* 206046  
*Provider Gender:* Female  
*License number:* 20A12402  
*NPI:* 1417205055  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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Phone: (858) 810-8700

Fax:

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

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

### **MARSTON, JACQUELINE N**

Provider ID: 482070

Provider Gender: Female

License number: 20A12402

NPI: 1417205055

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital

Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax:

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
W

Hours: M,W-F 8:30AM-5:30PM,  
TU 8:30AM-8:30PM, SA  
9AM-4PM

### **MATICH, BRANKO**

Provider ID: 206046

Provider Gender: Male

License number: C174985

NPI: 1023437704

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

Phone: (858) 279-0925

Fax:

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

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

### **MATICH, BRANKO**

Provider ID: 482070

Provider Gender: Male

License number: C174985

NPI: 1023437704

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax:

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
W

Hours: M,W-F 8:30AM-5:30PM,  
TU 8:30AM-8:30PM, SA  
9AM-4PM

### **MELGAR, MONICA L**

Provider ID: 402851

Provider Gender: Female

License number: A154399

NPI: 1629432174

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)  
515-2444

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

### **MORALES, ALEJANDRA**

*Provider ID:* 227409  
*Provider Gender:* Female  
*License number:* A162332  
*NPI:* 1063945657  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihipsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **NATERAS-ARREOLA, AICHEL**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A151610  
*NPI:* 1093197543  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **NGUYEN CLEARY, THAI C**

*Provider ID:* 417937  
*Provider Gender:* Male  
*License number:* A86079  
*NPI:* 1467442624  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Hollywood Presbyterian Med Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**NIKZAD, JASON**  
*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* 20A12653  
*NPI:* 1508121674  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300

**NIAZI, HARRIS O**  
*Provider ID:* 206360

*Provider Gender:* Male  
*License number:* A146111  
*NPI:* 1174905871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

**NIKZAD, JASON**  
*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* 20A12653  
*NPI:* 1508121674  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **NORRIS, JEFFREY M**

Provider ID: 403583

Provider Gender: Male

License number: A136275

NPI: 1073870374

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-ST VINCENT DE PAUL  
VILLA

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

Phone: (619) 233-8500

Fax:

After Hours Phone: (619)  
233-8500

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

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

### **NUQUI, JOSIE C**

Provider ID: 432308

Provider Gender: Female

License number: A71544

NPI: 1184773673

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

OPERATION SAMAHAN

9855 ERMA RD STE 105

SAN DIEGO, CA 92131-1007

Phone: (844) 200-2426

Fax:

After Hours Phone: (844)

200-2426

Website:

www.operationsamahan.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **NUQUI, JOSIE C , MD**

Provider ID: 448997

Provider Gender: Female

License number: A71544

NPI: 1184773673

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

9855 ERMA RD STE 105

SAN DIEGO, CA 92131-1007

Phone: (844) 200-2426

Fax:

After Hours Phone: (844)

200-2426

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **ORTIZ, KENNETH K**

Provider ID: 517403

Provider Gender: Male

License number: A156607

NPI: 1356761571

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

316 25TH ST

SAN DIEGO, CA 92102-3016

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)  
662-4100

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/120

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **PALOMINO, VERONICA N**

Provider ID: 206353

Provider Gender: Female

License number: A121451

NPI: 1255569083

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619) 515-2400  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM

**PALOMINO, VERONICA N**  
Provider ID: 206360  
Provider Gender: Female  
License number: A121451  
NPI: 1255569083  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

**PALOMINO, VERONICA N**

Provider ID: 419529  
Provider Gender: Female  
License number: A121451  
NPI: 1255569083  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
2325 COMMERCIAL ST STE 1400  
SAN DIEGO, CA 92113-1195  
Phone: (619) 515-2422  
Fax:  
After Hours Phone: (619) 515-2422  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM

**PAYAMI, MADDIHA**  
Provider ID: 417429  
Provider Gender: Female  
License number: 20A14012  
NPI: 1336484104  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1550 BROADWAY # 2  
SAN DIEGO, CA 92101-5713

Phone: (619) 515-2525  
Fax:  
After Hours Phone: (619) 515-2525  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

**PEREZ, PERLITA A**  
Provider ID: 206363  
Provider Gender: Female  
License number: A119689  
NPI: 1174810972  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2560  
Fax:  
After Hours Phone: (619) 515-2560  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM

**PROPST, TOBE M**  
Provider ID: 403583

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Provider Gender:* Male  
*License number:* A82123  
*NPI:* 1194814277  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 IHP-ST VINCENT DE PAUL VILLA  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500

*Fax:*  
*After Hours Phone:* (619) 233-8500  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 Accessibility:  
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

### **RAHMAN, AKBAR A**

*Provider ID:* 403583  
*Provider Gender:* Male  
*License number:* A110134  
*NPI:* 1720314933  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
 Board Certified Specialty: No  
 IHP-ST VINCENT DE PAUL VILLA  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638

*Phone:* (619) 233-8500  
*Fax:*  
*After Hours Phone:* (619) 233-8500  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 Accessibility:  
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

### **RAMIREZ, CRISTHIAN E**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* 20A17478  
*NPI:* 1407200942  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 Accessibility: ME  
*Hours:* M-SA 9AM-5PM

### **RAWI, BASHIR A**

*Provider ID:* 407212  
*Provider Gender:* Male

*License number:* A48140  
*NPI:* 1003964834  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 955 GATEWAY CENTER WAY # 105  
 SAN DIEGO, CA 92102-4542  
*Phone:* (619) 264-1934  
*Fax:* (619) 264-1937  
*After Hours Phone:* (619) 264-1934  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 Accessibility:  
*Hours:* M-SA 9AM-5PM

### **RAWI, BASHIR A , MD**

*Provider ID:* 407212  
*Provider Gender:* Male  
*License number:* A48140  
*NPI:* 1003964834  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

955 GATEWAY CENTER WAY #  
105

SAN DIEGO, CA 92102-4542

Phone: (619) 264-1934

Fax: (619) 264-1937

After Hours Phone: (619)

264-1934

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

### **RECALDE, FRANCISCO J , MD**

Provider ID: 13850

Provider Gender: Male

License number: C41872

NPI: 1538309067

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

3811 EL CAJON BLVD

SAN DIEGO, CA 92105-1020

Phone: (619) 284-5622

Fax: (619) 283-2572

After Hours Phone: (619)

507-3050

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 9AM-5PM

### **RICHARDSON, DANIELLE M**

Provider ID: 214492

Provider Gender: Female

License number: A127555

NPI: 1609142892

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: Yes

IHP-IMPERIAL BEACH HEALTH

CENTER

1016 OUTER RD

SAN DIEGO, CA 92154-1351

Phone: (619) 429-3733

Fax:

After Hours Phone: (619)

429-3733

Website: www.ibclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: P, IB, E, R, T, W

Hours: M,F 8:30AM-5PM, TU-TH

8:30AM-8PM, SA 9AM-5PM

### **RITTER, STEVEN F**

Provider ID: 451167

Provider Gender: Male

License number: 20A7435

NPI: 1356556021

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN YSIDRO HEALTH

CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: P, EB, IB, E, R,

T, W

Hours: M-F 8AM-5PM, SA

8AM-4PM

### **RIVO, JULIE C**

Provider ID: 206360

Provider Gender: Female

License number: A163562

NPI: 1689178949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: ME

Hours: M-SA 9AM-5PM

### **RODRIGUEZ, SEAN J**

Provider ID: 227409

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Provider Gender:* Male  
*License number:* A120576  
*NPI:* 1780909903  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **ROJAS, SARAH A**

*Provider ID:* 417937  
*Provider Gender:* Female  
*License number:* A139169  
*NPI:* 1245645076  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **ROJAS, STEVEN M**

*Provider ID:* 227409  
*Provider Gender:* Male  
*License number:* A132982  
*NPI:* 1801230297  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **SAROKI, KAREN A**

*Provider ID:* 97801

*Provider Gender:* Female  
*License number:* A105032  
*NPI:* 1215157284  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 5030 CAMINO DE LA SIESTA  
 STE 106  
 SAN DIEGO, CA 92108-3117  
*Phone:* (619) 692-4401  
*Fax:* (619) 692-8147  
*After Hours Phone:* (619) 692-4401  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 9AM-5PM

### **SCOTT, LAGINA R**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A160489  
*NPI:* 1558897009  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### SCOTT, RYLEE

Provider ID: 402851

Provider Gender: Male

License number: A162946

NPI: 1457887911

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

### SEARLES, ROBERT C

Provider ID: 403583

Provider Gender: Male

License number: A79566

NPI: 1891807764

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Board Certified Specialty: No

IHP-ST VINCENT DE PAUL  
VILLA

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

Phone: (619) 233-8500

Fax:

After Hours Phone: (619)

233-8500

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

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

### SHEIKH, ZARA S

Provider ID: 233532

Provider Gender: Female

License number: A163512

NPI: 1952808727

Provider English Spoken: Yes

Provider Language(s) Spoken:

Urdu

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN DIEGO FAMILY CARE  
4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105-1690

Phone: (619) 280-2058

Fax:

After Hours Phone: (619)

280-2058

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/22

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, W

Hours: M-F 8AM-5PM, SA  
8AM-2PM

### SHEIKH, ZARA S

Provider ID: 233597

Provider Gender: Female

License number: A163512

NPI: 1952808727

Provider English Spoken: Yes

Provider Language(s) Spoken:

Urdu

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN DIEGO FAMILY CARE  
4290 POLK AVE

SAN DIEGO, CA 92105-1524

Phone: (619) 563-0250

Fax:

After Hours Phone: (619)

563-0250

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
8AM-2PM

### SHIHATA, ALFRED A

Provider ID: 37502

Provider Gender: Male

License number: A37090

NPI: 1841225810

Provider English Spoken: Yes

Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital Chula Vista, Sharp  
 Chula Vista Med Ctr  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 3802 NATIONAL AVE  
 SAN DIEGO, CA 92113-3223  
*Phone:* (619) 264-2591  
*Fax:* (619) 264-4116  
*After Hours Phone:* (619)  
 264-2591  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **SHIRAKI, JEAN M**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* 20A17577  
*NPI:* 1144684382  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Japanese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619)  
 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-SA 9AM-5PM

### **SHIRAKI, JEAN M**

*Provider ID:* 417987  
*Provider Gender:* Female  
*License number:* 20A17577  
*NPI:* 1144684382  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Japanese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2426  
*Fax:*

*After Hours Phone:* (619)  
 515-2426  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 8:30AM-5:30PM, SA  
 9AM-5PM

### **SHUMILAK, KAILI J**

*Provider ID:* 418142  
*Provider Gender:* Female  
*License number:* 20A12796  
*NPI:* 1831489855  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429  
*Phone:* (619) 515-2454  
*Fax:*  
*After Hours Phone:* (619)  
 515-2454  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA  
 9AM-5PM

### **SIDRICK, NADINE E**

*Provider ID:* 367851  
*Provider Gender:* Female  
*License number:* G42131  
*NPI:* 1134140718  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 4440 EUCLID AVE # C  
 SAN DIEGO, CA 92115-4522  
*Phone:* (619) 582-5105  
*Fax:* (619) 582-5121  
*After Hours Phone:* (619)  
 582-5105  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM</p> <p><b>SMOOT, CHARLES B</b><br/>Provider ID: 206360<br/>Provider Gender: Male<br/>License number: A97036<br/>NPI: 1245490358<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Spanish<br/>Cultural Competency: No<br/>Hospital Affiliation:<br/>Board Certified Specialty: No<br/>FAMILY HEALTH CENTERS OF SAN DIEGO<br/>1809 NATIONAL AVE<br/>SAN DIEGO, CA 92113-2113<br/>Phone: (619) 515-2300<br/>Fax:<br/>After Hours Phone: (619) 515-2300<br/>Website: www.fhcsd.org<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility: ME<br/>Hours: M-SA 9AM-5PM</p> <p><b>SMOOT, CHARLES B</b><br/>Provider ID: 356145<br/>Provider Gender: Male<br/>License number: A97036<br/>NPI: 1245490358<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Spanish<br/>Cultural Competency: No<br/>Hospital Affiliation:<br/>Board Certified Specialty: No<br/>FAMILY HEALTH CENTERS OF SAN DIEGO<br/>2391 ISLAND AVE</p> | <p>SAN DIEGO, CA 92102-2941<br/>Phone: (619) 515-2435<br/>Fax:<br/>After Hours Phone: (619) 515-2435<br/>Website:<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility: P, EB, IB, E, R, T, ME<br/>Hours: M-SA 9AM-5PM</p> <p><b>SNYDER, CHRISTOPHER L</b><br/>Provider ID: 517998<br/>Provider Gender: Male<br/>License number: 20A7502<br/>NPI: 1922041235<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Spanish<br/>Cultural Competency: No<br/>Hospital Affiliation: Pih Hospital - Downey, John F Kennedy Memorial Hosp, Cedars Sinai Medical Center, Scripps Memorial Hospital Encinitas, Eisenhower Medical Ctr, Grossmont Hospital<br/>Board Certified Specialty: No<br/>IHP-SAN YSIDRO HEALTH CENTER<br/>4690 EL CAJON BLVD<br/>SAN DIEGO, CA 92115-4403<br/>Phone: (619) 662-4100<br/>Fax:<br/>After Hours Phone: (619) 662-4100<br/>Website:<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0/120<br/>American Sign Language (ASL):</p> | <p>No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM</p> <p><b>SUH, YOUNG S</b><br/>Provider ID: 207382<br/>Provider Gender: Male<br/>License number: C55546<br/>NPI: 1710239223<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Spanish<br/>Cultural Competency: No<br/>Hospital Affiliation:<br/>Board Certified Specialty: No<br/>IHP-SAN DIEGO AMERICAN INDIAN HEALTH CENTER<br/>2630 1ST AVE<br/>SAN DIEGO, CA 92103-6599<br/>Phone: (619) 234-2158<br/>Fax:<br/>After Hours Phone: (619) 234-2158<br/>Website: www.sdaihc.org<br/>Email:<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility: W<br/>Hours: M-F 8AM-5PM, SA 9AM-5PM</p> <p><b>SUMMERS-DAY, COURTNEY A</b><br/>Provider ID: 214492<br/>Provider Gender: Female<br/>License number: A112781<br/>NPI: 1124288873<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Spanish<br/>Cultural Competency: No<br/>Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista<br/>Board Certified Specialty: No</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

IHP-IMPERIAL BEACH HEALTH CENTER  
1016 OUTER RD  
SAN DIEGO, CA 92154-1351  
Phone: (619) 429-3733  
Fax:  
After Hours Phone: (619) 429-3733  
Website: www.ibclinic.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: P, IB, E, R, T, W  
Hours: M,F 8:30AM-5PM, TU-TH 8:30AM-8PM, SA 9AM-5PM

**SWARTZ, JOHN R**  
Provider ID: 403583  
Provider Gender: Male  
License number: G72486  
NPI: 1396754131  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital Chula Vista, Scripps Mercy Hospital  
Board Certified Specialty: No  
IHP-ST VINCENT DE PAUL VILLA  
1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
Phone: (619) 233-8500  
Fax:  
After Hours Phone: (619) 233-8500  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No

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

**THOMAS, ZACHARY S**  
Provider ID: 206353  
Provider Gender: Male  
License number: A145023  
NPI: 1326453119  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619) 515-2400  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM

**THOMAS, ZACHARY S**  
Provider ID: 417987  
Provider Gender: Male  
License number: A145023  
NPI: 1326453119  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4874 POLK AVE

SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2426  
Fax:  
After Hours Phone: (619) 515-2426  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: P, EB, IB, E, R, T  
Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM

**TRAN, TONNIA T**  
Provider ID: 233597  
Provider Gender: Female  
License number: 20A7662  
NPI: 1982746657  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE  
4290 POLK AVE  
SAN DIEGO, CA 92105-1524  
Phone: (619) 563-0250  
Fax:  
After Hours Phone: (619) 563-0250  
Website: www.sdfamilycare.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-F 8AM-5PM, SA 8AM-2PM

**TRAN, TU PHUONG T**  
Provider ID: 206353

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Provider Gender:* Female  
*License number:* A152730  
*NPI:* 1093179921  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Sign Language, Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **TRAN, UYEN THAO P**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* A76709  
*NPI:* 1891720355  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **TRAN, UYEN THAO P**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A76709  
*NPI:* 1891720355  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:* (619) 795-2756  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **VALENZUELA, TRICIA E**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* A161373  
*NPI:* 1346776358  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **VILLA, MARIA T , MD**

*Provider ID:* 107710  
*Provider Gender:* Female  
*License number:* A86224  
*NPI:* 1861541385  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 655 SATURN BLVD STE J  
 SAN DIEGO, CA 92154-4734

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (619) 646-7975

Fax: (619) 575-1297

After Hours Phone: (619) 646-7975

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL): No

♿ Accessibility: P, EB, IB, E, R, T, W

Hours: M-SA 9AM-5PM

### WANG, KEVIN

Provider ID: 206362

Provider Gender: Male

License number: A158708

NPI: 1932635281

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: [www.fhcscsd.org](http://www.fhcscsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL): No

♿ Accessibility: P, EB, IB, E, R, T, ME

Hours: M-SA 9AM-5PM

### WANG, REGINA M

Provider ID: 403583

Provider Gender: Female

License number: A109828

NPI: 1154554871

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Long Beach

Memorial Med Ctr, Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Board Certified Specialty: No

IHP-ST VINCENT DE PAUL

VILLA

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

Phone: (619) 233-8500

Fax:

After Hours Phone: (619)

233-8500

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5:30PM, SA

9AM-5PM

### WHITE, KATHERINE N

Provider ID: 227409

Provider Gender: Female

License number: A120447

NPI: 1801112925

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN YSIDRO HEALTH

CENTER

3177 OCEAN VIEW BLVD

SAN DIEGO, CA 92113-1432

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL): No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

### WU, JENNIFER J

Provider ID: 403583

Provider Gender: Female

License number: A54702

NPI: 1215953013

Provider English Spoken: Yes

Provider Language(s) Spoken:

Mandarin, Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Board Certified Specialty: No

IHP-ST VINCENT DE PAUL

VILLA

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

Phone: (619) 233-8500

Fax:

After Hours Phone: (619)

233-8500

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5:30PM, SA

9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>ZAHLER, MARVIN W</b><br/> <i>Provider ID:</i> 417937<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> 20A11612<br/> <i>NPI:</i> 1134380710<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital<br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 4094 4TH AVE<br/> SAN DIEGO, CA 92103-2143<br/> <i>Phone:</i> (619) 515-2545<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2545<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ⚡ <i>Accessibility:</i><br/> <i>Hours:</i> M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM</p> | <p><i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihspsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ⚡ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC,</b><br/> <i>Provider ID:</i> 206363<br/> <i>Provider Gender:</i><br/> <i>License number:</i><br/> <i>NPI:</i> 1982747671<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 4725 MARKET ST<br/> SAN DIEGO, CA 92102-4715<br/> <i>Phone:</i> (619) 515-2560<br/> <i>Fax:</i> (619) 263-2499<br/> <i>After Hours Phone:</i> (619) 515-2560<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ⚡ <i>Accessibility:</i> P, EB, IB, E, R, T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> |
| <p><b>ZINK, IRENE M</b><br/> <i>Provider ID:</i> 227409<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> C54198<br/> <i>NPI:</i> 1215959549<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> German<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN YSIDRO HEALTH CENTER</b><br/> 3177 OCEAN VIEW BLVD<br/> SAN DIEGO, CA 92113-1432</p>                                                                                                                                                                                                                                                                                                                                                                             | <p><b>CITY HEIGHTS FAMILY HEALTH CENTERS INC,</b><br/> <i>Provider ID:</i> 206353<br/> <i>Provider Gender:</i><br/> <i>License number:</i><br/> <i>NPI:</i> 1023054004<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 5454 EL CAJON BLVD<br/> SAN DIEGO, CA 92115-3621<br/> <i>Phone:</i> (619) 515-2400<br/> <i>Fax:</i> (619) 546-9800<br/> <i>After Hours Phone:</i> (619) 515-2400<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ⚡ <i>Accessibility:</i> P, EB, IB, E, R, T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> | <p><b>DOWNTOWN FAMILY CTR AT CONNECTIONS,</b><br/> <i>Provider ID:</i> 417782<br/> <i>Provider Gender:</i><br/> <i>License number:</i> 550002251<br/> <i>NPI:</i> 1588901045<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i><br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 1250 6TH AVE STE 100<br/> SAN DIEGO, CA 92101-4368</p>                                                                                                                                                                                                                                                                                                                                                                   |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (619) 515-2430  
Fax: (619) 578-2410  
After Hours Phone: (619) 515-2430

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA 9AM-5PM

### **FAMILY HEALTH CTR IBARRA,**

Provider ID: 417987

Provider Gender:

License number: 550003108

NPI: 1477953933

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2426

Fax: (619) 255-8002

After Hours Phone: (619)

515-2426

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL): No

♿ Accessibility: P, EB, IB, E, R, T

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

### **FAMILY HEALTH CTR OF SD-ELM ST,**

Provider ID: 419167

Provider Gender:

License number: 550002061

NPI: 1316419070

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax: (619) 231-0431

After Hours Phone: (619)

515-2520

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: IB, E, R

Hours: M-F 8AM-5PM, SA

9AM-5PM

### **FAMILY HEALTH CTR SAN DIEGO-OAK PARK,**

Provider ID: 418142

Provider Gender:

License number: 550003556

NPI: 1336525906

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

FAMILY HEALTH CENTERS OF SAN DIEGO

5160 FEDERAL BLVD

SAN DIEGO, CA 92105-5429

Phone: (619) 515-2454

Fax: (619) 794-2696

After Hours Phone: (619)

515-2454

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL): No

♿ Accessibility:

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

### **FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,**

Provider ID: 419529

Provider Gender:

License number: 550003113

NPI: 1235521782

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

FAMILY HEALTH CENTERS OF SAN DIEGO

2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

Phone: (619) 515-2422

Fax: (619) 269-0053

After Hours Phone: (619)

515-2422

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA 9AM-5PM

### **FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,**

Provider ID: 417429

Provider Gender:

License number: 550002865

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

NPI: 1952729303  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY # 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2525  
 Fax: (619) 501-5814  
 After Hours Phone: (619)  
 515-2525  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM

**FAMILY HLTH CTR SAN  
 DIEGO-BEACH AREA,**  
 Provider ID: 402851  
 Provider Gender:  
 License number: 080000115  
 NPI: 1386689701  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2444  
 Fax: (858) 488-1394  
 After Hours Phone: (619)  
 515-2444  
 Website: www.fhcsd.org  
 Email:

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-W,F 8:30AM-5:30PM,  
 TH 9AM-6PM, SA 9AM-5PM

**FAMILY HLTH CTR SD  
 HILLCREST,**  
 Provider ID: 417937  
 Provider Gender:  
 License number: 550003099  
 NPI: 1629456900  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545  
 Fax: (619) 501-9645  
 After Hours Phone: (619)  
 515-2545  
 Website: www.fhcsd.org  
 Email:

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

**KING CHAVEZ HEALTH  
 CENTER,**  
 Provider ID: 451167  
 Provider Gender:  
 License number:  
 NPI: 1538262092  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax: (619) 662-4158  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 T, W  
 Hours: M-F 8AM-5PM, SA  
 8AM-4PM

**LA MAESTRA FAMILY CLINIC  
 INC,**  
 Provider ID: 185268  
 Provider Gender:  
 License number:  
 NPI: 1336353721  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
 Phone: (619) 255-9155  
 Fax: (619) 795-9849  
 After Hours Phone: (619)  
 255-9155  
 Website: www.lamaestra.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         ♿ <i>Accessibility:</i> P, EB, IB, E, W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>IHP-SAN DIEGO FAMILY CARE<br/>         6973 LINDA VISTA RD<br/>         SAN DIEGO, CA 92111-6342<br/> <i>Phone:</i> (858) 279-0925<br/> <i>Fax:</i> (858) 633-4680<br/> <i>After Hours Phone:</i> (858) 279-0925<br/> <i>Website:</i> www.sdfamilycare.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br/> <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                            | <p><b>MID-CITY COMMUNITY CLINIC,</b><br/> <i>Provider ID:</i> 233532<br/> <i>Provider Gender:</i><br/> <i>License number:</i><br/> <i>NPI:</i> 1962483040<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> IHP-SAN DIEGO FAMILY CARE<br/>         4305 UNIVERSITY AVE STE 150<br/>         SAN DIEGO, CA 92105-1690<br/> <i>Phone:</i> (619) 280-2058<br/> <i>Fax:</i> (858) 633-4682<br/> <i>After Hours Phone:</i> (619) 280-2058<br/> <i>Website:</i> www.sdfamilycare.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/22<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i> P, EB, IB, E, W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 8AM-2PM</p> |
| <p><b>LINDA VISTA HEALTH CARE CTR,</b><br/> <i>Provider ID:</i> 206046<br/> <i>Provider Gender:</i><br/> <i>License number:</i><br/> <i>NPI:</i> 1609905215<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> IHP-SAN DIEGO FAMILY CARE<br/>         6973 LINDA VISTA RD<br/>         SAN DIEGO, CA 92111-6342<br/> <i>Phone:</i> (858) 279-0925<br/> <i>Fax:</i> (858) 633-4680<br/> <i>After Hours Phone:</i> (858) 279-0925<br/> <i>Website:</i> www.sdfamilycare.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br/> <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> | <p><b>LOGAN HEIGHTS FAMILY HEALTH CENTER,</b><br/> <i>Provider ID:</i> 206360<br/> <i>Provider Gender:</i><br/> <i>License number:</i><br/> <i>NPI:</i> 1447281936<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> FAMILY HEALTH CENTERS OF SAN DIEGO<br/>         1809 NATIONAL AVE<br/>         SAN DIEGO, CA 92113-2113<br/> <i>Phone:</i> (619) 515-2300<br/> <i>Fax:</i> (619) 234-2447<br/> <i>After Hours Phone:</i> (619) 515-2300<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>         ♿ <i>Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> | <p><b>MID-CITY COMMUNITY CLINIC,</b><br/> <i>Provider ID:</i> 233597<br/> <i>Provider Gender:</i><br/> <i>License number:</i><br/> <i>NPI:</i> 1962483040<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> IHP-SAN DIEGO FAMILY CARE<br/>         4290 POLK AVE<br/>         SAN DIEGO, CA 92105-1524</p>                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>LINDA VISTA HEALTH CARE CTR,</b><br/> <i>Provider ID:</i> 206046<br/> <i>Provider Gender:</i><br/> <i>License number:</i><br/> <i>NPI:</i> 1780665877<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

Phone: (619) 563-0250  
 Fax: (858) 633-4681  
 After Hours Phone: (619) 563-0250  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 8AM-2PM

### NESTOR COMMUNITY HEALTH CENTER,

Provider ID: 214492  
 Provider Gender:  
 License number: 550001474  
 NPI: 1215246996  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: IHP-IMPERIAL BEACH HEALTH CENTER  
 1016 OUTER RD  
 SAN DIEGO, CA 92154-1351  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733  
 Website: [www.ibclinic.org](http://www.ibclinic.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, IB, E, R, T, W  
 Hours: M,F 8:30AM-5PM, TU-TH 8:30AM-8PM, SA 9AM-5PM

### NORTH PARK FAMILY HEALTH CENTERS,

Provider ID: 206362  
 Provider Gender:  
 License number:  
 NPI: 1700821303  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 501-0627  
 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM

### NORTH PARK FAMILY HEALTH CENTERS,

Provider ID: 416831  
 Provider Gender:  
 License number: 090000469  
 NPI: 1700821303  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: FAMILY HEALTH CENTERS OF SAN DIEGO  
 3514 30TH ST  
 SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
 Fax: (619) 683-7586  
 After Hours Phone: (619) 515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-TH 8AM-5PM, F,SA 9AM-5PM

### OPERATION SAMAHAN - MIRA MESA,

Provider ID: 417101  
 Provider Gender:  
 License number: 080000146  
 NPI: 1871680397  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: OPERATION SAMAHAN  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126-2375  
 Phone: (844) 200-2426  
 Fax: (858) 578-4417  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-4:30PM, SA 9AM-5PM

### OPERATION SAMAHAN - MIRA

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

### **MESA,**

*Provider ID:* 432308

*Provider Gender:*

*License number:* 080000146

*NPI:* 1861933897

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:*

OPERATION SAMAHAN

9855 ERMA RD STE 105

SAN DIEGO, CA 92131-1007

*Phone:* (844) 200-2426

*Fax:* (858) 536-8034

*After Hours Phone:* (844)

200-2426

*Website:*

www.operationsamahan.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

### **OPERATION SAMAHAN RANCHO PENASQUITOS,**

*Provider ID:* 418535

*Provider Gender:*

*License number:* 550003857

*NPI:* 1699216622

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:*

OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD

STE B10 AND B11

SAN DIEGO, CA 92129-2889

*Phone:* (844) 200-2426

*Fax:* (858) 695-9074

*After Hours Phone:* (844)

200-2426

*Website:*

www.operationsamahan.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M,TU,TH,F

8:30AM-5:30PM, W 10AM-7PM,

SA 9AM-5PM

### **OPERATION SAMAHAN RANCHO PENASQUITOS,**

*Provider ID:* 418535

*Provider Gender:*

*License number:* 550002478

*NPI:* 1699216622

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:*

OPERATION SAMAHAN

9995 CARMEL MOUNTAIN RD

STE B10 AND B11

SAN DIEGO, CA 92129-2889

*Phone:* (844) 200-2426

*Fax:* (858) 695-9074

*After Hours Phone:* (844)

200-2426

*Website:*

www.operationsamahan.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M,TU,TH,F

8:30AM-5:30PM, W 10AM-7PM,

SA 9AM-5PM

### **SAN DIEGO AMERICAN INDIAN HEALTH CENTER,**

*Provider ID:* 207382

*Provider Gender:*

*License number:* 090000168

*NPI:* 1003902917

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:*

IHP-SAN DIEGO AMERICAN

INDIAN HEALTH CENTER

2630 1ST AVE

SAN DIEGO, CA 92103-6599

*Phone:* (619) 234-2158

*Fax:* (619) 234-0505

*After Hours Phone:* (619)

234-2158

*Website:* www.sdaihc.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### **SAN DIEGO FAMILY CARE,**

*Provider ID:* 482070

*Provider Gender:*

*License number:*

*NPI:* 1457724858

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:*

IHP-SAN DIEGO FAMILY CARE

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
W

Hours: M,W-F 8:30AM-5:30PM,  
TU 8:30AM-8:30PM, SA  
9AM-4PM

### **SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE,**

Provider ID: 517403

Provider Gender:

License number:

NPI: 1598308926

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-SAN YSIDRO HEALTH  
CENTER

316 25TH ST

SAN DIEGO, CA 92102-3016

Phone: (619) 238-5551

Fax: (619) 238-3807

After Hours Phone: (619)  
238-5551

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/120

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **SAN YSIDRO HEALTH CHC - OCEAN VIEW,**

Provider ID: 227409

Provider Gender:

License number:

NPI: 1326225632

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-SAN YSIDRO HEALTH  
CENTER

3177 OCEAN VIEW BLVD

SAN DIEGO, CA 92113-1432

Phone: (619) 662-4100

Fax: (619) 595-0258

After Hours Phone: (619)  
662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED,**

Provider ID: 517998

Provider Gender:

License number: 550003882

NPI: 1205477841

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-SAN YSIDRO HEALTH  
CENTER

4690 EL CAJON BLVD

SAN DIEGO, CA 92115-4403

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)  
662-4100

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/120

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **SHERMAN HEIGHTS FAMILY HLTH CTRS INC,**

Provider ID: 356145

Provider Gender:

License number:

NPI: 1174549232

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2391 ISLAND AVE

SAN DIEGO, CA 92102-2941

Phone: (619) 515-2435

Fax: (619) 515-2435

After Hours Phone: (619)  
515-2435

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **ST VINCENT DE PAUL VILLAGE FAMILY HEALTH**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### CENTER,

Provider ID: 403583  
 Provider Gender:  
 License number: 090000297  
 NPI: 1598122871  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty:  
 IHP-ST VINCENT DE PAUL  
 VILLA  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
 Phone: (619) 233-8500  
 Fax: (619) 687-1067  
 After Hours Phone: (619)  
 233-8500  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5:30PM, SA  
 9AM-5PM

### GASTROENTEROLOGY

#### CHANDRADAS, SAJIV H

Provider ID: 417937  
 Provider Gender: Male  
 License number: A122474  
 NPI: 1720350465  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Green Hospital, Scripps Mercy  
 Hospital  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619)  
 515-2545  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-TH 8AM-9PM, F  
 8AM-5PM, SA 9AM-5PM

#### CUMMINS, ANDREW B

Provider ID: 417937  
 Provider Gender: Male  
 License number: A102764  
 NPI: 1699917096  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Scripps Memorial  
 Hospital Encinitas  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619)  
 515-2545  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:

Hours: M-TH 8AM-9PM, F  
 8AM-5PM, SA 9AM-5PM

#### DUBOIS, SUJA D

Provider ID: 417937  
 Provider Gender: Female  
 License number: A86651  
 NPI: 1013976612  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619)  
 515-2545  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-TH 8AM-9PM, F  
 8AM-5PM, SA 9AM-5PM

#### FRENETTE, CATHERINE T

Provider ID: 417937  
 Provider Gender: Female  
 License number: A80461  
 NPI: 1417935081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Green Hospital, Scripps  
 Memorial Hospital, Scripps

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Mercy Hospital Chula Vista,  
California Pacific Med Ctr  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF  
SAN DIEGO**  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619)  
515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **GADDIPATI, KISHORE V**

*Provider ID:* 417937  
*Provider Gender:* Male  
*License number:* A111638  
*NPI:* 1720114093  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hindi, Spanish, Telugu, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF  
SAN DIEGO**  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619)  
515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **STIPHO, SALLY**

*Provider ID:* 417937  
*Provider Gender:* Female  
*License number:* A104647  
*NPI:* 1467642215  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital, Kindred Hospital San  
Diego, Scripps Mercy Hospital  
Chula Vista  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF  
SAN DIEGO**  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619)  
515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

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

### **GENERAL PRACTICE**

### **BORRERO, MARCOS**

*Provider ID:* 100677  
*Provider Gender:* Male  
*License number:* A38907  
*NPI:* 1952312621

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital Chula Vista  
*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD**  
3490 PALM AVE  
SAN DIEGO, CA 92154-1664  
*Phone:* (619) 423-5616  
*Fax:* (619) 423-5686  
*After Hours Phone:* (619)  
423-5616  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

### **DOAN STEPHENS, CRYSTAL T**

*Provider ID:* 233532  
*Provider Gender:* Female  
*License number:* A152267  
*NPI:* 1730570144  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-SAN DIEGO FAMILY CARE**  
4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105-1690  
*Phone:* (619) 280-2058  
*Fax:*  
*After Hours Phone:* (619)  
280-2058  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

*Min/Max Age:* 0/22  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

### DWABE, KEFAH T, MD

*Provider ID:* 108795  
*Provider Gender:* Male  
*License number:* A94193  
*NPI:* 1477656049  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Burmese, Cambodian, Thai  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hosp Med Ctr  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 4863 EL CAJON BLVD # A  
 SAN DIEGO, CA 92115-4636  
*Phone:* (619) 286-9000  
*Fax:* (619) 286-9004  
*After Hours Phone:* (619) 286-9000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM

### RECALDE, FRANCISCO J

*Provider ID:* 13850  
*Provider Gender:* Male  
*License number:* C41872  
*NPI:* 1538309067  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 3811 EL CAJON BLVD  
 SAN DIEGO, CA 92105-1020  
*Phone:* (619) 284-5622  
*Fax:* (619) 283-2572  
*After Hours Phone:* (619) 507-3050  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 9AM-5PM

### SIDRICK, NADINE E

*Provider ID:* 517998  
*Provider Gender:* Female  
*License number:* G42131  
*NPI:* 1134140718  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4690 EL CAJON BLVD  
 SAN DIEGO, CA 92115-4403  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/120  
*American Sign Language (ASL):*

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

### VO, DUC D

*Provider ID:* 81143  
*Provider Gender:* Male  
*License number:* A43289  
*NPI:* 1427096627  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 2418 ULRIC ST  
 SAN DIEGO, CA 92111-6040  
*Phone:* (858) 560-1226  
*Fax:* (858) 560-1205  
*After Hours Phone:* (858) 560-1226  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM

## HEPATOLOGY

### GISH, ROBERT G

*Provider ID:* 185268  
*Provider Gender:* Male  
*License number:* G45632  
*NPI:* 1548281322  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Dutch, French, Spanish,

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Providence  
 Santa Rosa Memorial Hospital,  
 Ucsd Medical Ctr, Stanford  
 Health Care, California Pacific  
 Med Ctr, Selma Community  
 Hospital, Adventist Medical  
 Center, Adventist Med Ctr  
 Reedley, Loma Linda University  
 Comm Med Ctr, Regional  
 Medical Ctr Of San Jose  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
*Phone:* (619) 255-9155  
*Fax:*

*After Hours Phone:* (619)  
 255-9155  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### INFECTIOUS DISEASE

#### LEWINSKI, MARY K

*Provider ID:* 417937  
*Provider Gender:* Female  
*License number:* A109633  
*NPI:* 1659535094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619)  
 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-TH 8AM-9PM, F  
 8AM-5PM, SA 9AM-5PM

### INTERNAL MEDICINE GERIATRIC MEDICINE

#### MBA, MBA UZOMA U

*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* A155048  
*NPI:* 1659720647  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* ME

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

### INTERNAL MEDICINE

#### ALASSIL, SALLY

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A122238  
*NPI:* 1982044483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*

*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

#### ALASSIL, SALLY

*Provider ID:* 419529  
*Provider Gender:* Female  
*License number:* A122238  
*NPI:* 1982044483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

2325 COMMERCIAL ST STE  
1400  
SAN DIEGO, CA 92113-1195  
Phone: (619) 515-2422

Fax:

After Hours Phone: (619)  
515-2422

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility:

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **ALDOUS, JEANNETTE L**

Provider ID: 451167

Provider Gender: Female

License number: A101017

NPI: 1073650339

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Palomar

Health Downtown Campus, Ucsd  
Medical Ctr, Pomerado Hospital,  
Palomar Medical Center

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-F 8AM-5PM, SA  
8AM-4PM

### **AMATYA, SUBHA L**

Provider ID: 417429

Provider Gender: Female

License number: A150777

NPI: 1861837221

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY # 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2525

Fax:

After Hours Phone: (619)

515-2525

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility:

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

### **ANDERSON, KENDELL R**

Provider ID: 417937

Provider Gender: Female

License number: 20A15598

NPI: 1285028191

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility:

Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **ANDREWS, JOHN S**

Provider ID: 403583

Provider Gender: Male

License number: G71080

NPI: 1003164302

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-ST VINCENT DE PAUL  
VILLA

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

Phone: (619) 233-8500

Fax:

After Hours Phone: (619)

233-8500

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

Accessibility:

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

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>BOHR, CHRISTINA T</b><br/> <b>Provider ID:</b> 417937<br/> <b>Provider Gender:</b> Female<br/> <b>License number:</b> 20A17702<br/> <b>NPI:</b> 1841794344<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b><br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b><br/> <b>Board Certified Specialty:</b> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> <b>4094 4TH AVE</b><br/> <b>SAN DIEGO, CA 92103-2143</b><br/> <b>Phone:</b> (619) 515-2545<br/> <b>Fax:</b><br/> <b>After Hours Phone:</b> (619) 515-2545<br/> <b>Website:</b> www.fhcscd.org<br/> <b>Email:</b><br/> <b>Medi-Cal Open Panel:</b> Yes<br/> <b>Min/Max Age:</b> None<br/> <b>American Sign Language (ASL):</b> No<br/> <b>Accessibility:</b><br/> <b>Hours:</b> M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM</p> | <p><b>Phone:</b> (619) 515-2545<br/> <b>Fax:</b><br/> <b>After Hours Phone:</b> (619) 515-2545<br/> <b>Website:</b> www.fhcscd.org<br/> <b>Email:</b><br/> <b>Medi-Cal Open Panel:</b> Yes<br/> <b>Min/Max Age:</b> None<br/> <b>American Sign Language (ASL):</b> No<br/> <b>Accessibility:</b><br/> <b>Hours:</b> M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>Provider ID:</b> 417937<br/> <b>Provider Gender:</b> Male<br/> <b>License number:</b> G80316<br/> <b>NPI:</b> 1306808464<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b><br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista<br/> <b>Board Certified Specialty:</b> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> <b>4094 4TH AVE</b><br/> <b>SAN DIEGO, CA 92103-2143</b><br/> <b>Phone:</b> (619) 515-2545<br/> <b>Fax:</b><br/> <b>After Hours Phone:</b> (619) 515-2545<br/> <b>Website:</b> www.fhcscd.org<br/> <b>Email:</b><br/> <b>Medi-Cal Open Panel:</b> Yes<br/> <b>Min/Max Age:</b> None<br/> <b>American Sign Language (ASL):</b> No<br/> <b>Accessibility:</b><br/> <b>Hours:</b> M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM</p> |
| <p><b>CHEN, JAMES Y</b><br/> <b>Provider ID:</b> 417937<br/> <b>Provider Gender:</b> Male<br/> <b>License number:</b> A86644<br/> <b>NPI:</b> 1265495691<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b><br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista<br/> <b>Board Certified Specialty:</b> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> <b>4094 4TH AVE</b><br/> <b>SAN DIEGO, CA 92103-2143</b></p>                                                                                                                                                                                                                                                                                                        | <p><b>CSAPOCZI, PETER</b><br/> <b>Provider ID:</b> 451167<br/> <b>Provider Gender:</b> Male<br/> <b>License number:</b> A96919<br/> <b>NPI:</b> 1841357118<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b> Hungarian, Spanish, Ukrainian<br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b><br/> <b>Board Certified Specialty:</b> No<br/> <b>IHP-SAN YSIDRO HEALTH CENTER</b><br/> <b>950 S EUCLID AVE</b><br/> <b>SAN DIEGO, CA 92114-6201</b><br/> <b>Phone:</b> (619) 662-4100<br/> <b>Fax:</b><br/> <b>After Hours Phone:</b> (619) 662-4100<br/> <b>Website:</b> www.ihpsocal.org<br/> <b>Email:</b><br/> <b>Medi-Cal Open Panel:</b> Yes<br/> <b>Min/Max Age:</b> None<br/> <b>American Sign Language (ASL):</b> No<br/> <b>Accessibility:</b> P, EB, IB, E, R, T, W<br/> <b>Hours:</b> M-F 8AM-5PM, SA 8AM-4PM</p> | <p><b>DODGE, JOHN M</b><br/> <b>Provider ID:</b> 417937<br/> <b>Provider Gender:</b> Male<br/> <b>License number:</b> G67831<br/> <b>NPI:</b> 1770510489<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b> Spanish<br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Scripps Memorial Hospital<br/> <b>Board Certified Specialty:</b> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> <b>4094 4TH AVE</b><br/> <b>SAN DIEGO, CA 92103-2143</b></p>                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>DAHMS, ERIC B</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email:

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

### **FABELLA, GABRIEL T , MD**

Provider ID: 9774  
 Provider Gender: Male  
 License number: A48087  
 NPI: 1124060827  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Japanese, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 10737 CAMINO RUIZ STE 115  
 SAN DIEGO, CA 92126-2361  
 Phone: (858) 695-1262  
 Fax: (858) 695-2132  
 After Hours Phone: (858) 695-1262  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, W  
 Hours: M-SA 9AM-5PM

### **FARASAT, SADAF**

Provider ID: 206360  
 Provider Gender: Female  
 License number: A147939

NPI: 1255696407  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Punjabi, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Natividad Medical Center  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: ME  
 Hours: M-SA 9AM-5PM

### **FEDER, GLEN A**

Provider ID: 417937  
 Provider Gender: Male  
 License number: 20A17926  
 NPI: 1518461110  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **GEHR, MARC K**

Provider ID: 417937  
 Provider Gender: Male  
 License number: G67338  
 NPI: 1306800180  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital  
 Board Certified Specialty: No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **GUTIERREZ, ANGELICA M**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Provider ID:* 233597  
*Provider Gender:* Female  
*License number:* A175116  
*NPI:* 1982180329  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524  
*Phone:* (619) 563-0250  
*Fax:*

*After Hours Phone:* (619)  
 563-0250  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 8AM-2PM

### **HAMMETT, ERIN K**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* 20A14025  
*NPI:* 1467884098  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Santa Barbara Cottage  
 Hosp, Goleta Valley Cottage  
 Hosp  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619)  
 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-SA 9AM-5PM

### **HAN, PAUL J**

*Provider ID:* 417937  
*Provider Gender:* Male  
*License number:* A116816  
*NPI:* 1053553339  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Korean  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Mercy Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619)  
 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-TH 8AM-9PM, F  
 8AM-5PM, SA 9AM-5PM

### **HAZELBAKER, PAUL N**

*Provider ID:* 417782  
*Provider Gender:* Male  
*License number:* 20A7147  
*NPI:* 1831106103  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2430  
*Fax:*  
*After Hours Phone:* (619)  
 515-2430  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **HENDERSON, PHILIP L**

*Provider ID:* 417937  
*Provider Gender:* Male  
*License number:* A140324  
*NPI:* 1447678834  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

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## C. Primary Care Directory

Phone: (619) 515-2545  
Fax:  
After Hours Phone: (619)  
515-2545  
Website: www.fhcsd.org  
Email:

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

### **HIGGINSON, MICHELLE C**

Provider ID: 417937  
Provider Gender: Female  
License number: A74420  
NPI: 1114955879  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2545  
Fax:  
After Hours Phone: (619)  
515-2545  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **JACKSON, GAVIN N**

Provider ID: 417937  
Provider Gender: Male  
License number: A110647  
NPI: 1609033182  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2545  
Fax:

After Hours Phone: (619)  
515-2545  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **KARCHES, KELLI C**

Provider ID: 417937  
Provider Gender: Female  
License number: A80931  
NPI: 1891997631  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista, Ucsd La Jolla John  
Sally Thornton, Ucsd Medical Ctr  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE

SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2545  
Fax:  
After Hours Phone: (619)  
515-2545  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **KRIJGER, LISA C**

Provider ID: 403583  
Provider Gender: Female  
License number: A67762  
NPI: 1932278710  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-ST VINCENT DE PAUL  
VILLA  
1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
Phone: (619) 233-8500  
Fax:  
After Hours Phone: (619)  
233-8500  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5:30PM, SA  
9AM-5PM

### **LALITHAKUMARI, ARYA**

Provider ID: 206362

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## C. Primary Care Directory

*Provider Gender:* Female  
*License number:* A140646  
*NPI:* 1265874010  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Hemet Global Medical Center, Menifee Global Medical Center  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424

*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **LAMANTIA, MICHELE A**

*Provider ID:* 451167  
*Provider Gender:* Female  
*License number:* G71855  
*NPI:* 1124176102  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

*Phone:* (619) 428-4463  
*Fax:*  
*After Hours Phone:* (619) 428-4463  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

### **LEE, MICHAEL W**

*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* A71671  
*NPI:* 1760406649  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Green Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*

*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **LE, CHARLES N , MD**

*Provider ID:* 272919  
*Provider Gender:* Male  
*License number:* A124891  
*NPI:* 1821243759  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Alvarado Hospital Llc, Paradise Valley Hospital, Vibra Hospital Of San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 4440 EUCLID AVE # A  
 SAN DIEGO, CA 92115-4522  
*Phone:* (619) 521-6812  
*Fax:* (619) 521-6802  
*After Hours Phone:* (619) 521-6812  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **MARCINIAK, ROMAN J**

*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* 20A17072  
*NPI:* 1326579210  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

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## C. Primary Care Directory

---

Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **MARQUARDT, DIANA L**

Provider ID: 233597

Provider Gender: Female

License number: G44220

NPI: 1114909454

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, German, Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: Yes

IHP-SAN DIEGO FAMILY CARE  
4290 POLK AVE

SAN DIEGO, CA 92105-1524

Phone: (619) 563-0250

Fax:

After Hours Phone: (619)  
563-0250

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
8AM-2PM

### **MAY, LOUIS M**

Provider ID: 569783

Provider Gender: Male

License number: A138568

NPI: 1720497514

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Eisenhower  
Medical Ctr

Board Certified Specialty: No

IHP-SAN YSIDRO HEALTH  
CENTER

286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114-3613

Phone: (619) 662-4100

Fax: (619) 428-7952

After Hours Phone: (619)

662-4100

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **NANDURI, RAMACHANDER**

Provider ID: 22720

Provider Gender: Male

License number: C50916

NPI: 1093721896

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Kannada, Spanish, Tamil,  
Telugu

Cultural Competency: No

Hospital Affiliation: Alvarado  
Hospital Llc

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD  
995 GATEWAY CENTER WAY

STE 202

SAN DIEGO, CA 92102-4545

Phone: (619) 264-3107

Fax: (619) 264-6927

After Hours Phone: (619)  
264-3107

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **NARANJO, RODRIGO A**

Provider ID: 206046

Provider Gender: Male

License number: A119010

NPI: 1609095264

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN DIEGO FAMILY CARE  
6973 LINDA VISTA RD

SAN DIEGO, CA 92111-6342

Phone: (858) 279-0925

Fax:

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

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

### **NARANJO, RODRIGO A**

Provider ID: 482070

Provider Gender: Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*License number:* A119010  
*NPI:* 1609095264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:*  
*After Hours Phone:* (858) 810-8700  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, W  
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM

### **NGUYEN, TUE T , MD**

*Provider ID:* 44830  
*Provider Gender:* Female  
*License number:* A49831  
*NPI:* 1548226178  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 4551 EL CAJON BLVD  
 SAN DIEGO, CA 92115-4316

*Phone:* (619) 280-7185  
*Fax:* (619) 280-0994  
*After Hours Phone:* (619) 280-7185  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, W  
*Hours:* M-SA 9AM-5PM

### **PARIKH, MILIND D**

*Provider ID:* 206363  
*Provider Gender:* Male  
*License number:* 20A13745  
*NPI:* 1194161406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **RAMERS, CHRISTIAN**

*Provider ID:* 417937

*Provider Gender:* Male  
*License number:* A119631  
*NPI:* 1730381385  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **RESNIKOFF, PAMELA M**

*Provider ID:* 417937  
*Provider Gender:* Female  
*License number:* G80358  
*NPI:* 1841252533  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **RIVERA, TANIA L**

*Provider ID:* 206363

*Provider Gender:* Female

*License number:* A126958

*NPI:* 1336346972

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Palomar

Medical Center, Scripps

Memorial Hospital

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2560

*Fax:*

*After Hours Phone:* (619)  
515-2560

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R,  
T, ME

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

### **ROLDAN, ANSELMO**

*Provider ID:* 100798

*Provider Gender:* Male

*License number:* A42177

*NPI:* 1790898369

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr

*Board Certified Specialty:* No

IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
3490 PALM AVE

SAN DIEGO, CA 92154-1664

*Phone:* (619) 423-5616

*Fax:* (619) 423-5684

*After Hours Phone:* (619)  
423-5616

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

### **SMILDE, RENEE I**

*Provider ID:* 417937

*Provider Gender:* Female

*License number:* A70175

*NPI:* 1427010594

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Dutch

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545

*Fax:*

*After Hours Phone:* (619)  
515-2545

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **SMITH, DAVID M**

*Provider ID:* 206362

*Provider Gender:* Male

*License number:* A63610

*NPI:* 1609891761

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Rady

Childrens Hospital San Diego,

Scripps Green Hospital

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:*

*After Hours Phone:* (619)  
515-2424

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R,  
T, ME

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

### **SMITH, DAVID M**

*Provider ID:* 417937

*Provider Gender:* Male

*License number:* A63610

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## C. Primary Care Directory

**NPI:** 1609891761  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**4094 4TH AVE**  
**SAN DIEGO, CA 92103-2143**  
**Phone:** (619) 515-2545  
**Fax:**  
**After Hours Phone:** (619) 515-2545  
**Website:** www.fhcsd.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**TRUONG, TU N , MD**  
**Provider ID:** 53396  
**Provider Gender:** Male  
**License number:** A50756  
**NPI:** 1194794263  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Cambodian, Spanish, Vietnamese  
**Cultural Competency:** No  
**Hospital Affiliation:** Grossmont Hospital, Ucsd La Jolla John Sally Thornton, Alvarado Hospital Llc, Kindred Hospital San Diego  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**5069 EL CAJON BLVD**  
**SAN DIEGO, CA 92115-3348**

**Phone:** (619) 583-8705  
**Fax:** (619) 583-8701  
**After Hours Phone:** (619) 583-8705  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 18/999  
**American Sign Language (ASL):** No  
**Accessibility:** IB, E, R, W  
**Hours:** M-SA 9AM-5PM

**VIDAURRAZAGA, MONICA M**  
**Provider ID:** 417937  
**Provider Gender:** Female  
**License number:** A169207  
**NPI:** 1346628310  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**4094 4TH AVE**  
**SAN DIEGO, CA 92103-2143**  
**Phone:** (619) 515-2545  
**Fax:**  
**After Hours Phone:** (619) 515-2545  
**Website:** www.fhcsd.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**VO, SONY T , MD**  
**Provider ID:** 44927  
**Provider Gender:** Male

**License number:** A49788  
**NPI:** 1427003938  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Bulgarian, Chinese, Mandarin, Spanish, Vietnamese  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Memorial Hospital  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**4551 EL CAJON BLVD**  
**SAN DIEGO, CA 92115-4316**  
**Phone:** (619) 280-7185  
**Fax:** (619) 280-0994  
**After Hours Phone:** (619) 280-7185  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 18/999  
**American Sign Language (ASL):** No  
**Accessibility:** P, EB, IB, E  
**Hours:** M-SA 9AM-5PM

**WASTILA, LISA J**  
**Provider ID:** 403583  
**Provider Gender:** Female  
**License number:** A60801  
**NPI:** 1043375231  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** German  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
**Board Certified Specialty:** No  
**IHP-ST VINCENT DE PAUL VILLA**  
**1501 IMPERIAL AVE**  
**SAN DIEGO, CA 92101-7638**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

Phone: (619) 233-8500

Fax:

After Hours Phone: (619)  
233-8500

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

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

### WATTS, ELI M

Provider ID: 451167

Provider Gender: Male

License number: A79383

NPI: 1649373739

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital

Board Certified Specialty: No

IHP-SAN YSIDRO HEALTH  
CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-F 8AM-5PM, SA  
8AM-4PM

### WONG, ARTHUR D

Provider ID: 417937

Provider Gender: Male

License number: A163178

NPI: 1023639176

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### YUNG, STEVEN A

Provider ID: 417937

Provider Gender: Male

License number: G80798

NPI: 1689636656

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### INTERVENTIONAL CARDIOLOGY

### MOUSSAVIAN, MEHRAN

Provider ID: 206363

Provider Gender: Male

License number: 20A7241

NPI: 1689788234

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Farsi, Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Tri City Medical  
Ctr, Sharp Memorial Hospital,  
Alvarado Hospital Llc, Grossmont  
Hospital, Scripps Mercy Hospital,  
Scripps Memorial Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 263-2499

Fax:

After Hours Phone: (619)

263-2499

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### **SHETABI, KAMBIZ**

*Provider ID:* 206363  
*Provider Gender:* Male  
*License number:* A126187  
*NPI:* 1972827806  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcscd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **MULTI SPECIALTY MEDICAL CLINIC**

### **UCSD MEDICAL GROUP,**

*Provider ID:* 179619  
*Provider Gender:*  
*License number:*  
*NPI:* 1578672184  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
**UCSD MEDICAL GROUP**  
 330 LEWIS ST # 400  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9260  
*Fax:* (619) 471-9310  
*After Hours Phone:* (619) 471-9260  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/25  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **UCSD MEDICAL GROUP,**

*Provider ID:* 179639  
*Provider Gender:*  
*License number:*  
*NPI:* 1508968751  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
**UCSD MEDICAL GROUP**  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 25/120  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### **NEPHROLOGY**

### **REDDY, SAMATHHA R**

*Provider ID:* 418535  
*Provider Gender:* Female  
*License number:* A120797  
*NPI:* 1659620854  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Punjabi, Spanish, Telugu  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Sharp Chula Vista Med Ctr, St Agnes Medical Center  
*Board Certified Specialty:* No  
**OPERATION SAMAHAN**  
 9995 CARMEL MOUNTAIN RD  
 STE B10 AND B11  
 SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844) 200-2426  
*Website:* www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM, SA 9AM-5PM

### **NEUROLOGY**

### **GRISOLIA, JAMES S**

*Provider ID:* 417937  
*Provider Gender:* Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*License number:* G42884  
*NPI:* 1336102359  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### MARTIN, FREDERIC R

*Provider ID:* 417937  
*Provider Gender:* Male  
*License number:* G61965  
*NPI:* 1265582605  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Vibra Hospital Of San Diego, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF**

**SAN DIEGO**  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### OBSTETRICS / GYNECOLOGY

### ALIMONOS, LYSISTRATI A

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* 20A14919  
*NPI:* 1619397031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### ALIMONOS, LYSISTRATI A

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* 20A14919  
*NPI:* 1619397031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### ALIMONOS, LYSISTRATI A

*Provider ID:* 206362  
*Provider Gender:* Female  
*License number:* 20A14919  
*NPI:* 1619397031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax:  
After Hours Phone: (619)  
515-2424  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, ME  
Hours: M-SA 9AM-5PM

**ALIMONOS, LYSISTRATI A**  
Provider ID: 206363  
Provider Gender: Female  
License number: 20A14919  
NPI: 1619397031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2560  
Fax:  
After Hours Phone: (619)  
515-2560  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,

T, ME  
Hours: M-SA 9AM-5PM  
**ALIMONOS, LYSISTRATI A**  
Provider ID: 402851  
Provider Gender: Female  
License number: 20A14919  
NPI: 1619397031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2444  
Fax:  
After Hours Phone: (619)  
515-2444  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-W, F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

**ALIMONOS, LYSISTRATI A**  
Provider ID: 416831  
Provider Gender: Female  
License number: 20A14919  
NPI: 1619397031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy Hospital  
Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3514 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax:  
After Hours Phone: (619)  
515-2424  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, ME  
Hours: M-TH 8AM-5PM, F, SA  
9AM-5PM

**BLAKE, GARY D**  
Provider ID: 206046  
Provider Gender: Male  
License number: G44807  
NPI: 1497738439  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342  
Phone: (858) 279-0925  
Fax:  
After Hours Phone: (858)  
279-0925  
Website: www.sdfamilycare.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-F 8:30AM-5:30PM, SA

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

9AM-5PM

### **BUECHNER, CHARLENE A**

*Provider ID:* 206353

*Provider Gender:* Female

*License number:* A68463

*NPI:* 1376663831

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp Mary  
Birch Hosp For Women And  
Newborns

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400

*Fax:*

*After Hours Phone:* (619)

515-2400

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R,  
T, ME

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

### **BUECHNER, CHARLENE A**

*Provider ID:* 206360

*Provider Gender:* Female

*License number:* A68463

*NPI:* 1376663831

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp Mary  
Birch Hosp For Women And  
Newborns

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* ME

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

### **BUECHNER, CHARLENE A**

*Provider ID:* 206362

*Provider Gender:* Female

*License number:* A68463

*NPI:* 1376663831

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp Mary  
Birch Hosp For Women And  
Newborns

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:*

*After Hours Phone:* (619)  
515-2424

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R,  
T, ME

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

### **BUECHNER, CHARLENE A**

*Provider ID:* 206363

*Provider Gender:* Female

*License number:* A68463

*NPI:* 1376663831

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp Mary  
Birch Hosp For Women And  
Newborns

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2420

*Fax:*

*After Hours Phone:* (619)

515-2420

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

T, ME

Hours: M-SA 9AM-5PM

### **BUECHNER, CHARLENE A**

Provider ID: 402851

Provider Gender: Female

License number: A68463

NPI: 1376663831

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp Mary  
Birch Hosp For Women And  
Newborns

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)

515-2444

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility:

Hours: M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

### **BUECHNER, CHARLENE A**

Provider ID: 416831

Provider Gender: Female

License number: A68463

NPI: 1376663831

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp Mary  
Birch Hosp For Women And  
Newborns

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3514 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-TH 8AM-5PM, F,SA  
9AM-5PM

### **CAMPBELL, ELIZABETH C**

Provider ID: 206353

Provider Gender: Female

License number: 20A6763

NPI: 1932147329

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy Hospital,  
Palomar Medical Center,  
Pomerado Hospital, Rady  
Childrens Hospital San Diego,  
Sharp Coronado Hosp And  
Healthcare Ctr

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **CAMPBELL, ELIZABETH C**

Provider ID: 206360

Provider Gender: Female

License number: 20A6763

NPI: 1932147329

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy Hospital,  
Palomar Medical Center,  
Palomar Health Downtown  
Campus, Pomerado Hospital,  
Rady Childrens Hospital San  
Diego, Sharp Coronado Hosp  
And Healthcare Ctr

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Medi-Cal Open Panel: Yes*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*♿ Accessibility: ME*

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

### **CAMPBELL, ELIZABETH C**

*Provider ID: 206363*

*Provider Gender: Female*

*License number: 20A6763*

*NPI: 1932147329*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center, Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr*

*Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO*

*4725 MARKET ST*

*SAN DIEGO, CA 92102-4715*

*Phone: (619) 515-2560*

*Fax:*

*After Hours Phone: (619)*

*515-2560*

*Website: www.fhcsd.org*

*Email:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*♿ Accessibility: P, EB, IB, E, R, T, ME*

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

### **CAMPBELL, ELIZABETH C**

*Provider ID: 402851*

*Provider Gender: Female*

*License number: 20A6763*

*NPI: 1932147329*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center, Palomar Health Downtown Campus, Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr*

*Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO*

*3705 MISSION BLVD*

*SAN DIEGO, CA 92109-7104*

*Phone: (619) 515-2444*

*Fax:*

*After Hours Phone: (619)*

*515-2444*

*Website: www.fhcsd.org*

*Email:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*♿ Accessibility:*

*Hours: M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM*

### **CAMPBELL, ELIZABETH C**

*Provider ID: 416831*

*Provider Gender: Female*

*License number: 20A6763*

*NPI: 1932147329*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center,*

*Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr*

*Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO*

*3514 30TH ST*

*SAN DIEGO, CA 92104-4120*

*Phone: (619) 515-2424*

*Fax:*

*After Hours Phone: (619)*

*515-2424*

*Website: www.fhcsd.org*

*Email:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL): No*

*♿ Accessibility: P, EB, IB, E, R, T, ME*

*Hours: M-TH 8AM-5PM, F,SA 9AM-5PM*

### **CARTER, KHALIL J**

*Provider ID: 206353*

*Provider Gender: Male*

*License number: A113001*

*NPI: 1225231582*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital*

*Board Certified Specialty: No FAMILY HEALTH CENTERS OF SAN DIEGO*

*5454 EL CAJON BLVD*

*SAN DIEGO, CA 92115-3621*

*Phone: (619) 515-2400*

*Fax:*

*After Hours Phone: (619)*

*515-2400*

*Website: www.fhcsd.org*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## C. Primary Care Directory

*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-SA 9AM-5PM

### **CARTER, KHALIL J**

*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* A113001  
*NPI:* 1225231582  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sutter Davis  
 Hospital, Sutter Medical Center  
 Sacramento, Grossmont  
 Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **CARTER, KHALIL J**

*Provider ID:* 206362  
*Provider Gender:* Male  
*License number:* A113001  
*NPI:* 1225231582

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Grossmont Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619)  
 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-SA 9AM-5PM

### **CARTER, KHALIL J**

*Provider ID:* 206363  
*Provider Gender:* Male  
*License number:* A113001  
*NPI:* 1225231582  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Grossmont Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2420  
*Fax:*  
*After Hours Phone:* (619)  
 515-2420

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

### **CARTER, KHALIL J**

*Provider ID:* 402851  
*Provider Gender:* Male  
*License number:* A113001  
*NPI:* 1225231582  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Grossmont Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2444  
*Fax:*  
*After Hours Phone:* (619)  
 515-2444  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-W, F 8:30AM-5:30PM,  
 TH 9AM-6PM, SA 9AM-5PM

### **CARTER, KHALIL J**

*Provider ID:* 416831  
*Provider Gender:* Male  
*License number:* A113001  
*NPI:* 1225231582

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 3514 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-TH 8AM-5PM, F, SA 9AM-5PM

### **CERVANTES, SANDRA M**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* A118095  
*NPI:* 1073701041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **CERVANTES, SANDRA M**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A118095  
*NPI:* 1073701041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2561  
*Fax:*  
*After Hours Phone:* (619) 515-2561  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **CERVANTES, SANDRA M**

*Provider ID:* 206362  
*Provider Gender:* Female  
*License number:* A118095  
*NPI:* 1073701041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **CERVANTES, SANDRA M**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* A118095  
*NPI:* 1073701041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2560

Fax:  
After Hours Phone: (619)  
515-2560  
Website: www.fhcsd.org

Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME  
Hours: M-SA 9AM-5PM

### **CERVANTES, SANDRA M**

Provider ID: 402851  
Provider Gender: Female  
License number: A118095  
NPI: 1073701041  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2444

Fax:  
After Hours Phone: (619)  
515-2444  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes

Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:

Hours: M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

### **CERVANTES, SANDRA M**

Provider ID: 416831  
Provider Gender: Female  
License number: A118095  
NPI: 1073701041  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3514 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424

Fax:  
After Hours Phone: (619)  
515-2424  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, ME  
Hours: M-TH 8AM-5PM, F,SA  
9AM-5PM

### **DE MIK, TRAVIS J**

Provider ID: 206353  
Provider Gender: Male  
License number: A108228  
NPI: 1629277322

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2400  
Fax:

After Hours Phone: (619)  
515-2400  
Website: www.fhcsd.org  
Email:

Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, ME  
Hours: M-SA 9AM-5PM

### **DE MIK, TRAVIS J**

Provider ID: 206360  
Provider Gender: Male  
License number: A108228  
NPI: 1629277322  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300

Fax:  
After Hours Phone: (619)  
515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*American Sign Language (ASL):* 3705 MISSION BLVD  
 No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **DE MIK, TRAVIS J**

*Provider ID:* 206363  
*Provider Gender:* Male  
*License number:* A108228  
*NPI:* 1629277322  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619)  
 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-SA 9AM-5PM

### **DE MIK, TRAVIS J**

*Provider ID:* 402851  
*Provider Gender:* Male  
*License number:* A108228  
*NPI:* 1629277322  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

*Fax:*  
*After Hours Phone:* (619)  
 515-2444  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-W,F 8:30AM-5:30PM,  
 TH 9AM-6PM, SA 9AM-5PM

### **DE MIK, TRAVIS J**

*Provider ID:* 416831  
*Provider Gender:* Male  
*License number:* A108228  
*NPI:* 1629277322  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3514 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619)  
 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-TH 8AM-5PM, F,SA  
 9AM-5PM

### **FAKSH, ARIJ**

*Provider ID:* 185268  
*Provider Gender:* Female  
*License number:* 20A14222  
*NPI:* 1912166737  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Tri City  
 Medical Ctr, Scripps Mercy  
 Hospital, Scripps Green Hospital,  
 Scripps Memorial Hospital  
 Encinitas, Scripps Memorial  
 Hospital, Scripps Mercy Hospital  
 Chula Vista  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
*Phone:* (619) 280-7072  
*Fax:*  
*After Hours Phone:* (619)  
 280-7072  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **FOLCH TORRES-AGUIAR, BEATRIZ M**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* A148014  
*NPI:* 1457794752  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Yue Chinese  
*Cultural Competency:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

---

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

**FOLCH TORRES-AGUIAR, BEATRIZ M**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A148014  
*NPI:* 1457794752  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

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

**FOLCH TORRES-AGUIAR, BEATRIZ M**

*Provider ID:* 206362  
*Provider Gender:* Female  
*License number:* A148014  
*NPI:* 1457794752  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*

*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

**FOLCH TORRES-AGUIAR, BEATRIZ M**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* A148014  
*NPI:* 1457794752  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish, Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

**FOLCH TORRES-AGUIAR, BEATRIZ M**

*Provider ID:* 402851  
*Provider Gender:* Female  
*License number:* A148014  
*NPI:* 1457794752  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2444  
*Fax:*  
*After Hours Phone:* (619) 515-2444  
*Website:* www.fhcsd.org  
*Email:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

### **FOLCH TORRES-AGUIAR, BEATRIZ M**

Provider ID: 416831  
Provider Gender: Female  
License number: A148014  
NPI: 1457794752  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish, Yue Chinese  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3514 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax:

After Hours Phone: (619) 515-2424  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-TH 8AM-5PM, F,SA 9AM-5PM

### **GRANT, REBEKAH I**

Provider ID: 206360  
Provider Gender: Female  
License number: C159737  
NPI: 1326243833

Provider English Spoken: Yes  
Provider Language(s) Spoken: Portuguese  
Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital, Riverside Community Hosp, Hoag Hospital Irvine  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### **HANLEY, LAUREN E**

Provider ID: 206353  
Provider Gender: Female  
License number: C174771  
NPI: 1053392035  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Sharp Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619) 515-2400  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM

### **HANLEY, LAUREN E**

Provider ID: 206360  
Provider Gender: Female  
License number: C174771  
NPI: 1053392035  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Sharp Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:

After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### **HANLEY, LAUREN E**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

Provider ID: 206353  
 Provider Gender: Female  
 License number: A72005  
 NPI: 1649208711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No

288

## C. Primary Care Directory

*Hospital Affiliation:* Sharp  
Coronado Hosp And Healthcare  
Ctr, Scripps Mercy Hospital,  
Grossmont Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619)  
515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R,  
T, ME  
*Hours:* M-SA 9AM-5PM

**LIPSCHITZ, LISA S**  
*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A72005  
*NPI:* 1649208711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

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

**LIPSCHITZ, LISA S**  
*Provider ID:* 206362  
*Provider Gender:* Female  
*License number:* A72005  
*NPI:* 1649208711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Coronado Hosp And Healthcare  
Ctr, Scripps Mercy Hospital,  
Grossmont Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424

*Fax:*  
*After Hours Phone:* (619)  
515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R,  
T, ME  
*Hours:* M-SA 9AM-5PM

**LIPSCHITZ, LISA S**  
*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* A72005  
*NPI:* 1649208711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Coronado Hosp And Healthcare  
Ctr, Scripps Mercy Hospital,  
Grossmont Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619)  
515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R,  
T, ME  
*Hours:* M-SA 9AM-5PM

**LIPSCHITZ, LISA S**  
*Provider ID:* 402851  
*Provider Gender:* Female  
*License number:* A72005  
*NPI:* 1649208711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2444  
*Fax:*  
*After Hours Phone:* (619)  
515-2444  
*Website:* www.fhcsd.org

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## C. Primary Care Directory

*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-W,F 8:30AM-5:30PM,  
 TH 9AM-6PM, SA 9AM-5PM

### **LIPSCHITZ, LISA S**

*Provider ID:* 416831  
*Provider Gender:* Female  
*License number:* A72005  
*NPI:* 1649208711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Scripps Mercy Hospital,  
 Grossmont Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3514 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*

*After Hours Phone:* (619)  
 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-TH 8AM-5PM, F,SA  
 9AM-5PM

### **LOEFFLER, ALLISON M**

*Provider ID:* 206353  
*Provider Gender:* Female

*License number:* A116680  
*NPI:* 1700073962  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Scripps Mercy Hospital,  
 Scripps Mercy Hospital Chula  
 Vista  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*

*After Hours Phone:* (619)  
 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-SA 9AM-5PM

### **LOEFFLER, ALLISON M**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A116680  
*NPI:* 1700073962  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Scripps Mercy Hospital,  
 Scripps Mercy Hospital Chula  
 Vista  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **LOEFFLER, ALLISON M**

*Provider ID:* 206362  
*Provider Gender:* Female  
*License number:* A116680  
*NPI:* 1700073962  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Scripps Mercy Hospital,  
 Scripps Mercy Hospital Chula  
 Vista  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619)  
 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R,  
 T, ME

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

Hours: M-SA 9AM-5PM

### **LOEFFLER, ALLISON M**

Provider ID: 206363

Provider Gender: Female

License number: A116680

NPI: 1700073962

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy Hospital,

Scripps Mercy Hospital Chula

Vista

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax:

After Hours Phone: (619)

515-2560

Website: www.fhcscd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **LOEFFLER, ALLISON M**

Provider ID: 402851

Provider Gender: Female

License number: A116680

NPI: 1700073962

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy Hospital,

Scripps Mercy Hospital Chula  
Vista

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)

515-2444

Website: www.fhcscd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility:

Hours: M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

### **LOEFFLER, ALLISON M**

Provider ID: 416831

Provider Gender: Female

License number: A116680

NPI: 1700073962

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy Hospital,

Scripps Mercy Hospital Chula

Vista

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3514 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: www.fhcscd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-TH 8AM-5PM, F,SA  
9AM-5PM

### **MELENDEZ BERRIOS, IARA DEL M**

Provider ID: 206353

Provider Gender: Female

License number: A114181

NPI: 1740514249

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Grossmont Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcscd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **MELENDEZ BERRIOS, IARA DEL M**

Provider ID: 206360

Provider Gender: Female

License number: A114181

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*NPI: 1740514249*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Scripps Mercy*

*Hospital, Grossmont Hospital*

*Board Certified Specialty: No*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone: (619) 515-2300*

*Fax:*

*After Hours Phone: (619)*

515-2300

*Website: www.fhcsd.org*

*Email:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: None*

*American Sign Language (ASL):*

No

*Accessibility: ME*

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

### **MELENDEZ BERRIOS, IARA DEL M**

*Provider ID: 206362*

*Provider Gender: Female*

*License number: A114181*

*NPI: 1740514249*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Scripps Mercy*

*Hospital, Grossmont Hospital*

*Board Certified Specialty: No*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone: (619) 515-2424*

*Fax:*

*After Hours Phone: (619)*

515-2424

*Website: www.fhcsd.org*

*Email:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: None*

*American Sign Language (ASL):*

No

*Accessibility: P, EB, IB, E, R,*

*T, ME*

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

### **MELENDEZ BERRIOS, IARA DEL M**

*Provider ID: 206363*

*Provider Gender: Female*

*License number: A114181*

*NPI: 1740514249*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Scripps Mercy*

*Hospital, Grossmont Hospital*

*Board Certified Specialty: No*

**FAMILY HEALTH CENTERS OF**

**SAN DIEGO**

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone: (619) 515-2560*

*Fax:*

*After Hours Phone: (619)*

515-2560

*Website: www.fhcsd.org*

*Email:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: None*

*American Sign Language (ASL):*

No

*Accessibility: P, EB, IB, E, R,*

*T, ME*

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

### **MELENDEZ BERRIOS, IARA DEL M**

*Provider ID: 402851*

*Provider Gender: Female*

*License number: A114181*

*NPI: 1740514249*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation:*

*Board Certified Specialty: No*

**FAMILY HEALTH CENTERS OF**

**SAN DIEGO**

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone: (619) 515-2444*

*Fax:*

*After Hours Phone: (619)*

515-2444

*Website: www.fhcsd.org*

*Email:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: None*

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours: M-W,F 8:30AM-5:30PM,*

*TH 9AM-6PM, SA 9AM-5PM*

### **MELENDEZ BERRIOS, IARA DEL M**

*Provider ID: 416831*

*Provider Gender: Female*

*License number: A114181*

*NPI: 1740514249*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Scripps Mercy*

*Hospital, Grossmont Hospital*

*Board Certified Specialty: No*

**FAMILY HEALTH CENTERS OF**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

SAN DIEGO  
3514 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424

Fax:

After Hours Phone: (619)  
515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-TH 8AM-5PM, F,SA  
9AM-5PM

### PHAN, TIFFANI T

Provider ID: 417101

Provider Gender: Female

License number: A161105

NPI: 1134515695

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Chula Vista Med  
Ctr

Board Certified Specialty: No

OPERATION SAMAHAN

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

Phone: (844) 200-2426

Fax:

After Hours Phone: (844)

200-2426

Website:

[www.operationsamahan.org](http://www.operationsamahan.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: W

Hours: M-F 8AM-4:30PM, SA  
9AM-5PM

### RODRIGUEZ JEREZ, ROBERTO D

Provider ID: 206353

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### RODRIGUEZ JEREZ, ROBERTO D

Provider ID: 206360

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: ME

Hours: M-SA 9AM-5PM

### RODRIGUEZ JEREZ, ROBERTO D

Provider ID: 206362

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **RODRIGUEZ JEREZ, ROBERTO D**

Provider ID: 206363

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2420

Fax:

After Hours Phone: (619)  
515-2420

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **RODRIGUEZ JEREZ, ROBERTO D**

Provider ID: 402851

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (616) 515-2444

Fax:

After Hours Phone: (616)  
515-2444

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

### **RODRIGUEZ JEREZ, ROBERTO D**

Provider ID: 416831

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont

Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3514 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-TH 8AM-5PM, F,SA  
9AM-5PM

### **SAPRA, SONIA V**

Provider ID: 206353

Provider Gender: Female

License number: A164859

NPI: 1952751711

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Hindi

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)  
515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes  
Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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

### **SAPRA, SONIA V**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A164859  
*NPI:* 1952751711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **SAPRA, SONIA V**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* A164859  
*NPI:* 1952751711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy

Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
♿ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **SAPRA, SONIA V**

*Provider ID:* 402851  
*Provider Gender:* Female  
*License number:* A164859  
*NPI:* 1952751711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2444  
*Fax:*  
*After Hours Phone:* (619) 515-2444  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
♿ *Accessibility:*  
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

### **SAPRA, SONIA V**

*Provider ID:* 416831  
*Provider Gender:* Female  
*License number:* A164859  
*NPI:* 1952751711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3514 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
♿ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-TH 8AM-5PM, F,SA 9AM-5PM

### **SHUCKETT, ARIEL**

*Provider ID:* 206046  
*Provider Gender:* Female  
*License number:* A144372  
*NPI:* 1245590124  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Memorial Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns  
*Board Certified Specialty:* No  
IHP-SAN DIEGO FAMILY CARE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342  
*Phone:* (858) 279-0925  
*Fax:*  
*After Hours Phone:* (858)  
279-0925  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R,  
T, W  
*Hours:* M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **SINGH, RASHMI**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* A168236  
*NPI:* 1679937619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619)  
515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R,  
T, ME  
*Hours:* M-SA 9AM-5PM

### **SINGH, RASHMI**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A168236  
*NPI:* 1679937619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2424  
*Fax:*

*After Hours Phone:* (619)  
515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **SINGH, RASHMI**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* A168236  
*NPI:* 1679937619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560

*Fax:*  
*After Hours Phone:* (619)  
515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R,  
T, ME  
*Hours:* M-SA 9AM-5PM

### **SINGH, RASHMI**

*Provider ID:* 402851  
*Provider Gender:* Female  
*License number:* A168236  
*NPI:* 1679937619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital  
*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2444  
*Fax:*  
*After Hours Phone:* (619)  
515-2444  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-W,F 8:30AM-5:30PM,  
 TH 9AM-6PM, SA 9AM-5PM

### **SINGH, RASHMI**

*Provider ID:* 416831  
*Provider Gender:* Female  
*License number:* A168236  
*NPI:* 1679937619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3514 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcscd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-TH 8AM-5PM, F,SA 9AM-5PM

### **TRUJILLO, JENNIFER C**

*Provider ID:* 451167  
*Provider Gender:* Female  
*License number:* 20A8204  
*NPI:* 1053407593  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8AM-5PM, SA 8AM-4PM

### **WINESBURG, JENNIFER J**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* 20A11535  
*NPI:* 1811162456  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400

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

### **WINESBURG, JENNIFER J**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* 20A11535  
*NPI:* 1811162456  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcscd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **WINESBURG, JENNIFER J**

*Provider ID:* 206362  
*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>License number: 20A11535<br/> NPI: 1811162456<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Spanish<br/> Cultural Competency: No<br/> Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr<br/> Board Certified Specialty: No<br/> FAMILY HEALTH CENTERS OF SAN DIEGO<br/> 3544 30TH ST<br/> SAN DIEGO, CA 92104-4120<br/> Phone: (619) 515-2400<br/> Fax:<br/> After Hours Phone: (619) 515-2400<br/> Website: www.fhcsd.org<br/> Email:<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: None<br/> American Sign Language (ASL): No<br/> ♿ Accessibility: P, EB, IB, E, R, T, ME<br/> Hours: M-SA 9AM-5PM</p> | <p>FAMILY HEALTH CENTERS OF SAN DIEGO<br/> 4725 MARKET ST<br/> SAN DIEGO, CA 92102-4715<br/> Phone: (619) 515-2420<br/> Fax:<br/> After Hours Phone: (619) 515-2420<br/> Website: www.fhcsd.org<br/> Email:<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: None<br/> American Sign Language (ASL): No<br/> ♿ Accessibility: P, EB, IB, E, R, T, ME<br/> Hours: M-SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                              | <p>Hours: M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>WINESBURG, JENNIFER J</b><br/> Provider ID: 206363<br/> Provider Gender: Female<br/> License number: 20A11535<br/> NPI: 1811162456<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Spanish<br/> Cultural Competency: No<br/> Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr<br/> Board Certified Specialty: No</p>                                                                                                                                                                                                                                                                                      | <p><b>WINESBURG, JENNIFER J</b><br/> Provider ID: 402851<br/> Provider Gender: Female<br/> License number: 20A11535<br/> NPI: 1811162456<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Spanish<br/> Cultural Competency: No<br/> Hospital Affiliation: Desert Regional Med Ctr<br/> Board Certified Specialty: No<br/> FAMILY HEALTH CENTERS OF SAN DIEGO<br/> 3705 MISSION BLVD<br/> SAN DIEGO, CA 92109-7104<br/> Phone: (619) 515-2444<br/> Fax:<br/> After Hours Phone: (619) 515-2444<br/> Website: www.fhcsd.org<br/> Email:<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: None<br/> American Sign Language (ASL): No<br/> ♿ Accessibility:</p> | <p><b>WINESBURG, JENNIFER J</b><br/> Provider ID: 416831<br/> Provider Gender: Female<br/> License number: 20A11535<br/> NPI: 1811162456<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Spanish<br/> Cultural Competency: No<br/> Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr<br/> Board Certified Specialty: No<br/> FAMILY HEALTH CENTERS OF SAN DIEGO<br/> 3514 30TH ST<br/> SAN DIEGO, CA 92104-4120<br/> Phone: (619) 515-2424<br/> Fax:<br/> After Hours Phone: (619) 515-2424<br/> Website: www.fhcsd.org<br/> Email:<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0/18<br/> American Sign Language (ASL): No<br/> ♿ Accessibility: P, EB, IB, E, R, T, ME<br/> Hours: M-TH 8AM-5PM, F,SA 9AM-5PM</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>ZIEG, ALAN J</b><br/> Provider ID: 206353<br/> Provider Gender: Male<br/> License number: G78814<br/> NPI: 1699790634<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency: No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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## C. Primary Care Directory

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400

*Fax:*

*After Hours Phone:* (619) 515-2400

*Website:* www.fhcscd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

♿ *Accessibility:* P, EB, IB, E, R, T, ME

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

### **ZIEG, ALAN J**

*Provider ID:* 206360

*Provider Gender:* Male

*License number:* G78814

*NPI:* 1699790634

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619) 515-2300

*Website:* www.fhcscd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

♿ *Accessibility:* ME

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

### **ZIEG, ALAN J**

*Provider ID:* 206362

*Provider Gender:* Male

*License number:* G78814

*NPI:* 1699790634

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST  
SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:*

*After Hours Phone:* (619) 515-2424

*Website:* www.fhcscd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

♿ *Accessibility:* P, EB, IB, E, R, T, ME

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

### **ZIEG, ALAN J**

*Provider ID:* 206363

*Provider Gender:* Male

*License number:* G78814

*NPI:* 1699790634

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2560

*Fax:*

*After Hours Phone:* (619) 515-2560

*Website:* www.fhcscd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

♿ *Accessibility:* P, EB, IB, E, R, T, ME

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

### **ZIEG, ALAN J**

*Provider ID:* 402851

*Provider Gender:* Male

*License number:* G78814

*NPI:* 1699790634

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy

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## C. Primary Care Directory

Hospital Chula Vista  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2444

*Fax:*  
*After Hours Phone:* (619) 515-2444

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

♿ *Accessibility:*

*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

### **ZIEG, ALAN J**

*Provider ID:* 416831

*Provider Gender:* Male

*License number:* G78814

*NPI:* 1699790634

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista

*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

3514 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424

*Fax:*  
*After Hours Phone:* (619) 515-2424

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

♿ *Accessibility:* P, EB, IB, E, R, T, ME

*Hours:* M-TH 8AM-5PM, F,SA 9AM-5PM

### **OPHTHALMOLOGY**

### **NAJAFI, DAVID J**

*Provider ID:* 206360

*Provider Gender:* Male

*License number:* A68124

*NPI:* 1396715991

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi, Persian, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Grossmont Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300

*Fax:*  
*After Hours Phone:* (619) 515-2300

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

♿ *Accessibility:* ME

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

### **SHAW, BLAKE R**

*Provider ID:* 206360

*Provider Gender:* Male

*License number:* G61394

*NPI:* 1649206541

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619) 515-2300

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

♿ *Accessibility:* ME

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

### **SHAW, BLAKE R**

*Provider ID:* 206363

*Provider Gender:* Male

*License number:* G61394

*NPI:* 1649206541

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560

*Fax:*

*After Hours Phone:* (619) 515-2560

*Website:* www.fhcsd.org

*Email:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM

### **ZABLIT, KARIM V**

Provider ID: 403583  
Provider Gender: Male  
License number: A42127  
NPI: 1083700538  
Provider English Spoken: Yes  
Provider Language(s) Spoken: French  
Cultural Competency: No  
Hospital Affiliation: Scripps Green Hospital  
Board Certified Specialty: No  
IHP-ST VINCENT DE PAUL VILLA  
1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
Phone: (619) 233-8500

Fax:  
After Hours Phone: (619) 233-8500  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5:30PM, SA 9AM-5PM

### **OTOLARYNGOLOGY**

### **CRAWFORD, KAYVA L**

Provider ID: 206360  
Provider Gender: Female  
License number: A165819  
NPI: 1396241824

Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### **PEDIATRICS**

### **ABELL, GEOFFREY A**

Provider ID: 27341  
Provider Gender: Male  
License number: A98712  
NPI: 1245256130  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114-3629

Phone: (619) 262-8624  
Fax: (619) 262-6639  
After Hours Phone: (619) 262-8624  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility: EB, IB, E, R  
Hours: M-SA 9AM-5PM

### **ADJAN, ROULA S**

Provider ID: 185268  
Provider Gender: Female  
License number: A81682  
NPI: 1992847263  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Arabic, Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
Phone: (619) 255-9155  
Fax: (619) 749-5480  
After Hours Phone: (619) 255-9155  
Website: www.lamaestra.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, W  
Hours: M-F 8AM-5PM, SA 9AM-5PM

### **ADLOUNI, LOUBABA A**

Provider ID: 230441  
Provider Gender: Female  
License number: A63201

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

**NPI:** 1669443685  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Arabic  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego, Pomerado Hospital, Palomar Health Downtown Campus, Palomar Medical Center  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
 16918 DOVE CANYON RD STE 200  
 SAN DIEGO, CA 92127-3457  
**Phone:** (858) 924-1960  
**Fax:** (858) 924-1964  
**After Hours Phone:** (858) 924-1960  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:** W  
**Hours:** M-SA 9AM-5PM

### **AMANI, RAMIN**

**Provider ID:** 537708  
**Provider Gender:** Male  
**License number:** A53984  
**NPI:** 1659366292  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Farsi, Persian, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
 5222 BALBOA AVE STE 42  
 SAN DIEGO, CA 92117-6991

**Phone:** (858) 268-0702  
**Fax:** (858) 268-0374  
**After Hours Phone:** (858) 268-0702  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM

### **AMATYA, SUDHA**

**Provider ID:** 206353  
**Provider Gender:** Female  
**License number:** A51563  
**NPI:** 1790830511  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Hindi  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
**Phone:** (619) 515-2400  
**Fax:**  
**After Hours Phone:** (619) 515-2400  
**Website:** www.fhcsd.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** P, EB, IB, E, R, T, ME  
**Hours:** M-SA 9AM-5PM

### **ANDREE, GREGOR**

**Provider ID:** 233532  
**Provider Gender:** Male

**License number:** A72833  
**NPI:** 1467436063  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** German, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**IHP-SAN DIEGO FAMILY CARE**  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690  
**Phone:** (619) 280-2058  
**Fax:**  
**After Hours Phone:** (619) 280-2058  
**Website:** www.sdfamilycare.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/22  
**American Sign Language (ASL):** No  
**Accessibility:** P, EB, IB, E, W  
**Hours:** M-F 8AM-5PM, SA 8AM-2PM

### **ANDREE, GREGOR**

**Provider ID:** 482070  
**Provider Gender:** Male  
**License number:** A72833  
**NPI:** 1467436063  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** German, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**IHP-SAN DIEGO FAMILY CARE**  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
**Phone:** (858) 810-8700  
**Fax:**  
**After Hours Phone:** (858) 810-8700  
**Website:** www.sdfamilycare.org

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## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> P, EB, IB, E, R, W<br/> <i>Hours:</i> M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Hospital San Diego, Sharp Chula Vista Med Ctr, Fresno Community Hospital, Clovis Community Hospital<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>           292 EUCLID AVE STE 220<br/>           SAN DIEGO, CA 92114-3629<br/> <i>Phone:</i> (619) 262-8624<br/> <i>Fax:</i> (619) 262-6639<br/> <i>After Hours Phone:</i> (619) 262-8624<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> EB, IB, E, R<br/> <i>Hours:</i> M-SA 9AM-5PM</p>                                                                                              |
| <p><b>ARCHAMBAULT, CHRISTIAN F</b><br/> <i>Provider ID:</i> 5589<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A74776<br/> <i>NPI:</i> 1992776918<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Pomerado Hospital, Sharp Mary Birch Hosp For Women And Newborns, Paradise Valley Hospital, Childrens Hospital Of Orange County<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>           16918 DOVE CANYON RD STE 200<br/>           SAN DIEGO, CA 92127-3457<br/> <i>Phone:</i> (858) 924-1960<br/> <i>Fax:</i> (858) 924-1964<br/> <i>After Hours Phone:</i> (858) 924-1960<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No</p> | <p><b>AYSON, NICOLE M</b><br/> <i>Provider ID:</i> 417429<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A128091<br/> <i>NPI:</i> 1013278704<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego<br/> <i>Board Certified Specialty:</i> No<br/>           FAMILY HEALTH CENTERS OF SAN DIEGO<br/>           1550 BROADWAY # 2<br/>           SAN DIEGO, CA 92101-5713<br/> <i>Phone:</i> (619) 515-2525<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2525<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8:30AM-5:30PM, SA 9AM-5PM</p> | <p><b>BONSU, BEMA K</b><br/> <i>Provider ID:</i> 227409<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> C55180<br/> <i>NPI:</i> 1932106986<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland<br/> <i>Board Certified Specialty:</i> No<br/>           IHP-SAN YSIDRO HEALTH CENTER<br/>           3177 OCEAN VIEW BLVD<br/>           SAN DIEGO, CA 92113-1432<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i></p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>AZIMI, AYSUN</b><br/> <i>Provider ID:</i> 317194<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 20A13331<br/> <i>NPI:</i> 1710246160<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens</p>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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## C. Primary Care Directory

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

### **BOWERS, JESSIE S**

*Provider ID:* 394841  
*Provider Gender:* Female  
*License number:* A138429  
*NPI:* 1730594235  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 12036 SCRIPPS HIGHLANDS DR # 102  
 SAN DIEGO, CA 92131-5155  
*Phone:* (858) 566-4444  
*Fax:* (858) 566-3321  
*After Hours Phone:* (858) 566-4444  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **CARSON, STEPHEN H**

*Provider ID:* 6735  
*Provider Gender:* Male  
*License number:* G39308  
*NPI:* 1780719872  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French  
 Cultural Competency: No

*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital, Scripps Mercy Hospital, Rady Childrens Hospital San Diego  
*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH NETWORK

550 WASHINGTON ST STE 300  
 SAN DIEGO, CA 92103-2227  
*Phone:* (619) 297-5437  
*Fax:* (619) 297-4567  
*After Hours Phone:* (619) 297-5437  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM

### **CASTELNOVI, CLAUDIA**

*Provider ID:* 185268  
*Provider Gender:* Female  
*License number:* A111170  
*NPI:* 1417279324  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Italian, Spanish  
 Cultural Competency: No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
*Phone:* (619) 255-9155  
*Fax:*  
*After Hours Phone:* (619) 255-9155  
*Website:* www.lamaestra.org  
*Email:*

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

### **CHANG, IRENE S**

*Provider ID:* 373725  
*Provider Gender:* Female  
*License number:* A73533  
*NPI:* 1790756799  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Pomerado Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 16918 DOVE CANYON RD STE 200  
 SAN DIEGO, CA 92127-3457  
*Phone:* (858) 924-1960  
*Fax:* (858) 924-1964  
*After Hours Phone:* (858) 924-1960  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **CHEN, JENNIFER K**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* A141057

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## C. Primary Care Directory

**NPI:** 1255785150  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady  
 Childrens Hospital San Diego  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF  
 SAN DIEGO**  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
**Phone:** (619) 515-2560  
**Fax:**  
**After Hours Phone:** (619)  
 515-2560  
**Website:** www.fhcsd.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
 No  
**♿ Accessibility:** P, EB, IB, E, R,  
 T, ME  
**Hours:** M-SA 9AM-5PM

### **COHEN, STUART A**

**Provider ID:** 59888  
**Provider Gender:** Male  
**License number:** A43097  
**NPI:** 1972574994  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 French, Hebrew  
**Cultural Competency:** No  
**Hospital Affiliation:** Grossmont  
 Hospital, Sharp Memorial  
 Hospital, Rady Childrens  
 Hospital San Diego, Sharp Mary  
 Birch Hosp For Women And  
 Newborns  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH  
 NETWORK**  
 6699 ALVARADO RD STE 2200  
 SAN DIEGO, CA 92120-5253

**Phone:** (619) 265-3400  
**Fax:** (619) 265-3407  
**After Hours Phone:** (619)  
 265-3400  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):**  
 No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM

### **CONE, STEPHANIE E**

**Provider ID:** 185268  
**Provider Gender:** Female  
**License number:** A123929  
**NPI:** 1437444858  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Rady Childrens  
 Hospital San Diego  
**Board Certified Specialty:** No  
**LA MAESTRA FAMILY CLINIC**  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
**Phone:** (619) 255-9154  
**Fax:**  
**After Hours Phone:** (619)  
 255-9154  
**Website:** www.lamaestra.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
 No  
**♿ Accessibility:** P, EB, IB, E, W  
**Hours:** M-F 8AM-5PM, SA  
 9AM-5PM

### **CORDES, WILLIAM D**

**Provider ID:** 206360  
**Provider Gender:** Male  
**License number:** 20A15743  
**NPI:** 1174942544  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy  
 Hospital  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF  
 SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
**Phone:** (619) 515-2300  
**Fax:**  
**After Hours Phone:** (619)  
 515-2300  
**Website:** www.fhcsd.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
 No  
**♿ Accessibility:** ME  
**Hours:** M-SA 9AM-5PM

### **DE LA MORA, OSCAR M**

**Provider ID:** 414228  
**Provider Gender:** Male  
**License number:** A50769  
**NPI:** 1982703898  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Chula  
 Vista Med Ctr, Sharp Memorial  
 Hospital, Rady Childrens  
 Hospital San Diego  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH  
 NETWORK**

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

995 GATEWAY CENTER WAY  
STE 202

SAN DIEGO, CA 92102-4545

Phone: (619) 264-3107

Fax: (619) 264-6927

After Hours Phone: (619)

264-3107

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### DE LA MORA, OSCAR M

Provider ID: 73767

Provider Gender: Male

License number: A50769

NPI: 1982703898

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Sharp Memorial

Hospital, Rady Childrens

Hospital San Diego

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

995 GATEWAY CENTER WAY

SAN DIEGO, CA 92102-4500

Phone: (619) 264-3107

Fax: (619) 264-6927

After Hours Phone: (619)

264-3107

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### DE LA MORA, OSCAR M , MD

Provider ID: 73767

Provider Gender: Male

License number: A50769

NPI: 1982703898

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Sharp Memorial

Hospital, Rady Childrens

Hospital San Diego

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

995 GATEWAY CENTER WAY

SAN DIEGO, CA 92102-4500

Phone: (619) 264-3107

Fax: (619) 264-6927

After Hours Phone: (619)

264-3107

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/21

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### DIXON, SARAH K

Provider ID: 482070

Provider Gender: Female

License number: A137415

NPI: 1467751131

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN DIEGO FAMILY CARE

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax:

After Hours Phone: (858)

810-8700

Website: www.sdfamilycare.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,

W

Hours: M,W-F 8:30AM-5:30PM,

TU 8:30AM-8:30PM, SA

9AM-4PM

### FISHMAN, ELENA

Provider ID: 524340

Provider Gender: Female

License number: A78221

NPI: 1740249432

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Scripps

Memorial Hospital Encinitas,

Rady Childrens Hospital San

Diego, Scripps Memorial Hospital

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

11943 EL CAMINO REAL STE

210

SAN DIEGO, CA 92130-2597

Phone: (858) 793-1011

Fax: (858) 793-1035

After Hours Phone: (858)

793-1011

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

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## C. Primary Care Directory

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

### **FORTUNE, ERIN L**

*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* A95577  
*NPI:* 1801088422  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **FORTUNE, ERIN L**

*Provider ID:* 416831  
*Provider Gender:* Male  
*License number:* A95577  
*NPI:* 1801088422  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital

*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3514 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-TH 8AM-5PM, F, SA 9AM-5PM

### **FRIEDMAN, JAIME B**

*Provider ID:* 230500  
*Provider Gender:* Female  
*License number:* A79195  
*NPI:* 1144297961  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pomerado Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 16918 DOVE CANYON RD STE 200  
 SAN DIEGO, CA 92127-3457  
*Phone:* (858) 924-1960  
*Fax:* (858) 924-1964  
*After Hours Phone:* (858) 924-1960  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

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

### **GOVENDER, SHAMINI M**

*Provider ID:* 469539  
*Provider Gender:* Female  
*License number:* C52845  
*NPI:* 1962504423  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2790 TRUXTUN RD STE 120A  
 SAN DIEGO, CA 92106-6135  
*Phone:* (619) 222-1253  
*Fax:* (619) 222-1276  
*After Hours Phone:* (619) 222-1253  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **GUPTA, VARSHA**

*Provider ID:* 416831  
*Provider Gender:* Female  
*License number:* A164889  
*NPI:* 1891283214  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO

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## C. Primary Care Directory

3514 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax:  
After Hours Phone: (619)  
515-2424  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, ME  
Hours: M-TH 8AM-5PM, F,SA  
9AM-5PM

### **HANSEN, JOHN C**

Provider ID: 318919  
Provider Gender: Male  
License number: G68382  
NPI: 1780655621  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Danish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital, Scripps  
Mercy Hospital Chula Vista,  
Sharp Mary Birch Hosp For  
Women And Newborns  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
7910 FROST ST STE 400  
SAN DIEGO, CA 92123-2753  
Phone: (858) 495-0500  
Fax: (858) 560-4279  
After Hours Phone: (858)  
495-0500  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18

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

### **HENDERSON, TREVOR H**

Provider ID: 58111  
Provider Gender: Male  
License number: A65341  
NPI: 1356449425  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Sharp Mary Birch Hosp  
For Women And Newborns,  
Rady Childrens Hospital San  
Diego, Alvarado Hospital Llc  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
6699 ALVARADO RD STE 2200  
SAN DIEGO, CA 92120-5253  
Phone: (619) 265-3400  
Fax: (619) 265-3407  
After Hours Phone: (619)  
265-3400  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### **HIBBS, NICOLE M**

Provider ID: 143979  
Provider Gender: Female  
License number: A106600  
NPI: 1164627832  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady

Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland, Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
550 WASHINGTON ST STE 300  
SAN DIEGO, CA 92103-2227  
Phone: (619) 297-5437  
Fax: (619) 297-4567  
After Hours Phone: (619)  
297-5437  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-SA 9AM-5PM

### **HIGUERA, GRISELDA**

Provider ID: 206353  
Provider Gender: Female  
License number: C169681  
NPI: 1447589809  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619)  
515-2400  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:  
Medi-Cal Open Panel: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 T, ME  
 Hours: M-SA 9AM-5PM

### HOANG, VY U

Provider ID: 161902  
 Provider Gender: Female  
 License number: A125768  
 NPI: 1649575135  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Sharp Mary Birch Hosp  
 For Women And Newborns,  
 Rady Childrens Hospital San  
 Diego  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 6699 ALVARADO RD  
 SAN DIEGO, CA 92120-5244  
 Phone: (619) 265-3400  
 Fax: (619) 265-3407  
 After Hours Phone: (619)  
 265-3400  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

### JACOBSON, EUGENIA

Provider ID: 104033  
 Provider Gender: Female  
 License number: A56064  
 NPI: 1356416408  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Russian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Sharp  
 Mary Birch Hosp For Women  
 And Newborns  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7910 FROST ST STE 335  
 SAN DIEGO, CA 92123-2753  
 Phone: (858) 576-8010  
 Fax: (858) 576-7391  
 After Hours Phone: (858)  
 576-8010  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

### JORDAN, JAMIE M

Provider ID: 237831  
 Provider Gender: Female  
 License number: A119363  
 NPI: 1275762833  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Rady Childrens  
 Hospital San Diego  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 12036 SCRIPPS HIGHLANDS  
 DR # 102  
 SAN DIEGO, CA 92131-5155

Phone: (858) 566-4444  
 Fax: (858) 566-3321  
 After Hours Phone: (858)  
 566-4444  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

### JUAREZ, PATRICIA P

Provider ID: 317641  
 Provider Gender: Female  
 License number: G55860  
 NPI: 1205807229  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Rady Childrens  
 Hospital San Diego, Sharp  
 Memorial Hospital, Childrens  
 Hosp And Resrch Ctr At Oakland  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123-2753  
 Phone: (858) 495-0500  
 Fax: (858) 560-4279  
 After Hours Phone: (858)  
 495-0500  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### **KARMAKAR, KANKA**

*Provider ID:* 417101  
*Provider Gender:* Female  
*License number:* C54941  
*NPI:* 1972536654  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Bengali, Hindi, Polish, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126-2375  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844) 200-2426  
*Website:*  
[www.operationsamahan.org](http://www.operationsamahan.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

### **LE, NGUYEN L**

*Provider ID:* 44952  
*Provider Gender:* Male  
*License number:* A83309  
*NPI:* 1548308109  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego, Childrens Hosp And

Resrch Ctr At Oakland, Sharp Memorial Hospital  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK

5507 EL CAJON BLVD # B  
 SAN DIEGO, CA 92115-3624  
*Phone:* (619) 582-8814  
*Fax:* (619) 582-8813  
*After Hours Phone:* (619) 582-8814  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM

### **LOPER, KAREN S**

*Provider ID:* 490610  
*Provider Gender:* Female  
*License number:* G76438  
*NPI:* 1619908936  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 550 WASHINGTON ST STE 300  
 SAN DIEGO, CA 92103-2227  
*Phone:* (619) 297-5437  
*Fax:* (619) 297-4567  
*After Hours Phone:* (619) 297-5437  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

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

### **LUJAN, ARLEEN G**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A61687  
*NPI:* 1760412431  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* [www.fhcsd.org](http://www.fhcsd.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **MACQUARRIE, ANN S**

*Provider ID:* 416831  
*Provider Gender:* Female  
*License number:* A165236  
*NPI:* 1134625460  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

3514 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax:  
After Hours Phone: (619)  
515-2424  
Website: www.fhcscd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, ME  
Hours: M-TH 8AM-5PM, F,SA  
9AM-5PM

### **MADANY, GEORGE H**

Provider ID: 318924  
Provider Gender: Male  
License number: G79990  
NPI: 1811968837  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic, French, Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Rady  
Childrens Hospital San Diego,  
Scripps Mercy Hospital Chula  
Vista  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
7910 FROST ST STE 400  
SAN DIEGO, CA 92123-2753  
Phone: (858) 495-0500  
Fax: (858) 560-4279  
After Hours Phone: (858)  
495-0500  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):

No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
**MAHENDRAN, SRIVIDYA A**  
Provider ID: 581644  
Provider Gender: Female  
License number: A92173  
NPI: 1487843454  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
Phone: (858) 810-8700  
Fax: (858) 633-4680  
After Hours Phone: (858)  
810-8700  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

### **MANRIQUEZ-CASTILLO, ERENDIRA**

Provider ID: 185268  
Provider Gender: Female  
License number: A75533  
NPI: 1356397418  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Valley  
Childrens Hospital, Rady  
Childrens Hospital San Diego  
Board Certified Specialty: No  
LA MAESTRA FAMILY CLINIC

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
Phone: (619) 255-9155  
Fax:  
After Hours Phone: (619)  
255-9155  
Website: www.lamaestra.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **MARTINEZ ANDREE, INGRID L**

Provider ID: 319049  
Provider Gender: Female  
License number: A63054  
NPI: 1205807203  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
7910 FROST ST STE 400  
SAN DIEGO, CA 92123-2753  
Phone: (858) 495-0500  
Fax: (858) 560-4279  
After Hours Phone: (858)  
495-0500  
Website:  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

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## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>MCGOWAN, KAREN A</b><br/> <i>Provider ID:</i> 386001<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A60624<br/> <i>NPI:</i> 1851380729<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Rady Childrens Hospital San Diego<br/> <i>Board Certified Specialty:</i> No<br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/> 6475 ALVARADO RD STE 120<br/> SAN DIEGO, CA 92120-5007<br/> <i>Phone:</i> (619) 583-6133<br/> <i>Fax:</i> (619) 583-0321<br/> <i>After Hours Phone:</i> (619) 583-6133<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM</p> | <p><i>Phone:</i> (619) 515-2424<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2424<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME<br/> <i>Hours:</i> M-TH 8AM-5PM, F,SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><b>PARK, TARI Y</b><br/> <i>Provider ID:</i> 237711<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A74537<br/> <i>NPI:</i> 1285669085<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Korean<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego<br/> <i>Board Certified Specialty:</i> No<br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/> 12036 SCRIPPS HIGHLANDS DR # 102<br/> SAN DIEGO, CA 92131-5155<br/> <i>Phone:</i> (858) 566-4444<br/> <i>Fax:</i> (858) 566-3321<br/> <i>After Hours Phone:</i> (858) 566-4444<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM</p> |
| <p><b>NGUYEN, JANICE</b><br/> <i>Provider ID:</i> 416831<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A157335<br/> <i>NPI:</i> 1760916589<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Vietnamese<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 3514 30TH ST<br/> SAN DIEGO, CA 92104-4120</p>                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>PARKER, SHERINE B</b><br/> <i>Provider ID:</i> 206360<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> G81658<br/> <i>NPI:</i> 1477626513<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Glendale Adventist Med Ctr, Glendale Memorial Hosp And Health Ctr, Tri City Medical Ctr, Rady Childrens Hospital San Diego, Valley Childrens Hospital<br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 1809 NATIONAL AVE<br/> SAN DIEGO, CA 92113-2113<br/> <i>Phone:</i> (619) 515-2300<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2300<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> ME</p> | <p><b>PAVLOVICH, WENDY D</b><br/> <i>Provider ID:</i> 416831<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A126181<br/> <i>NPI:</i> 1740467299<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital<br/> <i>Board Certified Specialty:</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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## C. Primary Care Directory

**FAMILY HEALTH CENTERS OF SAN DIEGO**  
3514 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424

Fax:

After Hours Phone: (619) 515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL): No

Accessibility: P, EB, IB, E, R, T, ME

Hours: M-TH 8AM-5PM, F, SA 9AM-5PM

### **POWELL, STEPHANIE J**

Provider ID: 319033

Provider Gender: Female

License number: A76747

NPI: 1720059744

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

7910 FROST ST STE 400

SAN DIEGO, CA 92123-2753

Phone: (858) 495-0500

Fax: (858) 560-4279

After Hours Phone: (858) 495-0500

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL): No

Accessibility:

Hours: M-SA 9AM-5PM

### **PRESKILL, CATALINA P**

Provider ID: 403583

Provider Gender: Female

License number: G29879

NPI: 1598088759

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-ST VINCENT DE PAUL VILLA

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

Phone: (619) 233-8500

Fax:

After Hours Phone: (619) 233-8500

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL): No

Accessibility:

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

### **RHODUS, CECILIA M**

Provider ID: 206363

Provider Gender: Female

License number: A137260

NPI: 1699161059

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Northern Inyo Hosp, Rady Childrens Hospital San Diego

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax:

After Hours Phone: (619) 515-2560

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL): No

Accessibility: P, EB, IB, E, R, T, ME

Hours: M-SA 9AM-5PM

### **RISSMAN, RAQUEL L**

Provider ID: 103726

Provider Gender: Female

License number: A82394

NPI: 1700998846

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

550 WASHINGTON ST STE 300

SAN DIEGO, CA 92103-2227

Phone: (619) 297-5437

Fax: (619) 297-4567

After Hours Phone: (619) 297-5437

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No<br>♿ <i>Accessibility:</i> P, EB, IB, E, R, T<br><i>Hours:</i> M-SA 9AM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4060 FAIRMOUNT AVE<br>SAN DIEGO, CA 92105-1608<br><i>Phone:</i> (619) 255-9155<br><i>Fax:</i><br><i>After Hours Phone:</i> (619) 255-9155<br><i>Website:</i> www.lamaestra.org<br><i>Email:</i><br><i>Medi-Cal Open Panel:</i> Yes<br><i>Min/Max Age:</i> None<br><i>American Sign Language (ASL):</i> No<br>♿ <i>Accessibility:</i> P, EB, IB, E, W<br><i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                   | No<br>♿ <i>Accessibility:</i><br><i>Hours:</i> M-SA 9AM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>RODRIGUEZ, ALDO E</b><br><i>Provider ID:</i> 451167<br><i>Provider Gender:</i> Male<br><i>License number:</i> A134995<br><i>NPI:</i> 1508209651<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i> Cultural Competency: No<br><i>Hospital Affiliation:</i><br><i>Board Certified Specialty:</i> No<br>IHP-SAN YSIDRO HEALTH CENTER<br>950 S EUCLID AVE<br>SAN DIEGO, CA 92114-6201<br><i>Phone:</i> (619) 662-4100<br><i>Fax:</i><br><i>After Hours Phone:</i> (619) 662-4100<br><i>Website:</i> www.iypsocal.org<br><i>Email:</i><br><i>Medi-Cal Open Panel:</i> Yes<br><i>Min/Max Age:</i> None<br><i>American Sign Language (ASL):</i> No<br>♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br><i>Hours:</i> M-F 8AM-5PM, SA 8AM-4PM | <b>RUBENSTEIN, STUART I</b><br><i>Provider ID:</i> 521305<br><i>Provider Gender:</i> Male<br><i>License number:</i> G60587<br><i>NPI:</i> 1689633844<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i> Cultural Competency: No<br><i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Sharp Memorial Hospital<br><i>Board Certified Specialty:</i> No<br>RADY CHILDRENS HEALTH NETWORK<br>11943 EL CAMINO REAL STE 210<br>SAN DIEGO, CA 92130-2597<br><i>Phone:</i> (858) 793-1011<br><i>Fax:</i> (858) 793-1035<br><i>After Hours Phone:</i> (858) 793-1011<br><i>Website:</i><br><i>Email:</i><br><i>Medi-Cal Open Panel:</i> Yes<br><i>Min/Max Age:</i> 0/18<br><i>American Sign Language (ASL):</i> | <b>SAMPATH, SRIVIDYA N</b><br><i>Provider ID:</i> 416831<br><i>Provider Gender:</i> Female<br><i>License number:</i> A132576<br><i>NPI:</i> 1275892754<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i> French<br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i> Scripps Mercy Hospital<br><i>Board Certified Specialty:</i> No<br>FAMILY HEALTH CENTERS OF SAN DIEGO<br>3514 30TH ST<br>SAN DIEGO, CA 92104-4120<br><i>Phone:</i> (619) 515-2424<br><i>Fax:</i><br><i>After Hours Phone:</i> (619) 515-2424<br><i>Website:</i> www.fhcsd.org<br><i>Email:</i><br><i>Medi-Cal Open Panel:</i> Yes<br><i>Min/Max Age:</i> 0/18<br><i>American Sign Language (ASL):</i> No<br>♿ <i>Accessibility:</i> P, EB, IB, E, R, T, ME<br><i>Hours:</i> M-TH 8AM-5PM, F, SA 9AM-5PM |
| <b>RODRIGUEZ, JAVIER</b><br><i>Provider ID:</i> 185268<br><i>Provider Gender:</i> Male<br><i>License number:</i> A82639<br><i>NPI:</i> 1013059385<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i> Spanish<br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i><br><i>Board Certified Specialty:</i> No<br>LA MAESTRA FAMILY CLINIC                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SCHMITT, STEPHANIE G</b><br><i>Provider ID:</i> 416831<br><i>Provider Gender:</i> Female<br><i>License number:</i> A164979<br><i>NPI:</i> 1992202170<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i> Cultural Competency: No<br><i>Hospital Affiliation:</i><br><i>Board Certified Specialty:</i> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### FAMILY HEALTH CENTERS OF SAN DIEGO

3514 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax:  
After Hours Phone: (619) 515-2424  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-TH 8AM-5PM, F, SA 9AM-5PM

### SCHNEIDER, SARAH M

Provider ID: 206360  
Provider Gender: Female  
License number: A151631  
NPI: 1508210311  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### SEBSO, JODI

Provider ID: 206360  
Provider Gender: Female  
License number: A103099  
NPI: 1538484316  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### SEBSO, JODI

Provider ID: 416831  
Provider Gender: Female  
License number: A103099  
NPI: 1538484316  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3514 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
Fax:  
After Hours Phone: (619) 515-2424  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-TH 8AM-5PM, F, SA 9AM-5PM

### SELLERS, JAIME P

Provider ID: 206360  
Provider Gender: Female  
License number: A159494  
NPI: 1720512015  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Sharp Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### SHAH, SEEMA

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

**Provider ID:** 575712  
**Provider Gender:** Female  
**License number:** A77978  
**NPI:** 1629131107  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Hindi, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**12036 SCRIPPS HIGHLANDS DR # 102**  
**SAN DIEGO, CA 92131-5155**  
**Phone:** (858) 566-4444  
**Fax:** (858) 566-3321  
**After Hours Phone:** (858) 566-4444  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM

### **SHENOY, ASHVIN B**

**Provider ID:** 232392  
**Provider Gender:** Male  
**License number:** A123017  
**NPI:** 1619262664  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Paradise Valley Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch

**Hosp For Women And Newborns, Scripps Mercy Hospital**  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**292 EUCLID AVE STE 220**  
**SAN DIEGO, CA 92114-3629**  
**Phone:** (619) 262-8624  
**Fax:** (619) 262-6639  
**After Hours Phone:** (619) 262-8624  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:** EB, IB, E, R  
**Hours:** M-SA 9AM-5PM

### **SHETH, HASMUKH L**

**Provider ID:** 451167  
**Provider Gender:** Male  
**License number:** A45942  
**NPI:** 1396812236  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Gujarati, Hindi, Urdu  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
**Board Certified Specialty:** No  
**IHP-SAN YSIDRO HEALTH CENTER**  
**950 S EUCLID AVE**  
**SAN DIEGO, CA 92114-6201**  
**Phone:** (619) 662-4100  
**Fax:**  
**After Hours Phone:** (619) 662-4100  
**Website:** www.ihsocal.org  
**Email:**  
**Medi-Cal Open Panel:** Yes

**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** P, EB, IB, E, R, T, W  
**Hours:** M-F 8AM-5PM, SA 8AM-4PM

### **SHIAU, NANCY H**

**Provider ID:** 40852  
**Provider Gender:** Female  
**License number:** A71292  
**NPI:** 1750352779  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Memorial Hospital, Grossmont Hospital, Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Alvarado Hosp Med Ctr  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**6699 ALVARADO RD STE 2200**  
**SAN DIEGO, CA 92120-5253**  
**Phone:** (619) 265-3400  
**Fax:** (619) 265-3407  
**After Hours Phone:** (619) 265-3400  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM

### **SNYDER, JOEL M**

**Provider ID:** 24734  
**Provider Gender:** Male  
**License number:** G39469

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

**NPI:** 1487748018  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns  
**Board Certified Specialty:** Yes  
**RADY CHILDRENS HEALTH NETWORK**  
 6475 ALVARADO RD STE 120  
 SAN DIEGO, CA 92120-5007  
**Phone:** (619) 583-6133  
**Fax:** (619) 583-0321  
**After Hours Phone:** (619) 583-6133  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**♿ Accessibility:** P, EB, IB, E, R, W  
**Hours:** M-SA 9AM-5PM

### **SPITZER, MARSHA D**

**Provider ID:** 206360  
**Provider Gender:** Female  
**License number:** A76785  
**NPI:** 1851323315  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

**Phone:** (619) 515-2300  
**Fax:**  
**After Hours Phone:** (619) 515-2300  
**Website:** www.fhcsd.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:** ME  
**Hours:** M-SA 9AM-5PM

### **SPITZER, MARSHA D**

**Provider ID:** 402851  
**Provider Gender:** Female  
**License number:** A76785  
**NPI:** 1851323315  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital, Grossmont Hospital  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
**Phone:** (619) 515-2444  
**Fax:**  
**After Hours Phone:** (619) 515-2444  
**Website:** www.fhcsd.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

**SPITZER, MARSHA D**  
**Provider ID:** 206360  
**Provider Gender:** Female  
**License number:** A76785  
**NPI:** 1851323315  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

**SPITZER, MARSHA D**  
**Provider ID:** 402851  
**Provider Gender:** Female  
**License number:** A76785  
**NPI:** 1851323315  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital, Grossmont Hospital  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
**Phone:** (619) 515-2444  
**Fax:**  
**After Hours Phone:** (619) 515-2444  
**Website:** www.fhcsd.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM

### **SPITZER, MARSHA D**

**Provider ID:** 417429

**Provider Gender:** Female  
**License number:** A76785  
**NPI:** 1851323315  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital, Grossmont Hospital  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1550 BROADWAY # 2  
 SAN DIEGO, CA 92101-5713  
**Phone:** (619) 515-2525  
**Fax:**  
**After Hours Phone:** (619) 515-2525  
**Website:** www.fhcsd.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-F 8:30AM-5:30PM, SA 9AM-5PM

### **SPRAGUE, KIMBERLY A**

**Provider ID:** 233532  
**Provider Gender:** Female  
**License number:** A115276  
**NPI:** 1366850463  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**IHP-SAN DIEGO FAMILY CARE**  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (619) 280-2058

Fax:

After Hours Phone: (619)  
280-2058

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/22

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, W

Hours: M-F 8AM-5PM, SA  
8AM-2PM

### **SPRAGUE, KIMBERLY A**

Provider ID: 482070

Provider Gender: Female

License number: A115276

NPI: 1366850463

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN DIEGO FAMILY CARE

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax:

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
W

Hours: M,W-F 8:30AM-5:30PM,  
TU 8:30AM-8:30PM, SA  
9AM-4PM

### **STAFFORD, DIANA G**

Provider ID: 435414

Provider Gender: Female

License number: A150668

NPI: 1225322183

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

6475 ALVARADO RD STE 120

SAN DIEGO, CA 92120-5007

Phone: (619) 583-6133

Fax: (619) 583-0321

After Hours Phone: (619)

583-6133

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

### **SULEIMAN QAFITI, KHAWLA H**

Provider ID: 416831

Provider Gender: Female

License number: A51318

NPI: 1659303121

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Scripps Mercy Hospital

Chula Vista

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

3514 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-TH 8AM-5PM, F,SA  
9AM-5PM

### **TAMAYO, MAITHE F**

Provider ID: 206360

Provider Gender: Female

License number: A80504

NPI: 1487748430

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Scripps Mercy Hospital

Chula Vista

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **TAMAYO, MAITHE F**

Provider ID: 356145

Provider Gender: Female

License number: A80504

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>NPI: 1487748430<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Spanish<br/> Cultural Competency: No<br/> Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista<br/> Board Certified Specialty: No<br/> FAMILY HEALTH CENTERS OF SAN DIEGO<br/> 2391 ISLAND AVE<br/> SAN DIEGO, CA 92102-2941<br/> Phone: (619) 515-2435<br/> Fax:<br/> After Hours Phone: (619) 515-2435<br/> Website:<br/> Email:<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: None<br/> American Sign Language (ASL): No<br/> ♿ Accessibility: P, EB, IB, E, R, T, ME<br/> Hours: M-SA 9AM-5PM</p> <p><b>TSANG, RUEY-SHIUAN T</b><br/> Provider ID: 319055<br/> Provider Gender: Female<br/> License number: A127164<br/> NPI: 1518228188<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Chinese<br/> Cultural Competency: No<br/> Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas<br/> Board Certified Specialty: No<br/> RADY CHILDRENS HEALTH NETWORK</p> | <p>7910 FROST ST STE 400<br/> SAN DIEGO, CA 92123-2753<br/> Phone: (858) 495-0500<br/> Fax: (858) 560-4279<br/> After Hours Phone: (858) 495-0500<br/> Website:<br/> Email:<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0/18<br/> American Sign Language (ASL): No<br/> ♿ Accessibility:<br/> Hours: M-SA 9AM-5PM</p> <p><b>VU, MYLOAN T</b><br/> Provider ID: 101443<br/> Provider Gender: Female<br/> License number: A45749<br/> NPI: 1457453177<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Vietnamese<br/> Cultural Competency: No<br/> Hospital Affiliation: Sharp Mary Birch Hosp For Women And Newborns, Rady Childrens Hospital San Diego, Grossmont Hospital<br/> Board Certified Specialty: No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 6699 ALVARADO RD STE 2200<br/> SAN DIEGO, CA 92120-5253<br/> Phone: (619) 265-3400<br/> Fax: (619) 265-3407<br/> After Hours Phone: (619) 265-3400<br/> Website:<br/> Email:<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0/18<br/> American Sign Language (ASL): No<br/> ♿ Accessibility: W</p> | <p>Hours: M-SA 9AM-5PM</p> <p><b>WASSON, MINA K</b><br/> Provider ID: 524333<br/> Provider Gender: Female<br/> License number: C167860<br/> NPI: 1366753022<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency: No<br/> Hospital Affiliation:<br/> Board Certified Specialty: No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 11943 EL CAMINO REAL STE 210<br/> SAN DIEGO, CA 92130-2597<br/> Phone: (858) 793-1011<br/> Fax: (858) 793-1035<br/> After Hours Phone: (858) 793-1011<br/> Website:<br/> Email:<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0/18<br/> American Sign Language (ASL): No<br/> ♿ Accessibility:<br/> Hours: M-SA 9AM-5PM</p> <p><b>WATERS, ELIZABETH J</b><br/> Provider ID: 153090<br/> Provider Gender: Female<br/> License number: A113933<br/> NPI: 1730477621<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency: No<br/> Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital, Rady Childrens</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Hospital San Diego  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 292 EUCLID AVE STE 220  
 SAN DIEGO, CA 92114-3629  
*Phone:* (619) 262-8624  
*Fax:* (619) 262-6639  
*After Hours Phone:* (619) 262-8624  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

**WONG, YOLANDA Y**  
*Provider ID:* 233532  
*Provider Gender:* Female  
*License number:* A94449  
*NPI:* 1851599872  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690  
*Phone:* (619) 280-2058  
*Fax:*  
*After Hours Phone:* (619) 280-2058  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/22  
*American Sign Language (ASL):* No

☯ *Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**WONG, YOLANDA Y**  
*Provider ID:* 482070  
*Provider Gender:* Female  
*License number:* A94449  
*NPI:* 1851599872  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:*  
*After Hours Phone:* (858) 810-8700  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM

**ZAGULI, MARVIN J**  
*Provider ID:* 237793  
*Provider Gender:* Male  
*License number:* G38188  
*NPI:* 1508837501  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 12036 SCRIPPS HIGHLANDS DR # 102  
 SAN DIEGO, CA 92131-5155  
*Phone:* (858) 566-4444  
*Fax:* (858) 566-3321  
*After Hours Phone:* (858) 566-4444  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

**ZAGULI, MARVIN J**  
*Provider ID:* 319041  
*Provider Gender:* Male  
*License number:* G38188  
*NPI:* 1508837501  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns  
*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123-2753  
*Phone:* (858) 495-0500  
*Fax:* (858) 560-4279  
*After Hours Phone:* (858) 495-0500  
*Website:*

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## C. Primary Care Directory

*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

### **ZAHEER, AARON A**

*Provider ID:* 233532  
*Provider Gender:* Male  
*License number:* A61238  
*NPI:* 1902882301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105-1690  
*Phone:* (619) 280-2058

*Fax:*  
*After Hours Phone:* (619)  
 280-2058  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/22  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA  
 8AM-2PM

### **ZAHEER, AARON A**

*Provider ID:* 482070  
*Provider Gender:* Male  
*License number:* A61238  
*NPI:* 1902882301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:*  
*After Hours Phone:* (858)  
 810-8700  
*Website:* www.sdfamilycare.org  
*Email:*

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R,  
 W  
*Hours:* M,W-F 8:30AM-5:30PM,  
 TU 8:30AM-8:30PM, SA  
 9AM-4PM

### **ZANDKARIMI, FARIBA**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* A46161  
*NPI:* 1356373674  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Mercy  
 General Hospital, Rady Childrens  
 Hospital San Diego, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Ucsd  
 Medical Ctr  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

## **PHYSICIANS ASSISTANT**

### **ACOSTA, ANGELICA N**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* PA16245  
*NPI:* 1952513517  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **ACOSTA, ANGELICA N**

*Provider ID:* 356145

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## C. Primary Care Directory

*Provider Gender:* Female  
*License number:* PA16245  
*NPI:* 1952513517  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 2391 ISLAND AVE  
 SAN DIEGO, CA 92102-2941  
*Phone:* (619) 515-2435  
*Fax:*  
*After Hours Phone:* (619) 515-2435  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

**AGUILAR-URREA, RUTH N**  
*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* PA54661  
*NPI:* 1699298190  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300

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

**ALVARADO, EDMUND R**  
*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* PA20888  
*NPI:* 1720303340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

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

**ARMENTA, JORGE**  
*Provider ID:* 185268  
*Provider Gender:* Male  
*License number:* PA13694  
*NPI:* 1346382611  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*

*Board Certified Specialty:* No  
**LA MAESTRA FAMILY CLINIC**  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
*Phone:* (619) 255-9155  
*Fax:*  
*After Hours Phone:* (619) 255-9155  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**BATISTA, OSVALDO**  
*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* PA17864  
*NPI:* 1245349224  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### **CASTILLO, PATRICIA**

*Provider ID:* 206362  
*Provider Gender:* Female  
*License number:* PA17220  
*NPI:* 1376550657  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619)  
 515-2424  
*Website:* www.fhcscd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-SA 9AM-5PM

### **CHAN, TIFFANY C**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* PA23258  
*NPI:* 1790111607  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcscd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **CHUCKA, RITA M**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* PA58098  
*NPI:* 1659745362  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619)  
 515-2400  
*Website:* www.fhcscd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-SA 9AM-5PM

### **CONTRERAS, LORETTA L**

*Provider ID:* 403583  
*Provider Gender:* Female  
*License number:* PA54617

*NPI:* 1679096341  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-ST VINCENT DE PAUL  
 VILLA  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:*  
*After Hours Phone:* (619)  
 233-8500  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA  
 9AM-5PM

### **DAVID, MARVIC T**

*Provider ID:* 206360  
*Provider Gender:* Male  
*License number:* PA53748  
*NPI:* 1750832317  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:* www.fhcscd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: ME

Hours: M-SA 9AM-5PM

### **DOLMETSCH, JEANETTE**

Provider ID: 206353

Provider Gender: Female

License number: PA58905

NPI: 1164941456

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **DOLMETSCH, JEANETTE**

Provider ID: 417987

Provider Gender: Female

License number: PA58905

NPI: 1164941456

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2426

Fax:

After Hours Phone: (619)

515-2426

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R, T

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

### **DRAME, SALWA S**

Provider ID: 206353

Provider Gender: Female

License number: PA59481

NPI: 1093136426

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **DRAME, SALWA S**

Provider ID: 417987

Provider Gender: Female

License number: PA59481

NPI: 1093136426

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2426

Fax:

After Hours Phone: (619)

515-2426

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R, T  
Hours: M-F 8:30AM-5:30PM, SA  
9AM-5PM

### **FINK, PATRICK M**

Provider ID: 402851

Provider Gender: Male

License number: PA52704

NPI: 1922380328

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

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## C. Primary Care Directory

Phone: (619) 515-2444  
Fax:  
After Hours Phone: (619)  
515-2444

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

### **GARCIA, DEANA J**

Provider ID: 416831

Provider Gender: Female

License number: PA21042

NPI: 1447567995

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3514 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-TH 8AM-5PM, F,SA  
9AM-5PM

### **HILL, MICHELLE**

Provider ID: 206360

Provider Gender: Female

License number: PA58626

NPI: 1750820239

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **HOLM, STEVEN K**

Provider ID: 206360

Provider Gender: Male

License number: PA13752

NPI: 1932257573

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **HOXMEIER, KRYSTA M**

Provider ID: 206363

Provider Gender: Female

License number: PA28505

NPI: 1104203454

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax:

After Hours Phone: (619)

515-2560

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **HOXMEIER, KRYSTA M**

Provider ID: 418142

Provider Gender: Female

License number: PA28505

NPI: 1104203454

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

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## C. Primary Care Directory

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429  
*Phone:* (619) 515-2454  
*Fax:*  
*After Hours Phone:* (619) 515-2454  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**LAPINA, LORI L**  
*Provider ID:* 206362  
*Provider Gender:* Female  
*License number:* PA23231  
*NPI:* 1245670413  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

☯ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
**LAPINA, LORI L**  
*Provider ID:* 417937  
*Provider Gender:* Female  
*License number:* PA23231  
*NPI:* 1245670413  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

**LEON, FLOR M**  
*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* PA53788  
*NPI:* 1902358237  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE

**LEON, FLOR M**  
*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* PA53788  
*NPI:* 1902358237  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

**LEON, FLOR M**  
*Provider ID:* 356145  
*Provider Gender:* Female  
*License number:* PA53788  
*NPI:* 1902358237  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 2391 ISLAND AVE  
 SAN DIEGO, CA 92102-2941  
*Phone:* (619) 515-2435  
*Fax:*  
*After Hours Phone:* (619) 515-2435  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

**LEON, FLOR M**  
*Provider ID:* 419529  
*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

*License number:* PA53788  
*NPI:* 1902358237  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2325 COMMERCIAL ST STE  
 1400  
 SAN DIEGO, CA 92113-1195  
*Phone:* (619) 515-2422  
*Fax:*  
*After Hours Phone:* (619)  
 515-2422  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### **LE, ALEX T**

*Provider ID:* 417429  
*Provider Gender:* Male  
*License number:* PA22762  
*NPI:* 1669713889  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY # 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2525  
*Fax:*  
*After Hours Phone:* (619)  
 515-2525

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

### **LOPEZ, MARIO A**

*Provider ID:* 206353  
*Provider Gender:* Male  
*License number:* PA21385  
*NPI:* 1932335080  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*

*After Hours Phone:* (619)  
 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-SA 9AM-5PM

### **LOPEZ, MARIO A**

*Provider ID:* 417937  
*Provider Gender:* Male  
*License number:* PA21385  
*NPI:* 1932335080  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619)  
 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-TH 8AM-9PM, F  
 8AM-5PM, SA 9AM-5PM

### **LOPEZ, MARIO A**

*Provider ID:* 417987  
*Provider Gender:* Male  
*License number:* PA21385  
*NPI:* 1932335080  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2426  
*Fax:*  
*After Hours Phone:* (619)  
 515-2426  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

### **MARTINEZ MURGUIA, IRENE**

*Provider ID:* 185268  
*Provider Gender:* Female  
*License number:* PA20296  
*NPI:* 1447492889  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
*Phone:* (619) 255-9155

*Fax:*  
*After Hours Phone:* (619) 255-9155  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **MCELROY, MICHELLE S**

*Provider ID:* 418142  
*Provider Gender:* Female  
*License number:* PA56714  
*NPI:* 1871017541  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429

*Phone:* (619) 515-2454  
*Fax:*  
*After Hours Phone:* (619) 515-2454  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

### **MERCER, KELLY C**

*Provider ID:* 185268  
*Provider Gender:* Female  
*License number:* PA21625  
*NPI:* 1154609790  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
*Phone:* (619) 255-9155

*Fax:*  
*After Hours Phone:* (619) 255-9155  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **MILLER, LAUREL K**

*Provider ID:* 206363  
*Provider Gender:* Female

*License number:* PA20378  
*NPI:* 1598992133  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **O'MARA, ROBERT J**

*Provider ID:* 206362  
*Provider Gender:* Male  
*License number:* PA14526  
*NPI:* 1336174382  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Website:* www.fhcsd.org

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## C. Primary Care Directory

*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-SA 9AM-5PM

### **PHUNG, AIVI L**

*Provider ID:* 206046  
*Provider Gender:* Female  
*License number:* PA53902  
*NPI:* 1639528110  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
*Phone:* (858) 279-0925  
*Fax:*  
*After Hours Phone:* (858)  
 279-0925  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R,  
 T, W  
*Hours:* M-F 8:30AM-5:30PM, SA  
 9AM-5PM

### **SCHELLIE, SCOTT A**

*Provider ID:* 417429  
*Provider Gender:* Male  
*License number:* PA53288  
*NPI:* 1699053843  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY # 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2525  
*Fax:*  
*After Hours Phone:* (619)  
 515-2525  
*Website:* www.fhcscd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA  
 9AM-5PM

### **TAHRIRI, BAHAREH**

*Provider ID:* 417987  
*Provider Gender:* Female  
*License number:* PA51867  
*NPI:* 1295147387  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2426  
*Fax:*  
*After Hours Phone:* (619)  
 515-2426  
*Website:* www.fhcscd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
 ☞ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-F 8:30AM-5:30PM, SA  
 9AM-5PM

### **TOMASZEWSKI, DEBRA J**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* PA58081  
*NPI:* 1215264452  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619)  
 515-2560  
*Website:* www.fhcscd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R,  
 T, ME  
*Hours:* M-SA 9AM-5PM

### **TOMASZEWSKI, DEBRA J**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* MT2061555  
*NPI:* 1215264452  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## C. Primary Care Directory

4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2560  
Fax:  
After Hours Phone: (619) 515-2560  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM

### **TREUNER, JULIE A**

Provider ID: 206360  
Provider Gender: Female  
License number: PA17478  
NPI: 1922013614  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### **VARGAS, ROBERT M**

Provider ID: 206360  
Provider Gender: Male  
License number: PA11194  
NPI: 1972528081  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### **YIP, JACKIE**

Provider ID: 206353  
Provider Gender: Female  
License number: PA20996  
NPI: 1558676171  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619) 515-2400  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM

### **YOUNG-PEN, TONI E**

Provider ID: 206362  
Provider Gender: Female  
License number: PA18746  
NPI: 1932297595  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish, Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax:  
After Hours Phone: (619) 515-2424  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM

### **YOUNG-PEN, TONI E**

Provider ID: 233597

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Provider Gender:* Female  
*License number:* PA18746  
*NPI:* 1932297595  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524  
*Phone:* (619) 563-0250  
*Fax:*  
*After Hours Phone:* (619) 563-0250  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

### PODIATRIST

**AHMED, AISHA**  
*Provider ID:* 417101  
*Provider Gender:* Female  
*License number:* DPM5369  
*NPI:* 1316326382  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126-2375

*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844) 200-2426  
*Website:* www.operationsamahan.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM

**BROWN, JAMES F**  
*Provider ID:* 206046  
*Provider Gender:* Male  
*License number:* DPM4434  
*NPI:* 1073513610  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
*Phone:* (858) 279-0925  
*Fax:*  
*After Hours Phone:* (858) 279-0925  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

**BROWN, JAMES F**  
*Provider ID:* 233597

*Provider Gender:* Male  
*License number:* DPM4434  
*NPI:* 1073513610  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524  
*Phone:* (619) 563-0250  
*Fax:*  
*After Hours Phone:* (619) 563-0250  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**JUAREZ, LETICIA J**  
*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* DPM5661  
*NPI:* 1508393778  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>♿ Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>MILLER, GLENN A</b><br/> <i>Provider ID:</i> 206360<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> DPM3584<br/> <i>NPI:</i> 1164457966<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>           1809 NATIONAL AVE<br/>           SAN DIEGO, CA 92113-2113<br/> <i>Phone:</i> (619) 515-2300<br/> <i>Fax:</i> (619) 269-0053<br/> <i>After Hours Phone:</i> (619)<br/>           515-2300<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>♿ Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>MILLER, GLENN A</b><br/> <i>Provider ID:</i> 206362<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> DPM3584<br/> <i>NPI:</i> 1164457966<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No</p> | <p>FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>           3544 30TH ST<br/>           SAN DIEGO, CA 92104-4120<br/> <i>Phone:</i> (619) 515-2300<br/> <i>Fax:</i> (619) 685-8317<br/> <i>After Hours Phone:</i> (619)<br/>           515-2300<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>♿ Accessibility:</i> P, EB, IB, E, R,<br/>           T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>SCHNEIDER, SARAH A</b><br/> <i>Provider ID:</i> 206353<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> DPM4819<br/> <i>NPI:</i> 1326282237<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>           5454 EL CAJON BLVD<br/>           SAN DIEGO, CA 92115-3621<br/> <i>Phone:</i> (619) 515-2400<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619)<br/>           515-2400<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>♿ Accessibility:</i> P, EB, IB, E, R,<br/>           T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> | <p><b>SCHNEIDER, SARAH A</b><br/> <i>Provider ID:</i> 206360<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> DPM4819<br/> <i>NPI:</i> 1326282237<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>           1809 NATIONAL AVE<br/>           SAN DIEGO, CA 92113-2113<br/> <i>Phone:</i> (619) 515-2300<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619)<br/>           515-2300<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>♿ Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>SCHNEIDER, SARAH A</b><br/> <i>Provider ID:</i> 402851<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> DPM4819<br/> <i>NPI:</i> 1326282237<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No</p> <p>FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>           3705 MISSION BLVD<br/>           SAN DIEGO, CA 92109-7104</p> |
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This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)  
515-2444

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

### **SCHNEIDER, SARAH A**

Provider ID: 417429

Provider Gender: Female

License number: DPM4819

NPI: 1326282237

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY # 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2525

Fax:

After Hours Phone: (619)  
515-2525

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

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

### **SHIN, HENRY J**

Provider ID: 206353

Provider Gender: Male

License number: DPM4180

NPI: 1780775379

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Paradise

Valley Hospital, Sharp Chula  
Vista Med Ctr

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)  
515-2400

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### **PREVENTATIVE MEDICINE GENERAL**

### **HILL, LINDA L**

Provider ID: 206046

Provider Gender: Female

License number: G41532

NPI: 1467434811

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

Phone: (858) 279-0925

Fax:

After Hours Phone: (858)  
279-0925

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

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

### **HILL, LINDA L**

Provider ID: 482070

Provider Gender: Female

License number: G41532

NPI: 1467434811

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Board Certified Specialty: No  
IHP-SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax:

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
W

Hours: M,W-F 8:30AM-5:30PM,  
TU 8:30AM-8:30PM, SA  
9AM-4PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### **RISSER, JOSEPH A**

*Provider ID:* 206046  
*Provider Gender:* Male  
*License number:* G70886  
*NPI:* 1952386765  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* Yes  
 IHP-SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
*Phone:* (858) 279-0925  
*Fax:* (858) 279-0377  
*After Hours Phone:* (858) 279-0925  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM

### **RISSER, JOSEPH A**

*Provider ID:* 482070  
*Provider Gender:* Male  
*License number:* G70886  
*NPI:* 1952386765  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307

*Phone:* (858) 810-8700  
*Fax:*  
*After Hours Phone:* (858) 810-8700  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, W  
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-8:30PM, SA 9AM-4PM

### **ROMERO, CAMILA X**

*Provider ID:* 206046  
*Provider Gender:* Female  
*License number:* A93812  
*NPI:* 1508912130  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns  
*Board Certified Specialty:* No  
 IHP-SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
*Phone:* (858) 279-0925  
*Fax:* (858) 279-0377  
*After Hours Phone:* (858) 279-0925  
*Website:* www.sdfamilycare.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 8:30AM-5:30PM, SA

9AM-5PM

### **RADIOLOGY DIAGNOSTIC X-RAY**

### **CLINE, DAVID W**

*Provider ID:* 185268  
*Provider Gender:* Male  
*License number:* G87837  
*NPI:* 1922162015  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
*Phone:* (619) 255-9155  
*Fax:*  
*After Hours Phone:* (619) 255-9155  
*Website:* www.lamaestra.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### **REGISTERED PHYSICAL THERAPIST**

### **AGASHE, NEELAM**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* PT291539  
*NPI:* 1689027955  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400

*Fax:*

*After Hours Phone:* (619)

515-2400

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R,  
T, ME

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

### **BLOCKER, NIRIT S**

*Provider ID:* 206353

*Provider Gender:* Female

*License number:* PT30272

*NPI:* 1457689309

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Hebrew

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400

*Fax:*

*After Hours Phone:* (619)

515-2400

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R,

T, ME

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

### **BLOCKER, NIRIT S**

*Provider ID:* 206360

*Provider Gender:* Female

*License number:* PT30272

*NPI:* 1457689309

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Hebrew

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* ME

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

### **CONCORS, ANDREW L**

*Provider ID:* 417937

*Provider Gender:* Male

*License number:* PT12930

*NPI:* 1578706743

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Cultural Competency: No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545

*Fax:*

*After Hours Phone:* (619)

515-2545

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **CUMMINGS, GEORGE P**

*Provider ID:* 206353

*Provider Gender:* Male

*License number:* PT295173

*NPI:* 1497236384

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400

*Fax:*

*After Hours Phone:* (619)

515-2400

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R,  
T, ME

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

### **CUMMINGS, GEORGE P**

*Provider ID:* 417937

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

*Provider Gender:* Male  
*License number:* PT295173  
*NPI:* 1497236384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **DAHMS, MADELYNN**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* PT295463  
*NPI:* 1245712702  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Sign Language  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

### **FIELDING, JOSEPH S**

*Provider ID:* 417937  
*Provider Gender:* Male  
*License number:* PT40975  
*NPI:* 1235577560  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **FOREYT, JANE K**

*Provider ID:* 206353  
*Provider Gender:* Female  
*License number:* PT295063

*NPI:* 1487066346  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **HAPKE, ELENA**

*Provider ID:* 417937  
*Provider Gender:* Female  
*License number:* PT292613  
*NPI:* 1003354895  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes

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## C. Primary Care Directory

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **IRIZARRY, NICOLE M**

*Provider ID:* 206360

*Provider Gender:* Female

*License number:* PT33914

*NPI:* 1003088063

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* ME

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

### **LEAVITT, IAN R**

*Provider ID:* 206353

*Provider Gender:* Male

*License number:* PT291088

*NPI:* 1275993560

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF

SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400

*Fax:*

*After Hours Phone:* (619)

515-2400

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R,  
T, ME

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

### **MAHONEY, KAITLYN**

*Provider ID:* 417937

*Provider Gender:* Female

*License number:* PT296559

*NPI:* 1114583176

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545

*Fax:*

*After Hours Phone:* (619)

515-2545

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### **MIGNEA, DAVID S**

*Provider ID:* 206353

*Provider Gender:* Male

*License number:* PT293536

*NPI:* 1043736879

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400

*Fax:*

*After Hours Phone:* (619)

515-2400

*Website:* www.fhcsd.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R,  
T, ME

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

### **MIGNEA, DAVID S**

*Provider ID:* 417937

*Provider Gender:* Male

*License number:* PT293536

*NPI:* 1043736879

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

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## C. Primary Care Directory

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### REBELLO, MELANIE

Provider ID: 417937

Provider Gender: Female

License number: PT297682

NPI: 1578922795

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### REYES, CARMEN R

Provider ID: 206353

Provider Gender: Female

License number: PT40285

NPI: 1639503725

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

### SCHMIDT, BRYAN J

Provider ID: 417937

Provider Gender: Male

License number: PT28061

NPI: 1780685032

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2545

Fax:

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM

### VAN DYKE, JASON P

Provider ID: 206353

Provider Gender: Male

License number: PT25155

NPI: 1487658720

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

## RHEUMATOLOGY

### HUYNH, DOQUYEN H

Provider ID: 417937

Provider Gender: Female

License number: A110198

NPI: 1619135241

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*

*After Hours Phone:* (619) 515-2545  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM

### **OGANDO, SHEENA M**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* A142743  
*NPI:* 1649564295  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* John Muir Medical Center Walnut Creek Campus  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM

### **REDDY, DANA A**

*Provider ID:* 206363  
*Provider Gender:* Female  
*License number:* A115598  
*NPI:* 1144538778  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*

*After Hours Phone:* (619) 515-2560  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R, T, ME

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

### **REDDY, DANA A**

*Provider ID:* 403583  
*Provider Gender:* Female  
*License number:* A115598  
*NPI:* 1144538778  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Board Certified Specialty:* No  
**IHP-ST VINCENT DE PAUL VILLA**  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:*  
*After Hours Phone:* (619) 233-8500  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM

## **SPEECH PATHOLOGIST**

### **MANCILLAS, ANYA K**

*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* SP31261  
*NPI:* 1528698057  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish

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## C. Primary Care Directory

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM

**WILLIAMS, JESSICA D**  
*Provider ID:* 206360  
*Provider Gender:* Female  
*License number:* SP27677  
*NPI:* 1932680006  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.fhcsd.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* ME

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

### SAN MARCOS

#### CERTIFIED NURSE PRACTITIONER

**BALLEZA, SASHA D**  
*Provider ID:* 206426  
*Provider Gender:* Female  
*License number:* NP95001230  
*NPI:* 1750706263  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-TRUECARE**  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

**BINETTE, DONYA L**  
*Provider ID:* 206426  
*Provider Gender:* Female  
*License number:* NP95001653  
*NPI:* 1427325166  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*

*Board Certified Specialty:* No  
**IHP-TRUECARE**  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

**BOROWIEC, MARIA M**  
*Provider ID:* 206426  
*Provider Gender:* Female  
*License number:* NP95004808  
*NPI:* 1285183442  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-TRUECARE**  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

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## C. Primary Care Directory

### **DOAN, CHINH N**

*Provider ID:* 206426  
*Provider Gender:* Female  
*License number:* NP18874  
*NPI:* 1083845069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

### **FREEMAN, WANDA**

*Provider ID:* 206426  
*Provider Gender:* Female  
*License number:* NP95003903  
*NPI:* 1659504264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973

*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

### **HEDRICK, CINDI R**

*Provider ID:* 206426  
*Provider Gender:* Female  
*License number:* NP95012162  
*NPI:* 1477010445  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

### **HENLEY, MEARA E**

*Provider ID:* 206426  
*Provider Gender:* Female  
*License number:* NP95002545

*NPI:* 1538319645  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

### **KOUSARI, JHALEH**

*Provider ID:* 206426  
*Provider Gender:* Female  
*License number:* NP20893  
*NPI:* 1811262405  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*

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## C. Primary Care Directory

Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, W  
Hours: M-SA 8AM-5PM

### **LEWIS, SARAH**

Provider ID: 206426  
Provider Gender: Female  
License number: NP22697  
NPI: 1437497963  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: IHP-TRUECARE  
Board Certified Specialty: No  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760) 736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, W  
Hours: M-SA 8AM-5PM

### **MACIAS, ALISSA M**

Provider ID: 206426  
Provider Gender: Female  
License number: NP21368  
NPI: 1952658445  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: IHP-TRUECARE  
Board Certified Specialty: No

IHP-TRUECARE  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760) 736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, W  
Hours: M-SA 8AM-5PM

### **MARTINEZ, ILIANA A**

Provider ID: 206426  
Provider Gender: Female  
License number: NP95018018  
NPI: 1336711753  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: IHP-TRUECARE  
Board Certified Specialty: No  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760) 736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, W  
Hours: M-SA 8AM-5PM

### **PRIETO, ALEJANDRA J**

Provider ID: 206426  
Provider Gender: Female  
License number: NP95004873  
NPI: 1699222620  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: IHP-TRUECARE  
Board Certified Specialty: No  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760) 736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, W  
Hours: M-SA 8AM-5PM

### **SIU, HANAGRY**

Provider ID: 206426  
Provider Gender: Female  
License number: NP23240  
NPI: 1639502297  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: IHP-TRUECARE  
Board Certified Specialty: No  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 8AM-5PM

### TRUMAN, LAURA L

Provider ID: 206426

Provider Gender: Female

License number: NP19860

NPI: 1376840231

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

150 VALPRED RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 8AM-5PM

### TURNER, DAWN M

Provider ID: 206426

Provider Gender: Female

License number: NP22586

NPI: 1386988368

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

150 VALPRED RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 8AM-5PM

### CERTIFIED REGISTERED NURSE MIDWIFE

### ALSTON, VICKIE S

Provider ID: 206426

Provider Gender: Female

License number: NM993

NPI: 1932209905

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

150 VALPRED RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 8AM-5PM

### BALLANTINE, KATHERINE A

Provider ID: 206426

Provider Gender: Female

License number: NM235794

NPI: 1538516240

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

150 VALPRED RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 8AM-5PM

### BALLANTINE, KATHERINE A

Provider ID: 206426

Provider Gender: Female

License number: NP95005707

NPI: 1538516240

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

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## C. Primary Care Directory

IHP-TRUECARE  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-SA 8AM-5PM

### **BALLANTINE, KATHERINE A**

Provider ID: 206426  
Provider Gender: Female  
License number: RN95086028  
NPI: 1538516240  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-SA 8AM-5PM

### **GEORGESON, TANYA M**

Provider ID: 206426  
Provider Gender: Female  
License number: NM235844  
NPI: 1407287469  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-SA 8AM-5PM

### **KELLY, KATHERINE M**

Provider ID: 206426  
Provider Gender: Female  
License number: NMW235997  
NPI: 1801134275  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website: www.ihpsocal.org

Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-SA 8AM-5PM

### **VENOR, KRISTEN A**

Provider ID: 206426  
Provider Gender: Female  
License number: NM235688  
NPI: 1811391261  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-TRUECARE  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-SA 8AM-5PM

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## **CHIROPRACTOR**

---

### **LOVERN, JENNIFER K**

Provider ID: 206426  
Provider Gender: Female  
License number: DC29074  
NPI: 1235469396  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

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## C. Primary Care Directory

Italian  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ⚭ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

### FAMILY PRACTICE

**MATIAS, JULIE M**  
*Provider ID:* 206426  
*Provider Gender:* Female  
*License number:* 20A15159  
*NPI:* 1083094510  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

*American Sign Language (ASL):* No  
 ⚭ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

**NATH, DEVARSHI**  
*Provider ID:* 206426  
*Provider Gender:* Male  
*License number:* C54157  
*NPI:* 1275630618  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Bengali  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ⚭ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

**SAFI, ROOZCHEHR**  
*Provider ID:* 206426  
*Provider Gender:* Female  
*License number:* A116562  
*NPI:* 1659563641  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No

IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ⚭ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

**WALKER, SHAYNA T**  
*Provider ID:* 206426  
*Provider Gender:* Female  
*License number:* A107393  
*NPI:* 1760688295  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ⚭ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

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## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>WILLIE, KADEN G</b><br/> <i>Provider ID:</i> 206426<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> 20A17306<br/> <i>NPI:</i> 1790133767<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Portuguese<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> IHP-TRUECARE<br/> 150 VALPRED RD<br/> SAN MARCOS, CA 92069-2973<br/> <i>Phone:</i> (760) 736-6767<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 736-6767<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br/> <i>Hours:</i> M-SA 8AM-5PM</p> | <p><i>Phone:</i> (760) 736-6767<br/> <i>Fax:</i> (760) 736-8740<br/> <i>After Hours Phone:</i> (760) 736-6767<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br/> <i>Hours:</i> M-SA 8AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><i>Provider Gender:</i> Male<br/> <i>License number:</i> G74757<br/> <i>NPI:</i> 1467485078<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> IHP-TRUECARE<br/> 150 VALPRED RD<br/> SAN MARCOS, CA 92069-2973<br/> <i>Phone:</i> (760) 736-6767<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 736-6767<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br/> <i>Hours:</i> M-SA 8AM-5PM</p> |
| <b>FQHC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>TRUECARE,</b><br/> <i>Provider ID:</i> 206426<br/> <i>Provider Gender:</i><br/> <i>License number:</i> 080000167<br/> <i>NPI:</i> 1245246917<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i><br/> IHP-TRUECARE<br/> 150 VALPRED RD<br/> SAN MARCOS, CA 92069-2973</p>                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>JEFFERIS, LAUREN R</b><br/> <i>Provider ID:</i> 206426<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A80674<br/> <i>NPI:</i> 1346354776<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> IHP-TRUECARE<br/> 150 VALPRED RD<br/> SAN MARCOS, CA 92069-2973<br/> <i>Phone:</i> (760) 736-6767<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 736-6767<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br/> <i>Hours:</i> M-SA 8AM-5PM</p> | <p><b>WITCZAK, IZABELA</b><br/> <i>Provider ID:</i> 206426<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A71311<br/> <i>NPI:</i> 1184735201<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Polish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas<br/> <i>Board Certified Specialty:</i> No<br/> IHP-TRUECARE<br/> 150 VALPRED RD<br/> SAN MARCOS, CA 92069-2973<br/> <i>Phone:</i> (760) 736-6767<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 736-6767</p>                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>PONIACHIK, SAMUEL I</b><br/> <i>Provider ID:</i> 206426</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 8AM-5PM

License number: 20A7358

NPI: 1639170459

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Spanish

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Sharp Memorial  
Hospital

Board Certified Specialty: No

IHP-TRUECARE

150 VALPRED RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax: (760) 758-7057

After Hours Phone: (760)

736-6767

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 8AM-5PM

### OBSTETRICS / GYNECOLOGY

#### CAMPBELL, LETICIA J

Provider ID: 206426

Provider Gender: Female

License number: A131042

NPI: 1508124868

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Palomar Medical  
Center

Board Certified Specialty: No

IHP-TRUECARE

150 VALPRED RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 8AM-5PM

#### MOSTOFIAN, EIMANEH

Provider ID: 206426

Provider Gender: Female

License number: A97181

NPI: 1154477628

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Spanish

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr

Board Certified Specialty: No

IHP-TRUECARE

150 VALPRED RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6700

Fax: (760) 753-7259

After Hours Phone: (760)  
736-6700

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 8AM-5PM

#### POUNTNEY, MARLENE E

Provider ID: 206426

Provider Gender: Female

License number: A93248

NPI: 1174703680

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr

Board Certified Specialty: No

IHP-TRUECARE

150 VALPRED RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6700

Fax:

After Hours Phone: (760)

736-6700

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 8AM-5PM

#### MAZAREI, RAHELE

Provider ID: 206426

Provider Gender: Female

#### SCHWEIKERT, SUZANNE M

Provider ID: 206426

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## C. Primary Care Directory

*Provider Gender:* Female  
*License number:* A60958  
*NPI:* 1477560142  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6700  
*Fax:*  
*After Hours Phone:* (760) 736-6700  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

### PEDIATRICS

#### AUSTIN, DAVID A

*Provider ID:* 206426  
*Provider Gender:* Male  
*License number:* A92271  
*NPI:* 1265434096  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973

*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

#### MALHOTRA, ARATI

*Provider ID:* 206426  
*Provider Gender:* Female  
*License number:* A63903  
*NPI:* 1215135306  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM

*Provider ID:* 206426  
*Provider Gender:* Male  
*License number:* A48980  
*NPI:* 1720093198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD

#### MONAHAN, CAROLYN O

*Provider ID:* 50425  
*Provider Gender:* Female  
*License number:* G26892  
*NPI:* 1619973666  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Palomar Medical Center  
*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH NETWORK  
 1582 W SAN MARCOS BLVD STE 203  
 SAN MARCOS, CA 92078-4081  
*Phone:* (760) 744-6710  
*Fax:* (760) 744-6156  
*After Hours Phone:* (760) 744-6710  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

#### POSADAS, EMERITO D

*Provider ID:* 206426  
*Provider Gender:* Male  
*License number:* A48980  
*NPI:* 1720093198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center  
*Board Certified Specialty:* No  
 IHP-TRUECARE  
 150 VALPRED RD

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## C. Primary Care Directory

SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 8AM-5PM

### **QUINTERO, CAROLYN S**

Provider ID: 206426  
 Provider Gender: Female  
 License number: G77053  
 NPI: 1023033156  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 8AM-5PM

### **ROSENFELD, GINA**

Provider ID: 36393

Provider Gender: Female  
 License number: G76842  
 NPI: 1235135286  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Health Downtown Campus, Palomar Medical Center, Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 1582 W SAN MARCOS BLVD STE 203  
 SAN MARCOS, CA 92078-4081  
 Phone: (760) 744-6710  
 Fax: (760) 744-6156  
 After Hours Phone: (760) 744-6710  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

### **SEBIANE, MARIA G**

Provider ID: 206426  
 Provider Gender: Female  
 License number: G71182  
 NPI: 1740295229  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Palomar Medical Center  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 150 VALPRED RD

SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 8AM-5PM

### **SOCHA, TRACI E**

Provider ID: 428861  
 Provider Gender: Female  
 License number: 20A7862  
 NPI: 1669478616  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Health Downtown Campus, Palomar Medical Center, Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 1582 W SAN MARCOS BLVD STE 203  
 SAN MARCOS, CA 92078-4081  
 Phone: (760) 744-6710  
 Fax: (760) 744-6156  
 After Hours Phone: (760) 744-6710  
 Website:  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

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## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>ZACHRY, ALISON D</b><br/> <i>Provider ID:</i> 206426<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A131678<br/> <i>NPI:</i> 1922402858<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Tri City Medical Ctr<br/> <i>Board Certified Specialty:</i> No<br/> IHP-TRUECARE<br/> 150 VALPRED RD<br/> SAN MARCOS, CA 92069-2973<br/> <i>Phone:</i> (760) 736-6767<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 736-6767<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br/> <i>Hours:</i> M-SA 8AM-5PM</p> | <p>SAN MARCOS, CA 92069-2973<br/> <i>Phone:</i> (760) 736-6767<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 736-6767<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br/> <i>Hours:</i> M-SA 8AM-5PM</p> <p><b>BLAKESPEAR, JEREMY D</b><br/> <i>Provider ID:</i> 206426<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> PA19825<br/> <i>NPI:</i> 1750474177<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> IHP-TRUECARE<br/> 150 VALPRED RD<br/> SAN MARCOS, CA 92069-2973<br/> <i>Phone:</i> (760) 736-6767<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 736-6767<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br/> <i>Hours:</i> M-SA 8AM-5PM</p> | <p><i>License number:</i> PA22667<br/> <i>NPI:</i> 1174964001<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Grossmont Hospital<br/> <i>Board Certified Specialty:</i> No<br/> IHP-TRUECARE<br/> 150 VALPRED RD<br/> SAN MARCOS, CA 92069-2973<br/> <i>Phone:</i> (760) 736-6767<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 736-6767<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br/> <i>Hours:</i> M-SA 8AM-5PM</p> |
| <p><b>PHYSICIANS ASSISTANT</b></p> <p><b>BERNARDO, RACHELLE A</b><br/> <i>Provider ID:</i> 206426<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> PA17718<br/> <i>NPI:</i> 1821237678<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> IHP-TRUECARE<br/> 150 VALPRED RD</p>                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><i>After Hours Phone:</i> (760) 736-6767<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, R, T, W<br/> <i>Hours:</i> M-SA 8AM-5PM</p> <p><b>CHISWICK, GARY R</b><br/> <i>Provider ID:</i> 206426<br/> <i>Provider Gender:</i> Male</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>CRUZ, ASHLEY D</b><br/> <i>Provider ID:</i> 206426<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> PA22997<br/> <i>NPI:</i> 1063851814<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> IHP-TRUECARE<br/> 150 VALPRED RD<br/> SAN MARCOS, CA 92069-2973<br/> <i>Phone:</i> (760) 736-6767<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 736-6767<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes</p>                                                                                   |

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## C. Primary Care Directory

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 T, W  
 Hours: M-SA 8AM-5PM

### **KOSEL, MATTHEW J**

Provider ID: 206426  
 Provider Gender: Male  
 License number: PA17101  
 NPI: 1316947302  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 T, W  
 Hours: M-SA 8AM-5PM

### **LEON, FLOR M**

Provider ID: 206426  
 Provider Gender: Female  
 License number: PA53788  
 NPI: 1902358237  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE

150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 T, W  
 Hours: M-SA 8AM-5PM

### **PADDOCK, DIANA L**

Provider ID: 206426  
 Provider Gender: Female  
 License number: PA52175  
 NPI: 1447657804  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 T, W  
 Hours: M-SA 8AM-5PM

### **RUSSO, KRISTA L**

Provider ID: 206426  
 Provider Gender: Female  
 License number: PA53036  
 NPI: 1922471192  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 T, W  
 Hours: M-SA 8AM-5PM

### **SCHALCK, KRISTEN S**

Provider ID: 206426  
 Provider Gender: Female  
 License number: PA14416  
 NPI: 1760587919  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-TRUECARE  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760)  
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## C. Primary Care Directory

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 8AM-5PM

### **SPENCE, JAMIE N**

Provider ID: 206426

Provider Gender: Female

License number: PA21723

NPI: 1518133032

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

150 VALPRED A RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 8AM-5PM

### **TAHRIRI, BAHAREH**

Provider ID: 206426

Provider Gender: Female

License number: PA51867

NPI: 1295147387

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-TRUECARE

150 VALPRED A RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)

736-6767

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 8AM-5PM

## **SAN YSIDRO**

### **CARDIOVASCULAR DISEASE**

### **PONCE, SONIA G**

Provider ID: 206292

Provider Gender: Female

License number: A145008

NPI: 1164659033

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Mercy Hospital

Board Certified Specialty: No

IHP-SAN YSIDRO HEALTH  
CENTER

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)  
662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility:

Hours: M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **CERTIFIED NURSE PRACTITIONER**

### **CELIZ, ADRIANA G**

Provider ID: 227469

Provider Gender: Female

License number: NP95004315

NPI: 1972956514

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN YSIDRO HEALTH

CENTER

3364 BEYER BLVD

SAN YSIDRO, CA 92173-1322

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

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## C. Primary Care Directory

---

### **CHING, LEYDA B**

*Provider ID:* 227469  
*Provider Gender:* Female  
*License number:* NP20123  
*NPI:* 1508098294  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH  
CENTER  
3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
*Phone:* (619) 600-4867  
*Fax:*  
*After Hours Phone:* (619)  
600-4867  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM

### **GARCIA, TEDAYSHIA P**

*Provider ID:* 206292  
*Provider Gender:* Female  
*License number:* NP95003355  
*NPI:* 1659730778  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH  
CENTER  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007

*Phone:* (619) 662-4100  
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662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **GUADARRAMA, IGNACIO**

*Provider ID:* 227469  
*Provider Gender:* Male  
*License number:* NP95003671  
*NPI:* 1821331174  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH  
CENTER  
3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM

### **IBARRA, MARTHA A**

*Provider ID:* 206292

*Provider Gender:* Female  
*License number:* NP12112  
*NPI:* 1114957289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital, Scripps  
Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH  
CENTER  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
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*Fax:*  
*After Hours Phone:* (619)  
662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **IBARRA, MARTHA A**

*Provider ID:* 227469  
*Provider Gender:* Female  
*License number:* NP12112  
*NPI:* 1114957289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH  
CENTER  
3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

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Phone: (619) 662-4100

Fax:

After Hours Phone: (619)  
662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **SANCHEZ, MYRNA A**

Provider ID: 227469

Provider Gender: Female

License number: NP95003721

NPI: 1548614506

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

3364 BEYER BLVD

SAN YSIDRO, CA 92173-1322

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

### **VAZQUEZ-ERLBECK, MARTHA**

Provider ID: 227469

Provider Gender: Female

License number: NP95001960

NPI: 1669865960

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

3364 BEYER BLVD

SAN YSIDRO, CA 92173-1322

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

## **CHIROPRACTOR**

### **KELCHNER, MATTHEW O**

Provider ID: 206292

Provider Gender: Male

License number: DC22733

NPI: 1174656755

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **OCHOA, RAUL O**

Provider ID: 206292

Provider Gender: Male

License number: DC33693

NPI: 1518401827

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-F 8AM-5:30PM, SA  
8:30AM-2PM

## **FAMILY PRACTICE**

### **ALGHAMDI, ASMA M**

Provider ID: 227469

Provider Gender: Female

License number: A167529

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

NPI: 1316310840  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM

**ALVAREZ-ESTRADA, MIGUEL**  
 Provider ID: 206292  
 Provider Gender: Male  
 License number: A157505  
 NPI: 1588197826  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5:30PM, SA  
 8:30AM-2PM

**ALVAREZ-ESTRADA, MIGUEL**  
 Provider ID: 227411  
 Provider Gender: Male  
 License number: A157505  
 NPI: 1588197826  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 205-1967  
 Fax:  
 After Hours Phone: (619)  
 205-1967  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA  
 9AM-5PM

**BAUM, PETER M**  
 Provider ID: 206292  
 Provider Gender: Male  
 License number: 20A14949  
 NPI: 1174919971  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:

Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 428-4463  
 Fax:  
 After Hours Phone: (619)  
 428-4463  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8AM-5:30PM, SA  
 8:30AM-2PM

**BORSAN, COSMIN**  
 Provider ID: 206292  
 Provider Gender: Male  
 License number: 20A17643  
 NPI: 1679060255  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Romanian  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:

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## C. Primary Care Directory

Hours: M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **CARRIEDO CENICEROS, MARIA T**

Provider ID: 206292  
Provider Gender: Female  
License number: A78373  
NPI: 1295746618  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax: (619) 205-6341  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **CASTILLO, STEPHANIE**

Provider ID: 206292  
Provider Gender: Female  
License number: A159673  
NPI: 1902330723  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER

4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **CEVALLOS, JAMES E**

Provider ID: 206292  
Provider Gender: Male  
License number: A55469  
NPI: 1720181829  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital Chula Vista  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax: (619) 205-6341  
After Hours Phone: (619)  
662-4100  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **CORONADO, MYRNA L**

Provider ID: 206292  
Provider Gender: Female  
License number: A112627  
NPI: 1710147566  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 428-4463  
Fax:  
After Hours Phone: (619)  
428-4463  
Website: www.ihpsocal.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **CORONADO, MYRNA L**

Provider ID: 227411  
Provider Gender: Female  
License number: A112627  
NPI: 1710147566  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
4050 BEYER BLVD  
SAN YSIDRO, CA 92173-2007

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## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Phone:</b> (619) 662-4100<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 662-4100<br><b>Website:</b> www.ihpsocal.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b> W<br><b>Hours:</b> M-F 8:30AM-5PM, SA 9AM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>8:30AM-2PM</b><br><br><b>FELLMAN, ANNA T</b><br><b>Provider ID:</b> 206292<br><b>Provider Gender:</b> Female<br><b>License number:</b> A138371<br><b>NPI:</b> 1730590290<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Kaweah Delta District Hosp<br><b>Board Certified Specialty:</b> No<br><b>IHP-SAN YSIDRO HEALTH CENTER</b><br><b>4004 BEYER BLVD</b><br><b>SAN YSIDRO, CA 92173-2007</b><br><b>Phone:</b> (619) 662-4100<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 662-4100<br><b>Website:</b> www.ihpsocal.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b><br><b>Hours:</b> M-F 8AM-5:30PM, SA 8:30AM-2PM | <b>CENTER</b><br><b>4004 BEYER BLVD</b><br><b>SAN YSIDRO, CA 92173-2007</b><br><b>Phone:</b> (619) 662-4100<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 662-4100<br><b>Website:</b> www.ihpsocal.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b><br><b>Hours:</b> M-F 8AM-5:30PM, SA 8:30AM-2PM                                                                                                                                                                                                                                                                                                                                                                           |
| <b>ESTRADA, JOHANNA A</b><br><b>Provider ID:</b> 206292<br><b>Provider Gender:</b> Female<br><b>License number:</b> A127188<br><b>NPI:</b> 1255698155<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Green Hospital, Scripps Memorial Hospital<br><b>Board Certified Specialty:</b> No<br><b>IHP-SAN YSIDRO HEALTH CENTER</b><br><b>4004 BEYER BLVD</b><br><b>SAN YSIDRO, CA 92173-2007</b><br><b>Phone:</b> (619) 662-4100<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 662-4100<br><b>Website:</b> www.ihpsocal.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b><br><b>Hours:</b> M-F 8AM-5:30PM, SA | <b>8:30AM-2PM</b><br><br><b>HEINRICI, ALEKA D</b><br><b>Provider ID:</b> 206292<br><b>Provider Gender:</b> Female<br><b>License number:</b> A125329<br><b>NPI:</b> 1780979120<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> John Muir Medical Center Walnut Creek Campus<br><b>Board Certified Specialty:</b> No<br><b>IHP-SAN YSIDRO HEALTH</b>                                                                                                                                                                                                                                                                                                                                                                              | <b>HENDRIX, JEFFERSON C</b><br><b>Provider ID:</b> 227469<br><b>Provider Gender:</b> Male<br><b>License number:</b> A32571<br><b>NPI:</b> 1235142738<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b><br><b>Board Certified Specialty:</b> No<br><b>IHP-SAN YSIDRO HEALTH CENTER</b><br><b>3364 BEYER BLVD</b><br><b>SAN YSIDRO, CA 92173-1322</b><br><b>Phone:</b> (619) 662-4100<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 662-4100<br><b>Website:</b> www.ihpsocal.org<br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b> W<br><b>Hours:</b> M-F 8AM-5PM, SA 9AM-5PM |

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## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>HERNANDEZ, RALPH C</b><br/> <i>Provider ID:</i> 206292<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> C42207<br/> <i>NPI:</i> 1285782151<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> IHP-SAN YSIDRO HEALTH CENTER<br/> 4004 BEYER BLVD<br/> SAN YSIDRO, CA 92173-2007<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5:30PM, SA 8:30AM-2PM</p> | <p><i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><i>License number:</i> A164201<br/> <i>NPI:</i> 1417480948<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> St Elizabeth Hosp<br/> <i>Board Certified Specialty:</i> No<br/> IHP-SAN YSIDRO HEALTH CENTER<br/> 4004 BEYER BLVD<br/> SAN YSIDRO, CA 92173-2007<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i> (619) 205-6341<br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5:30PM, SA 8:30AM-2PM</p> |
| <p><b>HERNANDEZ, RALPH C</b><br/> <i>Provider ID:</i> 227469<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> C42207<br/> <i>NPI:</i> 1285782151<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> IHP-SAN YSIDRO HEALTH CENTER<br/> 3364 BEYER BLVD<br/> SAN YSIDRO, CA 92173-1322</p>                                                                                                                                                                                                                                                                                                                                                         | <p><b>LARA, LESLEY</b><br/> <i>Provider ID:</i> 206292<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A173435<br/> <i>NPI:</i> 1184112682<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> IHP-SAN YSIDRO HEALTH CENTER<br/> 4004 BEYER BLVD<br/> SAN YSIDRO, CA 92173-2007<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5:30PM, SA 8:30AM-2PM</p> | <p><b>LEE, JOSEPH Y</b><br/> <i>Provider ID:</i> 227469<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A164201<br/> <i>NPI:</i> 1417480948<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> St Elizabeth Hosp<br/> <i>Board Certified Specialty:</i> No<br/> IHP-SAN YSIDRO HEALTH CENTER<br/> 3364 BEYER BLVD<br/> SAN YSIDRO, CA 92173-1322<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100</p>                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>LEE, JOSEPH Y</b><br/> <i>Provider ID:</i> 206292<br/> <i>Provider Gender:</i> Male</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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## C. Primary Care Directory

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### **LEPEZ, DAVID**

*Provider ID:* 206292

*Provider Gender:* Male

*License number:* A130348

*NPI:* 1205196029

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy

Hospital Chula Vista

*Board Certified Specialty:* No

IHP-SAN YSIDRO HEALTH

CENTER

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

8:30AM-2PM

### **NAVARRO, VANESSA M**

*Provider ID:* 227469

*Provider Gender:* Female

*License number:* A113624

*NPI:* 1952563421

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy

Hospital Chula Vista, Sharp

Chula Vista Med Ctr

*Board Certified Specialty:* No

IHP-SAN YSIDRO HEALTH

CENTER

3364 BEYER BLVD

SAN YSIDRO, CA 92173-1322

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

### **NGUYEN, CARIE C**

*Provider ID:* 206292

*Provider Gender:* Female

*License number:* A106103

*NPI:* 1174781132

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Cultural Competency: No

*Hospital Affiliation:*

*Board Certified Specialty:* No

IHP-SAN YSIDRO HEALTH

CENTER

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

8:30AM-2PM

### **NIKZAD, JASON**

*Provider ID:* 206292

*Provider Gender:* Male

*License number:* 20A12653

*NPI:* 1508121674

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi, Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No

IHP-SAN YSIDRO HEALTH

CENTER

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

8:30AM-2PM

### **RAJAPOUR, NEGIN**

*Provider ID:* 227469

*Provider Gender:* Female

*License number:* A145480

*NPI:* 1508286709

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

**ROSENBAUM, HERBERT B**  
*Provider ID:* 206292  
*Provider Gender:* Male  
*License number:* A169694  
*NPI:* 1922532712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**SALEM, RAMSEY A**  
*Provider ID:* 206292  
*Provider Gender:* Male  
*License number:* A158364  
*NPI:* 1245401298  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**SNYDER, CHRISTOPHER L**  
*Provider ID:* 206292  
*Provider Gender:* Male  
*License number:* 20A7502  
*NPI:* 1922041235  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Pih Hospital - Downey, John F Kennedy

Memorial Hosp, Cedars Sinai Medical Center  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**TALavera, GREGORY A**  
*Provider ID:* 206292  
*Provider Gender:* Male  
*License number:* A40061  
*NPI:* 1740337161  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*

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## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         ♿ Accessibility:<br/>         Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM</p> <p><b>TREJO, RAUL</b><br/>         Provider ID: 206292<br/>         Provider Gender: Male<br/>         License number: A77936<br/>         NPI: 1174534184<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken: Spanish<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Scripps Mercy Hospital Chula Vista<br/>         Board Certified Specialty: No<br/>         IHP-SAN YSIDRO HEALTH CENTER<br/>         4004 BEYER BLVD<br/>         SAN YSIDRO, CA 92173-2007<br/>         Phone: (619) 662-4100<br/>         Fax:<br/>         After Hours Phone: (619) 662-4100<br/>         Website: www.ihpsocal.org<br/>         Email:<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: None<br/>         American Sign Language (ASL): No<br/>         ♿ Accessibility:<br/>         Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM</p> <p><b>VELASQUEZ, SHARON F</b><br/>         Provider ID: 206292<br/>         Provider Gender: Female<br/>         License number: A71304<br/>         NPI: 1972732584<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken: Spanish<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Scripps Mercy</p> | <p>Hospital Chula Vista<br/>         Board Certified Specialty: No<br/>         IHP-SAN YSIDRO HEALTH CENTER<br/>         4004 BEYER BLVD<br/>         SAN YSIDRO, CA 92173-2007<br/>         Phone: (619) 662-4100<br/>         Fax:<br/>         After Hours Phone: (619) 662-4100<br/>         Website: www.ihpsocal.org<br/>         Email:<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: None<br/>         American Sign Language (ASL): No<br/>         ♿ Accessibility:<br/>         Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM</p> <hr/> <p><b>FQHC</b></p> <hr/> <p><b>SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,</b><br/>         Provider ID: 227411<br/>         Provider Gender:<br/>         License number:<br/>         NPI: 1952364747<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Cultural Competency: No<br/>         Hospital Affiliation:<br/>         Board Certified Specialty:<br/>         IHP-SAN YSIDRO HEALTH CENTER<br/>         4050 BEYER BLVD<br/>         SAN YSIDRO, CA 92173-2007<br/>         Phone: (619) 662-4100<br/>         Fax: (619) 205-6305<br/>         After Hours Phone: (619) 662-4100<br/>         Website: www.ihpsocal.org<br/>         Email:<br/>         Medi-Cal Open Panel: Yes</p> | <p>Min/Max Age: None<br/>         American Sign Language (ASL): No<br/>         ♿ Accessibility: W<br/>         Hours: M-F 8:30AM-5PM, SA 9AM-5PM</p> <p><b>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,</b><br/>         Provider ID: 206292<br/>         Provider Gender:<br/>         License number:<br/>         NPI: 1952364747<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Cultural Competency: No<br/>         Hospital Affiliation:<br/>         Board Certified Specialty:<br/>         IHP-SAN YSIDRO HEALTH CENTER<br/>         4004 BEYER BLVD<br/>         SAN YSIDRO, CA 92173-2007<br/>         Phone: (619) 662-4100<br/>         Fax: (619) 205-6305<br/>         After Hours Phone: (619) 662-4100<br/>         Website: www.ihpsocal.org<br/>         Email:<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: None<br/>         American Sign Language (ASL): No<br/>         ♿ Accessibility:<br/>         Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM</p> <p><b>SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,</b><br/>         Provider ID: 227469<br/>         Provider Gender:<br/>         License number:<br/>         NPI: 1801438239<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:</p> |
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## C. Primary Care Directory

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
*Phone:* (619) 662-4100  
*Fax:* (619) 600-4870  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM

### GENERAL PRACTICE

**TEJEDA, FRANCISCO J**  
*Provider ID:* 206292  
*Provider Gender:* Male  
*License number:* A66885  
*NPI:* 1407940075  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA  
 8:30AM-2PM

### GYNECOLOGY

**CALDERON, JORGE A**  
*Provider ID:* 206292  
*Provider Gender:* Male  
*License number:* A40480  
*NPI:* 1407800881  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Paradise Valley  
 Hospital, Lompoc Valley Medical  
 Center  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA  
 8:30AM-2PM

### INFECTIOUS DISEASE

**PARK, DANIEL**  
*Provider ID:* 206292

*Provider Gender:* Male  
*License number:* A99433  
*NPI:* 1538371844  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA  
 8:30AM-2PM

### INTERNAL MEDICINE GERIATRIC MEDICINE

**CHAU, DIANE L**  
*Provider ID:* 206292  
*Provider Gender:* Female  
*License number:* A65089  
*NPI:* 1780609834  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007

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## C. Primary Care Directory

Phone: (619) 428-4463  
 Fax:  
 After Hours Phone: (619) 428-4463  
 Website: www.ihapsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

### CHAU, DIANE L

Provider ID: 227469  
 Provider Gender: Female  
 License number: A65089  
 NPI: 1780609834  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihapsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### INTERNAL MEDICINE

### ALDOUS, JEANNETTE L

Provider ID: 206292  
 Provider Gender: Female  
 License number: A101017  
 NPI: 1073650339  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Health Downtown Campus, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihapsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

### CARPENTER, ROBERT J

Provider ID: 206292  
 Provider Gender: Male  
 License number: 20A10964  
 NPI: 1356343040  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihapsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

### CHEN, TSUH YIN

Provider ID: 206292  
 Provider Gender: Female  
 License number: C55563  
 NPI: 1093803520  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Portuguese, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Website: www.ihapsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

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## C. Primary Care Directory

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>CHOW, MAN HUNG J</b><br/> <i>Provider ID:</i> 227469<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> G66745<br/> <i>NPI:</i> 1225149115<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Chinese, Mandarin<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital<br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN YSIDRO HEALTH CENTER</b><br/> 3364 BEYER BLVD<br/> SAN YSIDRO, CA 92173-1322<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM</p> | <p><b>IHP-SAN YSIDRO HEALTH CENTER</b><br/> 4004 BEYER BLVD<br/> SAN YSIDRO, CA 92173-2007<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5:30PM, SA 8:30AM-2PM</p> <p><b>DIAZ-GONZALEZ, VICENTE</b><br/> <i>Provider ID:</i> 206292<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A84160<br/> <i>NPI:</i> 1790745776<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN YSIDRO HEALTH CENTER</b><br/> 4004 BEYER BLVD<br/> SAN YSIDRO, CA 92173-2007<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM</p> | <p>8:30AM-2PM</p> <p><b>DILLON, BENEDICT S</b><br/> <i>Provider ID:</i> 227411<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A111118<br/> <i>NPI:</i> 1710142708<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista<br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN YSIDRO HEALTH CENTER</b><br/> 4050 BEYER BLVD<br/> SAN YSIDRO, CA 92173-2007<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM</p> |
| <p><b>DE LA ROSA, JOSE B</b><br/> <i>Provider ID:</i> 206292<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A49267<br/> <i>NPI:</i> 1689646572<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5:30PM, SA</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>KAUFER, DAVID I</b><br/> <i>Provider ID:</i> 206292<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G80107<br/> <i>NPI:</i> 1710082789<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN YSIDRO HEALTH</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

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### CENTER

4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

### POAST, JENNIFER L

Provider ID: 206292  
Provider Gender: Female  
License number: 20A8245  
NPI: 1164435681  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH CENTER  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 428-4463  
Fax:  
After Hours Phone: (619) 428-4463  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

### SALERNO, MARIANA V

Provider ID: 206292  
Provider Gender: Female  
License number: A131021  
NPI: 1598921645  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Providence St. Joseph Hospital Eureka  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH CENTER  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

### SCHNEIDER-MUNOZ, MARGARITA P

Provider ID: 206292  
Provider Gender: Female  
License number: G81461  
NPI: 1821299520  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH CENTER  
4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

### SHEIKH MOHAMED, AMIRA A

Provider ID: 227469  
Provider Gender: Female  
License number: A153975  
NPI: 1831583079  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Arabic, French, Hindi, Italian, Urdu  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH CENTER  
3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

9AM-5PM

### **SY, RAMON S**

*Provider ID:* 227469

*Provider Gender:* Male

*License number:* A51843

*NPI:* 1982617403

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital

*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH CENTER

3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

### **VELAZQUEZ CAMARENA, MARIA D**

*Provider ID:* 206292

*Provider Gender:* Female

*License number:* A56153

*NPI:* 1518965714

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH CENTER

4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **WEN, AKI YEN CHANG**

*Provider ID:* 227411

*Provider Gender:* Male

*License number:* 20A12555

*NPI:* 1205126505

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH CENTER

4050 BEYER BLVD  
SAN YSIDRO, CA 92173-2007

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

### **INTERVENTIONAL CARDIOLOGY**

### **MOUSSAVIAN, MEHRAN**

*Provider ID:* 206292

*Provider Gender:* Male

*License number:* 20A7241

*NPI:* 1689788234

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Farsi, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital

*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH CENTER

4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007

*Phone:* (619) 662-4100

*Fax:* (619) 205-6341

*After Hours Phone:* (619)

662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-F 8AM-5:30PM, SA  
8:30AM-2PM

### **OBSTETRICS / GYNECOLOGY**

### **BERGGREN, ERICA K**

*Provider ID:* 227411

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

License number: C158543  
 NPI: 1912159674  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Scripps Memorial  
 Hospital, Scripps Green Hospital,  
 Scripps Mercy Hospital Chula  
 Vista, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA  
 9AM-5PM

### **CARR, MIANDA C**

Provider ID: 206292  
 Provider Gender: Female  
 License number: A104660  
 NPI: 1083815823  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: St Josephs  
 Med Center Of Stockton, Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Mercy Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH

CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5:30PM, SA  
 8:30AM-2PM

### **CARSON, LATISA S**

Provider ID: 206292  
 Provider Gender: Female  
 License number: A72235  
 NPI: 1245229129  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5:30PM, SA

8:30AM-2PM

### **DANESHMAND, SHAHRAM S**

Provider ID: 206292  
 Provider Gender: Male  
 License number: A63844  
 NPI: 1891867412  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Grossmont Hospital, Sharp  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Memorial Hospital, Tri  
 City Medical Ctr, Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Scripps Green  
 Hospital, Scripps Mercy Hospital,  
 Scripps Mercy Hospital Chula  
 Vista

Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100

Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5:30PM, SA  
 8:30AM-2PM

### **DANESHMAND, SHAHRAM S**

Provider ID: 227411  
 Provider Gender: Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*License number:* A63844  
*NPI:* 1891867412  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH CENTER  
4050 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:* (619) 205-1948  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

### **DINH, MY T**

*Provider ID:* 206292  
*Provider Gender:* Female  
*License number:* 20A9907  
*NPI:* 1316146996  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH CENTER  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

### **DOLINSKY, BRAD M**

*Provider ID:* 227411  
*Provider Gender:* Male  
*License number:* C149818  
*NPI:* 1942480199  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH CENTER  
4050 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*

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

### **FAKSH, ARIJ**

*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* 20A14222  
*NPI:* 1912166737  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Tri City Medical Ctr, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH CENTER  
4050 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

### **GOLDSTEIN, EDWARD M**

*Provider ID:* 227411

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

*Provider Gender:* Male  
*License number:* G20087  
*NPI:* 1982617494  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:* (619) 205-1948  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**JENKINS, ENCHANTA L**  
*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* C143625  
*NPI:* 1285604702  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**

4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

**JIBRIL, DEANAH A**  
*Provider ID:* 206292  
*Provider Gender:* Female  
*License number:* 20A17489  
*NPI:* 1134183114  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* University Of California Irvine Med Ctr, Riverside Community Hosp  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA

8:30AM-2PM

**LAI, JASMINE**  
*Provider ID:* 206292  
*Provider Gender:* Female  
*License number:* A113482  
*NPI:* 1265661177  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**LAI, JASMINE**  
*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* A113482  
*NPI:* 1265661177  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100

*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

### **MAJERSKI GONZALEZ, MANDY M**

*Provider ID:* 206292  
*Provider Gender:* Female  
*License number:* A113914  
*NPI:* 1982812392  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007

*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

### **MAJERSKI GONZALEZ, MANDY M**

*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* A113914  
*NPI:* 1982812392  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

### **MENDEZ, DIEGO**

*Provider ID:* 227411  
*Provider Gender:* Male  
*License number:* A47906  
*NPI:* 1437181922  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Mercy General Hospital, Scripps Mercy Hospital Chula Vista, Bakersfield Memorial Hosp, Sharp Memorial Hospital, San Joaquin Comm Hosp, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

### **SEFA-BOAKYE, KOFI D**

*Provider ID:* 206292  
*Provider Gender:* Male  
*License number:* G59670  
*NPI:* 1902993660  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula

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## C. Primary Care Directory

Vista Med Ctr, Sharp Coronado  
Hosp And Healthcare Ctr,  
Scripps Mercy Hospital Chula  
Vista

*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH  
CENTER

4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100

*Fax:*  
*After Hours Phone:* (619)  
662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-F 8AM-5:30PM, SA  
8:30AM-2PM

### SHORT, ABIAD E C

*Provider ID:* 206292

*Provider Gender:* Male

*License number:* A114893

*NPI:* 1750559589

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Paradise  
Valley Hospital, Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital

*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH  
CENTER

4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)  
662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-F 8AM-5:30PM, SA  
8:30AM-2PM

### STARIKOV, ROMAN S

*Provider ID:* 227411

*Provider Gender:* Male

*License number:* C160626

*NPI:* 1396966537

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Russian

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Memorial  
Hospital, Scripps Memorial  
Hospital Encinitas, Scripps Mercy  
Hospital Chula Vista

*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH  
CENTER

4050 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)  
662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

9AM-5PM

## OPHTHALMOLOGY

### MANI, NASRIN

*Provider ID:* 227469

*Provider Gender:* Female

*License number:* A40473

*NPI:* 1023061314

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Arabic, Faroese, Farsi, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps  
Memorial Hospital, Sharp

Memorial Hospital, Ucsd Medical  
Ctr, Sharp Chula Vista Med Ctr,  
Grossmont Hospital

*Board Certified Specialty:* No  
IHP-SAN YSIDRO HEALTH  
CENTER

3364 BEYER BLVD  
SAN YSIDRO, CA 92173-1322  
*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)  
662-4100

*Website:* www.ihpsocal.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

### SKAF, AYHAM R

*Provider ID:* 227469

*Provider Gender:* Male

*License number:* A120584

*NPI:* 1285888628

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Arabic, Spanish

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## C. Primary Care Directory

*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Memorial Hospital  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

### PEDIATRICS

**ACEVEDO, SUSANA**  
*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* A74960  
*NPI:* 1801971569  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
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*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org

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

**ARGOUD, GEORGES E**  
*Provider ID:* 206292  
*Provider Gender:* Male  
*License number:* A21814  
*NPI:* 1215904461  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**BARBADILLO, FERDINAND F**  
*Provider ID:* 206292  
*Provider Gender:* Male

*License number:* A49307  
*NPI:* 1982662193  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 8:30AM-2PM

**BARBADILLO, FERDINAND F**  
*Provider ID:* 227411  
*Provider Gender:* Male  
*License number:* A49307  
*NPI:* 1982662193  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007

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## C. Primary Care Directory

Phone: (619) 662-4100  
 Fax: (619) 205-1948  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM

### **CABARLO, JEHRIB M**

Provider ID: 227411  
 Provider Gender: Male  
 License number: 20A8516  
 NPI: 1770661340  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM

### **CHAIT LLAMAS, LWBBA G**

Provider ID: 227411  
 Provider Gender: Female  
 License number: A138938  
 NPI: 1134567530  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Pioneers Memorial Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM

### **FUJII, CINDY M**

Provider ID: 227411  
 Provider Gender: Female  
 License number: G52183  
 NPI: 1871664821  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM

### **GHAHREMANI, SIMIN M**

Provider ID: 206292  
 Provider Gender: Female  
 License number: C51110  
 NPI: 1508904657  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

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## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>HERMAN, ANDREA M</b><br/> <i>Provider ID:</i> 227411<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A72721<br/> <i>NPI:</i> 1518970037<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital<br/> <i>Board Certified Specialty:</i> No<br/> IHP-SAN YSIDRO HEALTH CENTER<br/> 4050 BEYER BLVD<br/> SAN YSIDRO, CA 92173-2007<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i> (619) 205-1948<br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 🚫 <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8:30AM-5PM, SA 9AM-5PM</p> | <p><i>Board Certified Specialty:</i> No<br/> IHP-SAN YSIDRO HEALTH CENTER<br/> 4004 BEYER BLVD<br/> SAN YSIDRO, CA 92173-2007<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 🚫 <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5:30PM, SA 8:30AM-2PM</p> <p><b>PIANSAY, MARIA CORAZON M</b><br/> <i>Provider ID:</i> 206292<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A93785<br/> <i>NPI:</i> 1669680351<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista<br/> <i>Board Certified Specialty:</i> No<br/> IHP-SAN YSIDRO HEALTH CENTER<br/> 4004 BEYER BLVD<br/> SAN YSIDRO, CA 92173-2007<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No</p> | <p>🚫 <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5:30PM, SA 8:30AM-2PM</p> <p><b>SAHMS, TIMOTHY D</b><br/> <i>Provider ID:</i> 206292<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G51462<br/> <i>NPI:</i> 1780697276<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego<br/> <i>Board Certified Specialty:</i> No<br/> IHP-SAN YSIDRO HEALTH CENTER<br/> 4004 BEYER BLVD<br/> SAN YSIDRO, CA 92173-2007<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 🚫 <i>Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5:30PM, SA 8:30AM-2PM</p> |
| <p><b>HURST, MICHAEL D</b><br/> <i>Provider ID:</i> 206292<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> 20A8081<br/> <i>NPI:</i> 1205893104<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sutter Tracy Community Hosp, Scripps Memorial Hospital</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>4004 BEYER BLVD<br/> SAN YSIDRO, CA 92173-2007<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Website:</i> www.ihpsocal.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>SAHMS, TIMOTHY D</b><br/> <i>Provider ID:</i> 227411<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G51462<br/> <i>NPI:</i> 1780697276<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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## C. Primary Care Directory

*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:* (619) 205-1948  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

### **SHAHIDYAZDANI, TINA**

*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* A94813  
*NPI:* 1891924858  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA

9AM-5PM

### **SULLIVAN, ELISSA K**

*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* A169577  
*NPI:* 1790216422  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 4050 BEYER BLVD  
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*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

### **TAYLOR, TASHA K**

*Provider ID:* 227411  
*Provider Gender:* Female  
*License number:* A82187  
*NPI:* 1528144433  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 4050 BEYER BLVD

**SAN YSIDRO, CA 92173-2007**  
*Phone:* (619) 662-4100  
*Fax:* (619) 205-1948  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM

---

### **PHYSICIANS ASSISTANT**

---

### **HARMIS, NATASHA N**

*Provider ID:* 227469  
*Provider Gender:* Female  
*License number:* PA58672  
*NPI:* 1013516996  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-SAN YSIDRO HEALTH CENTER**  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.ihpsocal.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

### **KAMOTO, LYNN T**

Provider ID: 206292  
 Provider Gender: Female  
 License number: PA17162  
 NPI: 1447326459  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

### **SHARPE, NORMA A**

Provider ID: 206292  
 Provider Gender: Female  
 License number: PA20490  
 NPI: 1619100237  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

### **SUNA SITTO, MOHEEN**

Provider ID: 227469  
 Provider Gender: Female  
 License number: PA22855  
 NPI: 1497196729  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: (619) 600-4867  
 Fax:  
 After Hours Phone: (619) 600-4867  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM

### **PODIATRIST**

### **MANCHEL, BRUCE A**

Provider ID: 206292  
 Provider Gender: Male  
 License number: DPM2930  
 NPI: 1790890788  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Website: www.ihpsocal.org  
 Email:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8AM-5:30PM, SA 8:30AM-2PM

### **MANCHEL, BRUCE A**

Provider ID: 227469  
 Provider Gender: Male  
 License number: DPM2930  
 NPI: 1790890788  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH CENTER  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100

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## C. Primary Care Directory

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

### REGISTERED PHYSICAL THERAPIST

#### DESOUSA, MICHELLE M

Provider ID: 227469

Provider Gender: Female

License number: PT294313

NPI: 1912443649

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-SAN YSIDRO HEALTH  
CENTER

3364 BEYER BLVD

SAN YSIDRO, CA 92173-1322

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

### SURGERY GENERAL

#### OKWUOSA, CHRIS U

Provider ID: 206292

Provider Gender: Male

License number: A170738

NPI: 1114336260

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Providence St

Mary Medical Center

Board Certified Specialty: No

IHP-SAN YSIDRO HEALTH

CENTER

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website: www.ihpsocal.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-F 8AM-5:30PM, SA

8:30AM-2PM

### SANTEE

### FQHC

#### SAN YSIDRO HEALTH

#### SANTEE FAMILY MEDICINE,

Provider ID: 520609

Provider Gender:

License number: 550003575

NPI: 1376184911

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-SAN YSIDRO HEALTH

CENTER

120 TOWN CENTER PKWY

SANTEE, CA 92071-5801

Phone: (619) 445-6200

Fax: (619) 873-3476

After Hours Phone: (619)

445-6200

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E

Hours: M-SA 9AM-5PM

### PEDIATRICS

#### FINK, REBECCA

Provider ID: 502786

Provider Gender: Female

License number: A159345

NPI: 1659725562

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

9600 CUYAMACA ST STE 101

SANTEE, CA 92071-2692

Phone: (619) 749-2150

Fax: (619) 456-9744

After Hours Phone: (619)

749-2150

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

#### MANGINE, REGINA M

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

**Provider ID:** 366456  
**Provider Gender:** Female  
**License number:** A101261  
**NPI:** 1417177577  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady  
 Childrens Hospital San Diego,  
 Grossmont Hospital, Sharp Mary  
 Birch Hosp For Women And  
 Newborns  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH  
 NETWORK**  
 9600 CUYAMACA ST STE 101  
 SANTEE, CA 92071-2692  
**Phone:** (619) 749-2150  
**Fax:** (619) 456-9744  
**After Hours Phone:** (619)  
 749-2150  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):**  
 No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM

### SPRING VALLEY

#### CERTIFIED NURSE PRACTITIONER

**LEONARD, BEVERLY S**  
**Provider ID:** 206361  
**Provider Gender:** Female  
**License number:** NP10943  
**NPI:** 1285772392  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**

**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF  
 SAN DIEGO**  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
**Phone:** (619) 515-2555  
**Fax:**  
**After Hours Phone:** (619)  
 515-2555  
**Website:** www.fhcsd.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
 No  
**Accessibility:** ME  
**Hours:** M-SA 9AM-5PM

#### FAMILY PRACTICE

**BACHARACH, REBECCA E**  
**Provider ID:** 206361  
**Provider Gender:** Female  
**License number:** 20A15459  
**NPI:** 1225442643  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF  
 SAN DIEGO**  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
**Phone:** (619) 515-2555  
**Fax:**  
**After Hours Phone:** (619)  
 515-2555  
**Website:** www.fhcsd.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**

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

**CARDONES, ARTHUR J**  
**Provider ID:** 206361  
**Provider Gender:** Male  
**License number:** A55932  
**NPI:** 1962436451  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Tagalog  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Board Certified Specialty:** No  
**FAMILY HEALTH CENTERS OF  
 SAN DIEGO**  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
**Phone:** (619) 515-2555  
**Fax:**  
**After Hours Phone:** (619)  
 515-2555  
**Website:** www.fhcsd.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
 No  
**Accessibility:** ME  
**Hours:** M-SA 9AM-5PM

**CONSTANTINO, STEPHANIE L**  
**Provider ID:** 206361  
**Provider Gender:** Female  
**License number:** A149063  
**NPI:** 1366824971  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Mandarin  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy  
 Hospital  
**Board Certified Specialty:** No

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2555

Fax:

After Hours Phone: (619)

515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### ROSE, PATRICIA A

Provider ID: 206361

Provider Gender: Female

License number: A76059

NPI: 1588677314

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

### FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2555

Fax:

After Hours Phone: (619)

515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### SHAH, SAGAR K

Provider ID: 206361

Provider Gender: Male

License number: A171687

NPI: 1164780052

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

### FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2555

Fax:

After Hours Phone: (619)

515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### FQHC

### GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC,

Provider ID: 206361

Provider Gender:

License number:

NPI: 1508801069

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

### FAMILY HEALTH CENTERS OF

### SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2555

Fax: (619) 462-5584

After Hours Phone: (619)

515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### INTERNAL MEDICINE

### SHAHZAD, AHMAD

Provider ID: 206361

Provider Gender: Male

License number: C169910

NPI: 1982983557

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Uc Davis

Medical Ctr

Board Certified Specialty: No

### FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2555

Fax:

After Hours Phone: (619)

515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

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## C. Primary Care Directory

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

### OBSTETRICS / GYNECOLOGY

#### ALIMONOS, LYSISTRATI A

Provider ID: 206361  
Provider Gender: Female  
License number: 20A14919  
NPI: 1619397031  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2555  
Fax:  
After Hours Phone: (619) 515-2555  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

#### BUECHNER, CHARLENE A

Provider ID: 206361  
Provider Gender: Female  
License number: A68463  
NPI: 1376663831  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp

Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp Mary  
Birch Hosp For Women And  
Newborns  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2555  
Fax:  
After Hours Phone: (619) 515-2555  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

#### CAMPBELL, ELIZABETH C

Provider ID: 206361  
Provider Gender: Female  
License number: 20A6763  
NPI: 1932147329  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Palomar Medical Center, Pomerado Hospital, Rady Childrens Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD

SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2555  
Fax:  
After Hours Phone: (619) 515-2555  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

#### CARTER, KHALIL J

Provider ID: 206361  
Provider Gender: Male  
License number: A113001  
NPI: 1225231582  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2555  
Fax:  
After Hours Phone: (619) 515-2555  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

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## C. Primary Care Directory

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>CERVANTES, SANDRA M</b><br/> <i>Provider ID:</i> 206361<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A118095<br/> <i>NPI:</i> 1073701041<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital<br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 8788 JAMACHA RD<br/> SPRING VALLEY, CA<br/> 91977-4035<br/> <i>Phone:</i> (619) 515-2555<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2555<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 📞 <i>Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> | <p>8788 JAMACHA RD<br/> SPRING VALLEY, CA<br/> 91977-4035<br/> <i>Phone:</i> (619) 515-2555<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2555<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 📞 <i>Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> <p><b>FOLCH TORRES-AGUIAR, BEATRIZ M</b><br/> <i>Provider ID:</i> 206361<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A148014<br/> <i>NPI:</i> 1457794752<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish, Yue Chinese<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital<br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 8788 JAMACHA RD<br/> SPRING VALLEY, CA<br/> 91977-4035<br/> <i>Phone:</i> (619) 515-2555<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2555<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 📞 <i>Accessibility:</i> ME</p> | <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><b>HANLEY, LAUREN E</b><br/> <i>Provider ID:</i> 206361<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> C174771<br/> <i>NPI:</i> 1053392035<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Sharp Grossmont Hospital<br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b><br/> 8788 JAMACHA RD<br/> SPRING VALLEY, CA<br/> 91977-4035<br/> <i>Phone:</i> (619) 515-2555<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2555<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 📞 <i>Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM</p> |
| <p><b>DE MIK, TRAVIS J</b><br/> <i>Provider ID:</i> 206361<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A108228<br/> <i>NPI:</i> 1629277322<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Board Certified Specialty:</i> No<br/> <b>FAMILY HEALTH CENTERS OF SAN DIEGO</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>91977-4035<br/> <i>Phone:</i> (619) 515-2555<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2555<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> 📞 <i>Accessibility:</i> ME</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>LIPSCHITZ, LISA S</b><br/> <i>Provider ID:</i> 206361<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A72005<br/> <i>NPI:</i> 1649208711<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital,</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Grossmont Hospital  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: (619) 515-2555

Fax:

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### LOEFFLER, ALLISON M

Provider ID: 206361

Provider Gender: Female

License number: A116680

NPI: 1700073962

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy Hospital,  
Scripps Mercy Hospital Chula  
Vista

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: (619) 515-2555

Fax:

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### MELENDEZ BERRIOS, IARA DEL M

Provider ID: 206361

Provider Gender: Female

License number: A114181

NPI: 1740514249

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Grossmont Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: (619) 515-2555

Fax:

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### RODRIGUEZ JEREZ, ROBERTO D

Provider ID: 206361

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: (619) 515-2555

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Website: www.fhcsd.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### SAPRA, SONIA V

Provider ID: 206361

Provider Gender: Female

License number: A164859

NPI: 1952751711

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Hindi

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

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## C. Primary Care Directory

Phone: (619) 515-2555  
Fax:  
After Hours Phone: (619)  
515-2555

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **SINGH, RASHMI**

Provider ID: 206361

Provider Gender: Female

License number: A168236

NPI: 1679937619

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: (619) 515-2555

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After Hours Phone: (619)  
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Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **WINESBURG, JENNIFER J**

Provider ID: 206361

Provider Gender: Female

License number: 20A11535

NPI: 1811162456

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital, Desert Regional Med  
Ctr

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

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Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

### **ZIEG, ALAN J**

Provider ID: 206361

Provider Gender: Male

License number: G78814

NPI: 1699790634

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy Hospital,  
Sharp Coronado Hosp And  
Healthcare Ctr, Scripps Mercy  
Hospital Chula Vista

Board Certified Specialty: No

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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SPRING VALLEY, CA

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Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

## **PEDIATRICS**

### **GONZALEZ, AMANDA R**

Provider ID: 206361

Provider Gender: Female

License number: A169342

NPI: 1750745493

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

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Email:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

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## C. Primary Care Directory

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

### PHYSICIANS ASSISTANT

#### LOPEZ, MARIO A

Provider ID: 206361  
Provider Gender: Male  
License number: PA21385  
NPI: 1932335080  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2555  
Fax:  
After Hours Phone: (619)  
515-2555  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

#### TRAN, TU-UYEN T

Provider ID: 206361  
Provider Gender: Female  
License number: PA54588  
NPI: 1598293748  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2555  
Fax:  
After Hours Phone: (619)  
515-2555  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

#### TURNER, ERIC M

Provider ID: 206361  
Provider Gender: Male  
License number: PA55067  
NPI: 1669756128  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
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515-2555  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### PODIATRIST

#### MILLER, GLENN A

Provider ID: 206361  
Provider Gender: Male  
License number: DPM3584  
NPI: 1164457966  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Board Certified Specialty: No  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
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SPRING VALLEY, CA  
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515-2555  
Website: www.fhcsd.org  
Email:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM

### VALLEY CENTER

### PEDIATRICS

#### CRAYCHEE, LEO C

Provider ID: 71887  
Provider Gender: Male  
License number: G59127  
NPI: 1265432710  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady

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## C. Primary Care Directory

Childrens Hospital San Diego  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

28714 VALLEY CENTER RD  
STE L

VALLEY CENTER, CA

92082-6554

Phone: (760) 749-7770

Fax: (760) 751-9988

After Hours Phone: (760)

749-7770

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

### VISTA

### CARDIOLOGY

#### DO, HULBERT N

Provider ID: 206338

Provider Gender: Male

License number: C162072

NPI: 1679733760

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM

### CERTIFIED NURSE PRACTITIONER

#### BAEK, KILHYO K

Provider ID: 206338

Provider Gender: Female

License number: NP95003571

NPI:

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

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Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

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Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM

#### BROMAN, GRETCHEN L

Provider ID: 206338

Provider Gender: Female

License number: NP95007885

NPI: 1922421288

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

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Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM

#### HALGEDAHL, YI T

Provider ID: 206338

Provider Gender: Male

License number: NP95006826

NPI: 1619246907

Provider English Spoken: Yes

Provider Language(s) Spoken:

Chinese

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

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## C. Primary Care Directory

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)  
631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 9AM-4PM

### **HALGEDAHL, YI T**

Provider ID: 400339

Provider Gender: Male

License number: NP95006826

NPI: 1619246907

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Chinese

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-VISTA COMMUNITY  
CLINIC

134 GRAPEVINE RD  
VISTA, CA 92083-4004

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)  
631-5000

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M,W-F 8AM-5PM, TU  
10:30AM-7:30PM, SA 9AM-5PM

### **KAYE, ALYSON R**

Provider ID: 206338

Provider Gender: Female

License number: NP23217

NPI: 1457668840

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No  
IHP-VISTA COMMUNITY  
CLINIC

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: (760) 414-3892

Fax:

After Hours Phone: (760)  
414-3892

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 9AM-4PM

### **KELLEHER, BRIDGET M**

Provider ID: 206338

Provider Gender: Female

License number: NP95003447

NPI: 1245695006

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Tri City  
Medical Ctr

Board Certified Specialty: No  
IHP-VISTA COMMUNITY  
CLINIC

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)  
631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 9AM-4PM

### **KELLEHER, BRIDGET M**

Provider ID: 400339

Provider Gender: Female

License number: NP95003447

NPI: 1245695006

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Tri City  
Medical Ctr

Board Certified Specialty: No  
IHP-VISTA COMMUNITY  
CLINIC

134 GRAPEVINE RD  
VISTA, CA 92083-4004

Phone: (760) 631-5000

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After Hours Phone: (760)  
631-5000

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

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## C. Primary Care Directory

Hours: M,W-F 8AM-5PM, TU  
10:30AM-7:30PM, SA 9AM-5PM

### **MAOKHAMPHIOU, DEBBIE W**

Provider ID: 206338

Provider Gender: Female

License number: NP95009149

NPI: 1275025827

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM

### **NICHOLAS, ESTELA M**

Provider ID: 206338

Provider Gender: Female

License number: NP11448

NPI: 1558384792

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-VISTA COMMUNITY  
CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (844) 308-5003

Fax:

After Hours Phone: (844)

308-5003

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM

### **PATEMAN, CAROLYN U**

Provider ID: 206338

Provider Gender: Female

License number: NP10896

NPI: 1205859444

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM

### **SCHAEPE, RHODORA A**

Provider ID: 400339

Provider Gender: Female

License number: RN410247

NPI: 1700974789

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

134 GRAPEVINE RD

VISTA, CA 92083-4004

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M,W-F 8AM-5PM, TU

10:30AM-7:30PM, SA 9AM-5PM

### **SCHAEPE, RHODORA A**

Provider ID: 400339

Provider Gender: Female

License number: NP7791

NPI: 1700974789

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-VISTA COMMUNITY

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CLINIC</b><br>134 GRAPEVINE RD<br>VISTA, CA 92083-4004<br>Phone: (760) 631-5000<br>Fax:<br>After Hours Phone: (760) 631-5000<br>Website:<br>Email:<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/999<br>American Sign Language (ASL): No<br>♿ Accessibility: W<br>Hours: M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM                                                                                                                                                                                                                                                                                                                              | 8AM-5PM, SA 9AM-4PM<br><hr/> <b>CERTIFIED REGISTERED<br/>NURSE MIDWIFE</b><br><hr/> <b>ZAMORA-FLYR, MARIA M</b><br>Provider ID: 206338<br>Provider Gender: Female<br>License number: NM1634<br>NPI: 1194938647<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation:<br>Board Certified Specialty: No<br>IHP-VISTA COMMUNITY CLINIC<br>1000 VALE TERRACE DR<br>VISTA, CA 92084-5218<br>Phone: (760) 631-5000<br>Fax:<br>After Hours Phone: (760) 631-5000<br>Website:<br>www.vistacommunityclinic.org<br>Email:<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/999<br>American Sign Language (ASL): No<br>♿ Accessibility: P, EB, IB, E, T, W, ME<br>Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM | Hospital Affiliation:<br>Board Certified Specialty: No<br>IHP-VISTA COMMUNITY CLINIC<br>1000 VALE TERRACE DR<br>VISTA, CA 92084-5218<br>Phone: (760) 414-3892<br>Fax:<br>After Hours Phone: (760) 414-3892<br>Website:<br>www.vistacommunityclinic.org<br>Email:<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/999<br>American Sign Language (ASL): No<br>♿ Accessibility: P, EB, IB, E, T, W, ME<br>Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM                                                                       |
| <b>YOUNG, JENNIFER A</b><br>Provider ID: 206338<br>Provider Gender: Female<br>License number: NP95003087<br>NPI: 1558701094<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation:<br>Board Certified Specialty: No<br>IHP-VISTA COMMUNITY CLINIC<br>1000 VALE TERRACE DR<br>VISTA, CA 92084-5218<br>Phone: (760) 414-3892<br>Fax:<br>After Hours Phone: (760) 414-3892<br>Website:<br>www.vistacommunityclinic.org<br>Email:<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/999<br>American Sign Language (ASL): No<br>♿ Accessibility: P, EB, IB, E, T, W, ME<br>Hours: M-TH 8AM-8PM, F | <b>CHIROPRACTOR</b><br><hr/> <b>CORTEZ, JAIME</b><br>Provider ID: 206338<br>Provider Gender: Male<br>License number: DC31392<br>NPI: 1508195348<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>JU, NATHANIEL</b><br>Provider ID: 206338<br>Provider Gender: Male<br>License number: DC32054<br>NPI: 1972883882<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Chinese<br>Cultural Competency: No<br>Hospital Affiliation:<br>Board Certified Specialty: No<br>IHP-VISTA COMMUNITY CLINIC<br>1000 VALE TERRACE DR<br>VISTA, CA 92084-5218<br>Phone: (760) 631-5000<br>Fax:<br>After Hours Phone: (760) 631-5000<br>Website:<br>www.vistacommunityclinic.org<br>Email:<br>Medi-Cal Open Panel: Yes |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **JU, NATHANIEL**

*Provider ID:* 400339  
*Provider Gender:* Male  
*License number:* DC32054  
*NPI:* 1972883882  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

### **FAMILY PRACTICE**

### **ESPINOSA-SILVA, YAMINAH**

*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* 20A12958  
*NPI:* 1003172016  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **ESPINOSA-SILVA, YAMINAH**

*Provider ID:* 400339  
*Provider Gender:* Female  
*License number:* 20A12958  
*NPI:* 1003172016  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004

*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

### **FATLAND, SARAH E**

*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* 20A18374  
*NPI:* 1831354026  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **KETCHEL, CLINT**

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## C. Primary Care Directory

**Provider ID:** 206338  
**Provider Gender:** Male  
**License number:** A135564  
**NPI:** 1699038125  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Arabic, Spanish, Syriac  
**Cultural Competency:** No  
**Hospital Affiliation:** Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Whittier Hospital Medical Center  
**Board Certified Specialty:** No  
**IHP-VISTA COMMUNITY CLINIC**  
**1000 VALE TERRACE DR VISTA, CA 92084-5218**  
**Phone:** (760) 631-5000  
**Fax:**  
**After Hours Phone:** (760) 631-5000  
**Website:** www.vistacommunityclinic.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:** P, EB, IB, E, T, W, ME  
**Hours:** M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### KETCHEL, CLINT

**Provider ID:** 400339  
**Provider Gender:** Male  
**License number:** A135564  
**NPI:** 1699038125  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Arabic, Spanish, Syriac  
**Cultural Competency:** No

**Hospital Affiliation:** Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Whittier Hospital Medical Center  
**Board Certified Specialty:** No  
**IHP-VISTA COMMUNITY CLINIC**  
**134 GRAPEVINE RD VISTA, CA 92083-4004**  
**Phone:** (760) 631-5000  
**Fax:**  
**After Hours Phone:** (760) 631-5000  
**Website:**  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:** W  
**Hours:** M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

### LAROCQUE, MICHAEL A

**Provider ID:** 206338  
**Provider Gender:** Male  
**License number:** C34614  
**NPI:** 1306879549  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
**Board Certified Specialty:** No  
**IHP-VISTA COMMUNITY CLINIC**  
**1000 VALE TERRACE DR VISTA, CA 92084-5218**

**Phone:** (760) 631-5000  
**Fax:**  
**After Hours Phone:** (760) 631-5000  
**Website:** www.vistacommunityclinic.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:** P, EB, IB, E, T, W, ME  
**Hours:** M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### LEONARD, LISA A

**Provider ID:** 206338  
**Provider Gender:** Female  
**License number:** G79676  
**NPI:** 1477588598  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** French, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Tri City Medical Ctr  
**Board Certified Specialty:** No  
**IHP-VISTA COMMUNITY CLINIC**  
**1000 VALE TERRACE DR VISTA, CA 92084-5218**  
**Phone:** (760) 631-5000  
**Fax:** (760) 414-3892  
**After Hours Phone:** (760) 631-5000  
**Website:** www.vistacommunityclinic.org  
**Email:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:** P, EB, IB, E, T, W, ME

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 9AM-4PM

**MERRILL-WILSON, PATRICIA**

Provider ID: 206338

Provider Gender: Female

License number: 20A13157

NPI: 1427038926

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM

**PANICKER, CIBU**

Provider ID: 206338

Provider Gender: Male

License number: A149340

NPI: 1235492760

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM

**PUDOL, CHRISTOPHER B**

Provider ID: 206338

Provider Gender: Male

License number: 20A14907

NPI: 1851386080

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas, Tri

City Medical Ctr

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM

**SIMATI, BETH L**

Provider ID: 206338

Provider Gender: Female

License number: C156596

NPI: 1417187618

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Whittier

Hospital Medical Center, Scripps

Memorial Hospital Encinitas, Tri

City Medical Ctr

Board Certified Specialty: No

IHP-VISTA COMMUNITY

CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax:

After Hours Phone: (760)

631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM

**SIMATI, BETH L**

Provider ID: 400339

Provider Gender: Female

License number: C156596

NPI: 1417187618

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## C. Primary Care Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Whittier  
 Hospital Medical Center, Scripps  
 Memorial Hospital Encinitas, Tri  
 City Medical Ctr  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY  
 CLINIC**  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M,W-F 8AM-5PM, TU  
 10:30AM-7:30PM, SA 9AM-5PM

### **THOMPSON, CHERYL E**

*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* A102687  
*NPI:* 1548429863  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Providence St  
 Jude Medical Center, Tri City  
 Medical Ctr  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY  
 CLINIC**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

*Phone:* (844) 308-5003  
*Fax:*  
*After Hours Phone:* (844)  
 308-5003  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, T,  
 W, ME  
*Hours:* M-TH 8AM-8PM, F  
 8AM-5PM, SA 9AM-4PM

### **TRAN, DAO M**

*Provider ID:* 206338  
*Provider Gender:* Male  
*License number:* 20A14485  
*NPI:* 1659771368  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY  
 CLINIC**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, T,  
 W, ME  
*Hours:* M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM

### **TRAN, DAO M**

*Provider ID:* 400339  
*Provider Gender:* Male  
*License number:* 20A14485  
*NPI:* 1659771368  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY  
 CLINIC**  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M,W-F 8AM-5PM, TU  
 10:30AM-7:30PM, SA 9AM-5PM

---

### **FQHC**

---

### **VCC DURIAN,**

*Provider ID:* 411518  
*Provider Gender:*  
*License number:* 080000328  
*NPI:* 1851300123  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:*  
**IHP-VISTA COMMUNITY**

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

### CLINIC

105 DURIAN ST STE A  
VISTA, CA 92083-6206

Phone: (844) 308-5003

Fax: (760) 414-3892

After Hours Phone: (844)  
308-5003

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

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

### VCC DURIAN,

Provider ID: 411518

Provider Gender:

License number: 1851300123

NPI: 1851300123

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-VISTA COMMUNITY  
CLINIC

105 DURIAN ST STE A  
VISTA, CA 92083-6206

Phone: (844) 308-5003

Fax: (760) 414-3892

After Hours Phone: (844)  
308-5003

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

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

### VISTA COMMUNITY CLINIC GRAPEVINE,

Provider ID: 400339

Provider Gender:

License number: 080000328

NPI: 1851300123

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-VISTA COMMUNITY  
CLINIC

134 GRAPEVINE RD  
VISTA, CA 92083-4004

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website:

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M,W-F 8AM-5PM, TU  
10:30AM-7:30PM, SA 9AM-5PM

### VISTA COMMUNITY CLINIC,

Provider ID: 206338

Provider Gender:

License number: 080000002

NPI: 1316501562

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-VISTA COMMUNITY  
CLINIC

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 9AM-4PM

### VISTA COMMUNITY CLINIC,

Provider ID: 206338

Provider Gender:

License number: 080000002

NPI: 1851300123

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Board Certified Specialty:

IHP-VISTA COMMUNITY  
CLINIC

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website:

www.vistacommunityclinic.org

Email:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, T,  
W, ME

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 9AM-4PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## C. Primary Care Directory

| GENERAL PRACTICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Memorial Hospital Encinitas, Tri City Medical Ctr<br/> <i>Board Certified Specialty:</i> No<br/> IHP-VISTA COMMUNITY CLINIC<br/> 1000 VALE TERRACE DR<br/> VISTA, CA 92084-5218<br/> <i>Phone:</i> (760) 631-5000<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 631-5000<br/> <i>Website:</i><br/> www.vistacommunityclinic.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, T, W, ME<br/> <i>Hours:</i> M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM</p> | <p><i>Website:</i><br/> www.vistacommunityclinic.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, T, W, ME<br/> <i>Hours:</i> M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>RONAN, KEVIN J</b><br/> <i>Provider ID:</i> 206338<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G77176<br/> <i>NPI:</i> 1225017353<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish, Tagalog<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Tri City Medical Ctr, Scripps Memorial Hospital Encinitas<br/> <i>Board Certified Specialty:</i> No<br/> IHP-VISTA COMMUNITY CLINIC<br/> 1000 VALE TERRACE DR<br/> VISTA, CA 92084-5218<br/> <i>Phone:</i> (760) 631-5000<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 631-5000<br/> <i>Website:</i><br/> www.vistacommunityclinic.org<br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> P, EB, IB, E, T, W, ME<br/> <i>Hours:</i> M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM</p> | <p><b>DELGADILLO, ALEXANDER</b><br/> <i>Provider ID:</i> 206338<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G89399<br/> <i>NPI:</i> 1245298769<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Temecula Valley Hospital Inc<br/> <i>Board Certified Specialty:</i> No<br/> IHP-VISTA COMMUNITY CLINIC<br/> 1000 VALE TERRACE DR<br/> VISTA, CA 92084-5218<br/> <i>Phone:</i> (760) 631-5000<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 631-5000</p>                                                                       | <p><b>DELGADILLO, ALEXANDER</b><br/> <i>Provider ID:</i> 400339<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G89399<br/> <i>NPI:</i> 1245298769<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Temecula Valley Hospital Inc<br/> <i>Board Certified Specialty:</i> No<br/> IHP-VISTA COMMUNITY CLINIC<br/> 134 GRAPEVINE RD<br/> VISTA, CA 92083-4004<br/> <i>Phone:</i> (760) 631-5000<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 631-5000<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM</p> |
| INTERNAL MEDICINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>HASSANI, FARZANEH</b><br/> <i>Provider ID:</i> 400339<br/> <i>Provider Gender:</i> Female</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>BOQUIN, ENRIQUE M</b><br/> <i>Provider ID:</i> 206338<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> C52564<br/> <i>NPI:</i> 1891759403<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*License number:* C54458  
*NPI:* 1942204979  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Farsi, Persian, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY CLINIC**  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

**MACMURRAY, MICHAEL L**  
*Provider ID:* 206338  
*Provider Gender:* Male  
*License number:* A83313  
*NPI:* 1386660280  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY CLINIC**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:* www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**PARIKH, MILIND D**  
*Provider ID:* 206338  
*Provider Gender:* Male  
*License number:* 20A13745  
*NPI:* 1194161406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY CLINIC**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:* www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, T, W, ME

*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**RHIANNON, JULIA**  
*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* C171929  
*NPI:* 1508959347  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY CLINIC**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:* www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**WEISSMAN, WILLIAM R**  
*Provider ID:* 400339  
*Provider Gender:* Male  
*License number:* G15046  
*NPI:* 1730114992  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Scripps Memorial Hospital

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

Encinitas, Tri City Medical Ctr  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM

### **INTERVENTIONAL CARDIOLOGY**

**MOUSSAVIAN, MEHRAN**  
*Provider ID:* 206338  
*Provider Gender:* Male  
*License number:* 20A7241  
*NPI:* 1689788234  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **OBSTETRICS / GYNECOLOGY**

**ARRIETA, IRIS R**  
*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* A125026  
*NPI:* 1659614303  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**FRANCIS, LARRY N**  
*Provider ID:* 206338  
*Provider Gender:* Male  
*License number:* A34827  
*NPI:* 1215008552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Southwest Healthcare System Murrieta, Sharp Memorial Hospital  
*Board Certified Specialty:* Yes  
 IHP-VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*

*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**HAWKINS, MELISSA A**  
*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* A62780  
*NPI:* 1851620447

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY CLINIC**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **KARANIKKIS, CHRISTOS A**

*Provider ID:* 206338  
*Provider Gender:* Male  
*License number:* 20A9149  
*NPI:* 1235192691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Greek, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY CLINIC**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **LEON, JOSUE D**

*Provider ID:* 206338  
*Provider Gender:* Male  
*License number:* A80635  
*NPI:* 1497799092  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Tri City Medical Ctr  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY CLINIC**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, T, W, ME

W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **LOPEZ, SANDRA**

*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* A73316  
*NPI:* 1962421651  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center, Sharp Chula Vista Med Ctr  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY CLINIC**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:* (858) 715-1316  
*After Hours Phone:* (760) 631-5000  
*Website:*  
[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **QUAN, MARIA C**

*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* C143703  
*NPI:* 1043281405  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## C. Primary Care Directory

Russian, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### PEDIATRICS

**AMANI, RAMIN**  
*Provider ID:* 79901  
*Provider Gender:* Male  
*License number:* A53984  
*NPI:* 1659366292  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 950 CIVIC CENTER DR # A  
 VISTA, CA 92083-5208

*Phone:* (760) 439-4839  
*Fax:* (760) 439-4841  
*After Hours Phone:* (760) 439-4839  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

**AMBO, STANLEY G**  
*Provider ID:* 52269  
*Provider Gender:* Male  
*License number:* G77814  
*NPI:* 1891735676  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2067 W VISTA WAY STE 180  
 VISTA, CA 92083-6033  
*Phone:* (760) 945-3434  
*Fax:* (760) 945-6761  
*After Hours Phone:* (760) 945-3434  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM

**BAILEY, ROMANA**  
*Provider ID:* 206338

*Provider Gender:* Female  
*License number:* A72224  
*NPI:* 1396023685  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Czech  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Community Memorial Hosp Of San Buenaventura, St Johns Regional Medical Center  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (844) 308-5003  
*Fax:*  
*After Hours Phone:* (844) 308-5003  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

**CASTRO, JORGE L**  
*Provider ID:* 100779  
*Provider Gender:* Male  
*License number:* A41618  
*NPI:* 1326082868  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## C. Primary Care Directory

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

2067 W VISTA WAY STE 180  
VISTA, CA 92083-6033

*Phone:* (760) 945-3434

*Fax:* (760) 945-6761

*After Hours Phone:* (760)  
945-3434

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R, T

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

### **FREDRICKS, ROBERT E**

*Provider ID:* 206338

*Provider Gender:* Male

*License number:* G86902

*NPI:* 1073524492

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Board Certified Specialty:* No  
IHP-VISTA COMMUNITY  
CLINIC

1000 VALE TERRACE DR  
VISTA, CA 92084-5218

*Phone:* (760) 631-5000

*Fax:*

*After Hours Phone:* (760)  
631-5000

*Website:*

www.vistacommunityclinic.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, T,

W, ME

*Hours:* M-TH 8AM-8PM, F  
8AM-5PM, SA 9AM-4PM

### **GRANT, COLETTE L**

*Provider ID:* 328679

*Provider Gender:* Female

*License number:* G65865

*NPI:* 1073638680

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Southwest Healthcare System

Wildomar, Southwest Healthcare  
System Murrieta

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

2067 W VISTA WAY STE 180  
VISTA, CA 92083-6033

*Phone:* (760) 945-3434

*Fax:* (760) 945-6761

*After Hours Phone:* (760)  
945-3434

*Website:*

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

### **GUNTA, SUJANA S**

*Provider ID:* 206338

*Provider Gender:* Female

*License number:* A109056

*NPI:* 1932304342

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Hindi, Marathi, Spanish, Telugu

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego, Tri  
City Medical Ctr

*Board Certified Specialty:* No  
IHP-VISTA COMMUNITY  
CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

*Phone:* (760) 631-5000

*Fax:*

*After Hours Phone:* (760)  
631-5000

*Website:*

www.vistacommunityclinic.org

*Email:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, T,  
W, ME

*Hours:* M-TH 8AM-8PM, F  
8AM-5PM, SA 9AM-4PM

### **HARTFORD, NICOLE P**

*Provider ID:* 206338

*Provider Gender:* Female

*License number:* 20A14390

*NPI:* 1346530466

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital Encinitas, Tri  
City Medical Ctr

*Board Certified Specialty:* No  
IHP-VISTA COMMUNITY  
CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

*Phone:* (760) 414-3892

*Fax:*

*After Hours Phone:* (760)  
414-3892

*Website:*

www.vistacommunityclinic.org

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## C. Primary Care Directory

*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, T,  
 W, ME  
*Hours:* M-TH 8AM-8PM, F  
 8AM-5PM, SA 9AM-4PM

### **HOKE, EILEEN M**

*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* A62558  
*NPI:* 1528031457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY  
 CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (844) 308-5003  
*Fax:*  
*After Hours Phone:* (844)  
 308-5003  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, T,  
 W, ME  
*Hours:* M-TH 8AM-8PM, F  
 8AM-5PM, SA 9AM-4PM

### **LUSCHWITZ, BRIAN S**

*Provider ID:* 400339  
*Provider Gender:* Male  
*License number:* A60517

*NPI:* 1205868510  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY  
 CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M,W-F 8AM-5PM, TU  
 10:30AM-7:30PM, SA 9AM-5PM

### **MOVAHHEDIAN, HAMID R**

*Provider ID:* 206338  
*Provider Gender:* Male  
*License number:* A49253  
*NPI:* 1619920816  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Faroese, Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr  
*Board Certified Specialty:* No  
 IHP-VISTA COMMUNITY  
 CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
 www.vistacommunityclinic.org  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, T,  
 W, ME  
*Hours:* M-TH 8AM-8PM, F  
 8AM-5PM, SA 9AM-4PM

### **NAUDIN, VERONICA L**

*Provider ID:* 84118  
*Provider Gender:* Female  
*License number:* G75489  
*NPI:* 1093755878  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas, Rady  
 Childrens Hospital San Diego  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2067 W VISTA WAY STE 180  
 VISTA, CA 92083-6033  
*Phone:* (760) 945-3434  
*Fax:* (760) 945-6761  
*After Hours Phone:* (760)  
 945-3434  
*Website:*  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM

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## C. Primary Care Directory

### **PARK, SUE A**

*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* A64003  
*NPI:* 1538176201  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY CLINIC**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **RAHIMI, NASSRIN**

*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* A56214  
*NPI:* 1063438166  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY**

### **CLINIC**

1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **RAYA-MORONES, RUBY A**

*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* G51286  
*NPI:* 1164467791  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Pih Health Hospital - Whittier, Marian Regional Medical Center, Whittier Hospital Medical Center, Providence St Jude Medical Center  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY CLINIC**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

### *Email:*

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

## PHYSICIANS ASSISTANT

### **WALLACE, STEPHANIE C**

*Provider ID:* 206338  
*Provider Gender:* Female  
*License number:* PA19629  
*NPI:* 1518104942  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr  
*Board Certified Specialty:* No  
**IHP-VISTA COMMUNITY CLINIC**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Website:*  
[www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
*Email:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM

### **WEAVER, APRIL H**

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## C. Primary Care Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>Provider ID:</b> 206338<br><b>Provider Gender:</b> Female<br><b>License number:</b> PA20775<br><b>NPI:</b> 1063552800<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b><br><b>Board Certified Specialty:</b> No<br><b>IHP-VISTA COMMUNITY CLINIC</b><br><b>1000 VALE TERRACE DR</b><br><b>VISTA, CA 92084-5218</b><br><b>Phone:</b> (844) 308-5003<br><b>Fax:</b><br><b>After Hours Phone:</b> (844) 308-5003<br><b>Website:</b><br><a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a><br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/999<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b> P, EB, IB, E, T, W, ME<br><b>Hours:</b> M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM | <b>Phone:</b> (760) 631-5000<br><b>Fax:</b><br><b>After Hours Phone:</b> (760) 631-5000<br><b>Website:</b><br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/999<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b> W<br><b>Hours:</b> M,W-F 8AM-5PM, TU 10:30AM-7:30PM, SA 9AM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Hours:</b> M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM |
| <b>PODIATRIST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |
| <b>WEAVER, APRIL H</b><br><b>Provider ID:</b> 400339<br><b>Provider Gender:</b> Female<br><b>License number:</b> PA20775<br><b>NPI:</b> 1063552800<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b><br><b>Board Certified Specialty:</b> No<br><b>IHP-VISTA COMMUNITY CLINIC</b><br><b>134 GRAPEVINE RD</b><br><b>VISTA, CA 92083-4004</b>                                                                                                                                                                                                                                                                                                                                                                                                            | <b>MILLER, JULIE A</b><br><b>Provider ID:</b> 206338<br><b>Provider Gender:</b> Female<br><b>License number:</b> DPM3999<br><b>NPI:</b> 1619115664<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Memorial Hospital Encinitas, Tri City Medical Ctr<br><b>Board Certified Specialty:</b> No<br><b>IHP-VISTA COMMUNITY CLINIC</b><br><b>1000 VALE TERRACE DR</b><br><b>VISTA, CA 92084-5218</b><br><b>Phone:</b> (760) 631-5000<br><b>Fax:</b><br><b>After Hours Phone:</b> (760) 631-5000<br><b>Website:</b><br><a href="http://www.vistacommunityclinic.org">www.vistacommunityclinic.org</a><br><b>Email:</b><br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/999<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b> P, EB, IB, E, T, W, ME |                                                   |

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## D. Specialist Provider Directory

| <b>ALPINE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFIED NURSE PRACTITIONER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>NACE, MICHAEL A , NPA</b><br/> <i>Provider ID:</i> 240033<br/> <i>Board Certified Specialty:</i> No<br/> <b>COMMUNITY CARE IPA LLC</b><br/>           1620 ALPINE BLVD STE 110<br/>           ALPINE, CA 91901-1103<br/> <i>Phone:</i> (619) 445-6200<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 445-6200<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> NP11492<br/> <i>NPI:</i> 1912929936<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> P, EB, IB, E, R, T<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc</p> | <p><i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i> (619) 205-6305<br/> <i>After Hours Phone:</i> (619) 662-4100<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> DC28335<br/> <i>NPI:</i> 1619040292<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> P, EB, IB, E, R, T<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Ihp-San Ysidro Health Center</p>                           | <p><i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>CHIROPRACTOR</b></p> <p><b>ABDULRAHIM, AHMED M</b><br/> <i>Provider ID:</i> 287872<br/> <i>Board Certified Specialty:</i> No<br/> <b>IHP-SAN YSIDRO HEALTH CENTER</b><br/>           1620 ALPINE BLVD STE 110<br/>           ALPINE, CA 91901-1103</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>OPHTHALMOLOGY</b></p> <p><b>BINDER, NICHOLAS R , MD</b><br/> <i>Provider ID:</i> 268753<br/> <i>Board Certified Specialty:</i> No<br/> <b>COMMUNITY CARE IPA LLC</b><br/>           1620 ALPINE BLVD STE 117<br/>           ALPINE, CA 91901-1103<br/> <i>Phone:</i> (619) 445-2687<br/> <i>Fax:</i> (619) 445-0801<br/> <i>After Hours Phone:</i> (619) 445-2687<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A124698<br/> <i>NPI:</i> 1306076716<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Grossmont Hospital<br/> <i>Medi-Cal Open Panel:</i> Yes</p> | <p><b>CHANG, TOM S , MD</b><br/> <i>Provider ID:</i> 270362<br/> <i>Board Certified Specialty:</i> No<br/> <b>COMMUNITY CARE IPA LLC</b><br/>           1620 ALPINE BLVD STE 117<br/>           ALPINE, CA 91901-1103<br/> <i>Phone:</i> (800) 897-2020<br/> <i>Fax:</i> (844) 897-3788<br/> <i>After Hours Phone:</i> (800) 897-2020<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A69909<br/> <i>NPI:</i> 1609848969<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Cantonese<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> San Gabriel Valley Med Ctr, Providence Little Co Of Mary Med Ctr Torrance, Methodist Hosp Of Southern California, Hollywood Presbyterian Med Ctr, Desert Regional Med Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i></p> |

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## D. Specialist Provider Directory

IPA: Community Care Ipa Llc

### **MILLER, DOUGLAS G**

Provider ID: 262447

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

1620 ALPINE BLVD STE 117

ALPINE, CA 91901-1103

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)

445-2687

Provider Gender: Male

License number: G52627

NPI: 1982636031

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog, Vietnamese

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MILLER, DOUGLAS G , MD**

Provider ID: 268957

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1620 ALPINE BLVD STE 117

ALPINE, CA 91901-1103

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)

445-2687

Provider Gender: Male

License number: G52627

NPI: 1982636031

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog, Vietnamese

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MORRISON-REYES, JOSHUA A**

Provider ID: 108009

Board Certified Specialty: No

WEST COAST EYE CARE

ASSOCS MED GRP

1620 ALPINE BLVD STE 117

ALPINE, CA 91901-1103

Phone: (619) 445-2687

Fax: (619) 697-2410

After Hours Phone: (619)

445-2687

Provider Gender: Male

License number: A125435

NPI: 1235366782

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Memorial

Hospital, Sharp Memorial

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PATEL, GITANE**

Provider ID: 262317

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

1620 ALPINE BLVD STE 117

ALPINE, CA 91901-1103

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)

898-2020

Provider Gender: Male

License number: A108603

NPI: 1710171434

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Gujarati, Spanish,

Tagalog, Vietnamese

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Paradise Valley

Hospital, Scripps Memorial

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Group-Sd

### **PATEL, GITANE, MD**

*Provider ID:* 268739

*Board Certified Specialty:* No

*COMMUNITY CARE IPA LLC*

*1620 ALPINE BLVD STE 117*

*ALPINE, CA 91901-1103*

*Phone:* (800) 898-2020

*Fax:* (844) 897-3788

*After Hours Phone:* (800)

*898-2020*

*Provider Gender:* Male

*License number:* A108603

*NPI:* 1710171434

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic, Gujarati, Spanish,

Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont

Hospital, Paradise Valley

Hospital, Scripps Memorial

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### **PATEL, SARJAN H**

*Provider ID:* 262408

*Board Certified Specialty:* No

*IMPERIAL HEALTH HOLDINGS*

*MEDICAL GROUP-SD*

*1620 ALPINE BLVD STE 117*

*ALPINE, CA 91901-1103*

*Phone:* (619) 445-2687

*Fax:* (619) 445-0801

*After Hours Phone:* (619)

*445-2687*

*Provider Gender:* Male

*License number:* A114976

*NPI:* 1316199326

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Gujarati, Hindi, Spanish,

Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Alvarado

Hospital Llc, Grossmont Hospital,

Scripps Memorial Hospital,

Paradise Valley Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### **PATEL, SARJAN H , MD**

*Provider ID:* 268803

*Board Certified Specialty:* No

*COMMUNITY CARE IPA LLC*

*1620 ALPINE BLVD STE 117*

*ALPINE, CA 91901-1103*

*Phone:* (619) 445-2687

*Fax:* (619) 445-0801

*After Hours Phone:* (619)

*445-2687*

*Provider Gender:* Male

*License number:* A114976

*NPI:* 1316199326

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Gujarati, Hindi, Spanish,

Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Alvarado

Hospital Llc, Grossmont Hospital,

Scripps Memorial Hospital,

Paradise Valley Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### **PRABHU, SUJATA P**

*Provider ID:* 262391

*Board Certified Specialty:* No

*IMPERIAL HEALTH HOLDINGS*

*MEDICAL GROUP-SD*

*1620 ALPINE BLVD STE 117*

*ALPINE, CA 91901-1103*

*Phone:* (619) 445-2687

*Fax:* (619) 697-2410

*After Hours Phone:* (619)

*445-2687*

*Provider Gender:* Female

*License number:* A115965

*NPI:* 1982872552

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog, Telugu,

Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Paradise

Valley Hospital, Alvarado

Community Hospital, Scripps

Memorial Hospital, Grossmont

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

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## D. Specialist Provider Directory

*American Sign Language (ASL):* Group-Sd  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PRABHU, SUJATA P , MD**

*Provider ID:* 268918

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1620 ALPINE BLVD STE 117  
ALPINE, CA 91901-1103

*Phone:* (619) 445-2687

*Fax:* (619) 697-2410

*After Hours Phone:* (619)  
445-2687

*Provider Gender:* Female

*License number:* A115965

*NPI:* 1982872552

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog, Telugu,  
Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Paradise

Valley Hospital, Alvarado

Community Hospital, Scripps

Memorial Hospital, Grossmont  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical

### **WAINESS, REID M , MD**

*Provider ID:* 254761

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1620 ALPINE BLVD STE 117  
ALPINE, CA 91901-1103

*Phone:* (800) 898-2020

*Fax:*

*After Hours Phone:* (800)  
898-2020

*Provider Gender:* Male

*License number:* A108766

*NPI:* 1396935979

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Armenian, Cantonese, Hebrew,  
Korean, Mandarin, Spanish,  
Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* San Gabriel  
Valley Med Ctr, Desert Regional  
Med Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 5/99

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

CAMPO, CA 91906-2028

*Phone:* (619) 445-6200

*Fax:*

*After Hours Phone:* (619)  
445-6200

*Provider Gender:* Male

*License number:* NP11492

*NPI:* 1912929936

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **CARLSBAD**

### **CERTIFIED BEHAVIORAL ANALYST MASTERS**

### **EVANS, MELISSA**

*Provider ID:* 122850

*Board Certified Specialty:* No  
MAXIM HEALTHCARE  
SERVICES INC

2141 PALOMAR AIRPORT RD  
STE 350

CARLSBAD, CA 92011-1451

*Phone:* (760) 438-0078

*Fax:* (877) 839-6751

*After Hours Phone:* (760)  
438-0078

*Provider Gender:* Female

*License number:* BCBA16189

*NPI:* 1194130484

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

### **CAMPO**

### **CERTIFIED NURSE PRACTITIONER**

### **NACE, MICHAEL A , NPA**

*Provider ID:* 240032

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1388 BUCKMAN SPRINGS RD

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## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **JACQUART, AMANDA**

*Provider ID:* 123284  
*Board Certified Specialty:* No  
 CENTER FOR AUTISM AND RELATED DISORDER  
 5140 AVENIDA ENCINAS  
 CARLSBAD, CA 92008-4372  
*Phone:* (760) 795-9898  
*Fax:* (818) 449-0994  
*After Hours Phone:* (760) 795-9898  
*Provider Gender:* Female  
*License number:* BCBA11725364  
*NPI:* 1154854271  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

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**CERTIFIED NURSE  
PRACTITIONER**

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**BIERMAN, ANDREW, NPA**  
*Provider ID:* 247291  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Male  
*License number:* NP95011909  
*NPI:* 1306408505

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/200  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BINAVI, HOWNAZ Z , NPA**

*Provider ID:* 265369  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6010 HIDDEN VALLEY RD STE 120  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 884-5990  
*Fax:* (760) 448-4404  
*After Hours Phone:* (760) 884-5990  
*Provider Gender:* Female  
*License number:* NP95010956  
*NPI:* 1083276273  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Kurdish, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BISHOP, LESLIE A , NPA**

*Provider ID:* 243217  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Female  
*License number:* NP95010047  
*NPI:* 1669941878  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Tri City Medical Ctr, Palomar Medical Center, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/200  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

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## D. Specialist Provider Directory

IPA: Community Care Ipa Llc

### **HOOPER, BONNIE J , NPA**

Provider ID: 275252

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
6010 HIDDEN VALLEY RD STE  
120

CARLSBAD, CA 92011-4219

Phone: (760) 884-5990

Fax: (760) 448-4404

After Hours Phone: (760)

884-5990

Provider Gender: Female

License number: NP6495

NPI: 1821062878

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **MCNALLY, PAUL D**

Provider ID: 115263

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
6010 HIDDEN VALLEY RD STE  
200

CARLSBAD, CA 92011-4219

Phone: (619) 543-5540

Fax:

After Hours Phone: (619)

543-5540

Provider Gender: Male

License number: NP19028

NPI: 1588893788

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Paradise

Valley Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MCNALLY, PAUL D**

Provider ID: 115263

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
6010 HIDDEN VALLEY RD STE  
200

CARLSBAD, CA 92011-4219

Phone: (619) 543-5540

Fax:

After Hours Phone: (619)

543-5540

Provider Gender: Male

License number: RN706288

NPI: 1588893788

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Paradise

Valley Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **ROSS, JESSICA L**

Provider ID: 285921

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
6010 HIDDEN VALLEY RD STE  
200

CARLSBAD, CA 92011-4219

Phone: (760) 631-3000

Fax: (760) 631-3016

After Hours Phone: (760)

631-3000

Provider Gender: Female

License number: NP95014065

NPI: 1265082838

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 18/200

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

## DERMATOLOGY

### **BROUHA, BROOK L , MD**

Provider ID: 267945

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
6010 HIDDEN VALLEY RD STE  
120

CARLSBAD, CA 92011-4219

Phone: (760) 884-5990

Fax: (760) 448-4404

After Hours Phone: (760)

884-5990

Provider Gender: Male

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## D. Specialist Provider Directory

License number: A97902  
 NPI: 1114173937  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### FAMILY PRACTICE

**MADHAV, KINJAL S , MD**  
 Provider ID: 244004  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Female  
 License number: A132338  
 NPI: 1124385182  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Gujarati, Hindi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes

Min/Max Age: 18/200  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### FEMALE PELVIC MED AND RECONSTRUCTIVE SURG

**MOUKARZEL, ELIAS N , MD**  
 Provider ID: 269151  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6125 PASEO DEL NORTE STE 140  
 CARLSBAD, CA 92011-1119  
 Phone: (760) 352-4103  
 Fax: (760) 545-0258  
 After Hours Phone: (760) 352-4103  
 Provider Gender: Male  
 License number: C50303  
 NPI: 1205912847  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: El Centro Regional Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### HEARING AID DEALER /

### SUPPLIER

**DAVIS, KELLE L , MD**  
 Provider ID: 268654  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1820 MARRON RD STE 102  
 CARLSBAD, CA 92008-1177  
 Phone: (760) 434-0125  
 Fax: (760) 434-4531  
 After Hours Phone: (760) 434-0125  
 Provider Gender: Female  
 License number: HA6083  
 NPI: 1902853344  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### NEUROLOGY

**CHOUDRY, BILAL A , MD**  
 Provider ID: 85292  
 Board Certified Specialty: No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760) 631-3000

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* A114607  
*NPI:* 1396921144  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Palomar Medical Center, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CHOUDRY, BILAL A**

*Provider ID:* 85292  
*Board Certified Specialty:* No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:*  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Male  
*License number:* A114607  
*NPI:* 1396921144  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City

Medical Ctr, Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Palomar Medical Center, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DESADIER, LAURA L**

*Provider ID:* 102205  
*Board Certified Specialty:* No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Female  
*License number:* 20A14045  
*NPI:* 1245487982  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*♿ Accessibility:* W  
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DESADIER, LAURA L**

*Provider ID:* 242451  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000

*Provider Gender:* Female  
*License number:* 20A14045  
*NPI:* 1245487982  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 12/999  
*American Sign Language (ASL):* No

*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **FRISHBERG, BENJAMIN M , MD**

*Provider ID:* 65471  
*Board Certified Specialty:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NORTH COUNTY NEUROLOGY  
ASSOCS MED GRP  
6010 HIDDEN VALLEY RD STE  
200  
CARLSBAD, CA 92011-4219  
Phone: (760) 631-3000  
Fax: (760) 631-3016  
After Hours Phone: (760)  
631-3000  
Provider Gender: Male  
License number: G43493  
NPI: 1952346348  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital Encinitas, Tri  
City Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **FRISHBERG, BENJAMIN M**

Provider ID: 65471  
Board Certified Specialty: Yes  
NORTH COUNTY NEUROLOGY  
ASSOCS MED GRP  
6010 HIDDEN VALLEY RD STE  
200  
CARLSBAD, CA 92011-4219  
Phone: (760) 631-3000  
Fax:  
After Hours Phone: (760)  
631-3000  
Provider Gender: Male  
License number: G43493  
NPI: 1952346348

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital Encinitas, Tri  
City Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 7:30AM-4:30PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **GUALBERTO, GARY C , MD**

Provider ID: 103158  
Board Certified Specialty: No  
NORTH COUNTY NEUROLOGY  
ASSOCS MED GRP  
6010 HIDDEN VALLEY RD STE  
200  
CARLSBAD, CA 92011-4219  
Phone: (760) 631-3000  
Fax: (760) 631-3016  
After Hours Phone: (760)  
631-3000  
Provider Gender: Male  
License number: C138319  
NPI: 1689875668  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr, Palomar Medical  
Center, Pomerado Hospital,  
Scripps Memorial Hospital  
Encinitas, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **GUALBERTO, GARY C**

Provider ID: 103158  
Board Certified Specialty: No  
NORTH COUNTY NEUROLOGY  
ASSOCS MED GRP  
6010 HIDDEN VALLEY RD STE  
200  
CARLSBAD, CA 92011-4219  
Phone: (760) 631-3000  
Fax:  
After Hours Phone: (760)  
631-3000  
Provider Gender: Male  
License number: C138319  
NPI: 1689875668  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr, Palomar Medical  
Center, Pomerado Hospital,  
Scripps Memorial Hospital  
Encinitas, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 7:30AM-4:30PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):

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## D. Specialist Provider Directory

IPA: Community Care Ipa Llc

### **LANE, RICHARD A**

Provider ID: 276889

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

6010 HIDDEN VALLEY RD STE 200

CARLSBAD, CA 92011-4219

Phone: (760) 631-3000

Fax: (760) 631-3007

After Hours Phone: (760)

631-3000

Provider Gender: Male

License number: A160001

NPI: 1669859443

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Palomar Medical

Center, Pomerado Hospital,

Scripps Memorial Hospital

Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/200

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **LAWLER, ABIGAIL C , MD**

Provider ID: 124983

Board Certified Specialty: No

NORTH COUNTY NEUROLOGY

ASSOCS MED GRP

6010 HIDDEN VALLEY RD STE 200

CARLSBAD, CA 92011-4219

Phone: (760) 631-3000

Fax: (760) 631-3016

After Hours Phone: (760)

631-3000

Provider Gender: Female

License number: A152080

NPI: 1568789741

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas, Tri

City Medical Ctr, Pomerado

Hospital, Palomar Medical

Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **LAWLER, ABIGAIL C**

Provider ID: 124983

Board Certified Specialty: No

NORTH COUNTY NEUROLOGY

ASSOCS MED GRP

6010 HIDDEN VALLEY RD STE 200

CARLSBAD, CA 92011-4219

Phone: (760) 631-3000

Fax:

After Hours Phone: (760)

631-3000

Provider Gender: Female

License number: A152080

NPI: 1568789741

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas, Tri

City Medical Ctr, Pomerado

Hospital, Palomar Medical

Center

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 7:30AM-4:30PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **LOBATZ, MICHAEL A , MD**

Provider ID: 52424

Board Certified Specialty: No

NORTH COUNTY NEUROLOGY

ASSOCS MED GRP

6010 HIDDEN VALLEY RD STE 200

CARLSBAD, CA 92011-4219

Phone: (760) 631-3000

Fax: (760) 631-3016

After Hours Phone: (760)

631-3002

Provider Gender: Male

License number: G38353

NPI: 1619912078

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hebrew, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas

Medi-Cal Open Panel: No

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LOBATZ, MICHAEL A</b><br><b>Provider ID:</b> 52424<br><b>Board Certified Specialty:</b> No<br><b>NORTH COUNTY NEUROLOGY ASSOCS MED GRP</b><br><b>6010 HIDDEN VALLEY RD STE 200</b><br><b>CARLSBAD, CA 92011-4219</b><br><b>Phone:</b> (760) 631-3000<br><b>Fax:</b> (760) 631-3016<br><b>After Hours Phone:</b> (760) 631-3000<br><b>Provider Gender:</b> Male<br><b>License number:</b> G38353<br><b>NPI:</b> 1619912078<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Hebrew, Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Memorial Hospital Encinitas<br><b>Medi-Cal Open Panel:</b> No<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b> W<br><b>Hours:</b> M-F 7:30AM-4:30PM, SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b> | <b>CARLSBAD, CA 92011-4219</b><br><b>Phone:</b> (760) 631-3000<br><b>Fax:</b> (760) 631-3016<br><b>After Hours Phone:</b> (760) 631-3000<br><b>Provider Gender:</b> Female<br><b>License number:</b> 20A11494<br><b>NPI:</b> 1730110529<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Memorial Hospital<br><b>Medi-Cal Open Panel:</b> No<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b> W<br><b>Hours:</b> M-F 7:30AM-4:30PM, SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b> Community Care Ipa Llc | <b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Memorial Hospital<br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/999<br><b>American Sign Language (ASL):</b> No<br><b>♿ Accessibility:</b><br><b>Hours:</b> M-SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b> Community Care Ipa Llc                                                                                                                         |
| <b>NIELSEN, AMY C</b><br><b>Provider ID:</b> 74893<br><b>Board Certified Specialty:</b> No<br><b>NORTH COUNTY NEUROLOGY ASSOCS MED GRP</b><br><b>6010 HIDDEN VALLEY RD STE 200</b><br><b>CARLSBAD, CA 92011-4219</b><br><b>Phone:</b> (760) 631-3000<br><b>Fax:</b> (760) 631-3016<br><b>After Hours Phone:</b> (760) 631-3000<br><b>Provider Gender:</b> Female<br><b>License number:</b> 20A11494<br><b>NPI:</b> 1730110529                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>NIELSEN, AMY C</b><br><b>Provider ID:</b> 74893<br><b>Board Certified Specialty:</b> No<br><b>NORTH COUNTY NEUROLOGY ASSOCS MED GRP</b><br><b>6010 HIDDEN VALLEY RD STE 200</b><br><b>CARLSBAD, CA 92011-4219</b><br><b>Phone:</b> (760) 631-3000<br><b>Fax:</b> (760) 631-3016<br><b>After Hours Phone:</b> (760) 631-3000<br><b>Provider Gender:</b> Female<br><b>License number:</b> 20A11494<br><b>NPI:</b> 1730110529                                                                                                                                                                                                                                                                                                                                                                                              | <b>OH, IRENE J</b><br><b>Provider ID:</b> 52430<br><b>Board Certified Specialty:</b> No<br><b>NORTH COUNTY NEUROLOGY ASSOCS MED GRP</b><br><b>6010 HIDDEN VALLEY RD STE 200</b><br><b>CARLSBAD, CA 92011-4219</b><br><b>Phone:</b> (760) 631-3000<br><b>Fax:</b> (760) 631-3016<br><b>After Hours Phone:</b> (760) 631-3000<br><b>Provider Gender:</b> Female<br><b>License number:</b> A106450<br><b>NPI:</b> 1306089008<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center |

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## D. Specialist Provider Directory

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 7:30AM-4:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### OH, IRENE J , MD

Provider ID: 52430  
 Board Certified Specialty: No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Female  
 License number: A106450  
 NPI: 1306089008  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA: Community Care Ipa Llc  
**OMURO, ARTHUR K**  
 Provider ID: 276907  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 631-3000  
 Fax: (760) 631-3007  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Male  
 License number: 20A15164  
 NPI: 1851785505  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center, Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### PADUGA, REMIA S

Provider ID: 57065  
 Board Certified Specialty: No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219

Phone: (760) 631-3000  
 Fax:  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Female  
 License number: A113451  
 NPI: 1194933853  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 7:30AM-4:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### PADUGA, REMIA S , MD

Provider ID: 57065  
 Board Certified Specialty: No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Female  
 License number: A113451  
 NPI: 1194933853  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**PHAM, ALISE K**  
*Provider ID:* 276490  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3007  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Female  
*License number:* 20A18259  
*NPI:* 1184011363  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**QUESNELL, TARA A**  
*Provider ID:* 109393  
*Board Certified Specialty:* No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:*  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Female  
*License number:* 20A13609  
*NPI:* 1619288172  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**QUESNELL, TARA A**  
*Provider ID:* 109393  
*Board Certified Specialty:* No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Female  
*License number:* 20A13609  
*NPI:* 1619288172  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**ROSENBERG, JAY H**  
*Provider ID:* 31935  
*Board Certified Specialty:* No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Male  
*License number:* G17059

ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Female  
*License number:* 20A13609  
*NPI:* 1619288172  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**ROSENBERG, JAY H**  
*Provider ID:* 31935  
*Board Certified Specialty:* No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Male  
*License number:* G17059

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*NPI:* 1609804848

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

Medical Ctr, Scripps Memorial

Hospital Encinitas

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **SADOFF, MARK N , MD**

*Provider ID:* 40012

*Board Certified Specialty:* Yes

NORTH COUNTY NEUROLOGY

ASSOCS MED GRP

6010 HIDDEN VALLEY RD STE  
200

CARLSBAD, CA 92011-4219

*Phone:* (760) 631-3000

*Fax:* (760) 631-3016

*After Hours Phone:* (760)

631-3000

*Provider Gender:* Male

*License number:* G42818

*NPI:* 1497784946

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

Medical Ctr, Pomerado Hospital,

Scripps Memorial Hospital

Encinitas, Palomar Medical

Center

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **SADOFF, MARK N**

*Provider ID:* 40012

*Board Certified Specialty:* No

NORTH COUNTY NEUROLOGY

ASSOCS MED GRP

6010 HIDDEN VALLEY RD STE  
200

CARLSBAD, CA 92011-4219

*Phone:* (760) 631-3000

*Fax:* (760) 631-3016

*After Hours Phone:* (760)

631-3000

*Provider Gender:* Male

*License number:* G42818

*NPI:* 1497784946

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

Medical Ctr, Pomerado Hospital,

Scripps Memorial Hospital

Encinitas, Palomar Medical

Center

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 7:30AM-4:30PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **SAHAGIAN, GREGORY A , MD**

*Provider ID:* 65995

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

6010 HIDDEN VALLEY RD STE  
200

CARLSBAD, CA 92011-4219

*Phone:* (760) 631-3000

*Fax:* (760) 631-3016

*After Hours Phone:* (760)

631-3000

*Provider Gender:* Male

*License number:* A62263

*NPI:* 1831132109

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Tri City

Medical Ctr, Scripps Memorial

Hospital Encinitas, Pomerado

Hospital, Palomar Medical

Center, Rady Childrens Hospital

San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **SAHAGIAN, GREGORY A**

*Provider ID:* 94241

*Board Certified Specialty:* No

NORTH COUNTY NEUROLOGY

ASSOCS MED GRP

6010 HIDDEN VALLEY RD STE  
200

CARLSBAD, CA 92011-4219

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Phone:* (760) 631-3000  
*Fax:*  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Male  
*License number:* A62263  
*NPI:* 1831132109  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Palomar Medical Center, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SCHIM, JACK D , MD**

*Provider ID:* 52446  
*Board Certified Specialty:* Yes  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Male  
*License number:* G48807  
*NPI:* 1346276375

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SCHIM, JACK D**

*Provider ID:* 52446  
*Board Certified Specialty:* No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Male  
*License number:* G48807  
*NPI:* 1346276375  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W

*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **WANG, ANCHI**

*Provider ID:* 52465  
*Board Certified Specialty:* No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Female  
*License number:* A79381  
*NPI:* 1093744542  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 7:30AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **WANG, ANCHI, MD**

*Provider ID:* 52465

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## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**NORTH COUNTY NEUROLOGY ASSOCS MED GRP**  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Female  
*License number:* A79381  
*NPI:* 1093744542  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### OTOLARYNGOLOGY

**DONALDSON, CHADWICK J , MD**  
*Provider ID:* 268146  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 2390 FARADAY AVE  
 CARLSBAD, CA 92008-7216

*Phone:* (858) 909-0770  
*Fax:*  
*After Hours Phone:* (858) 909-0770  
*Provider Gender:* Male  
*License number:* A84567  
*NPI:* 1891743910  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Temecula Valley Hospital Inc, Scripps Memorial Hospital, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**RIEDLER, KIERSTEN L , MD**  
*Provider ID:* 256202  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 2390 FARADAY AVE  
 CARLSBAD, CA 92008-7216  
*Phone:* (858) 909-0770  
*Fax:* (858) 909-0880  
*After Hours Phone:* (858) 909-0770  
*Provider Gender:* Female  
*License number:* A135480  
*NPI:* 1437536216  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Sutter Roseville Medical Center, Mercy General Hospital, Sharp Memorial Hospital, Temecula Valley Hospital Inc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### PHYSICAL MEDICINE / REHABILITATION

**JAFFER, JIHAD**  
*Provider ID:* 119557  
*Board Certified Specialty:* No  
**NORTH COUNTY NEUROLOGY ASSOCS MED GRP**  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:*  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Male  
*License number:* A98822  
*NPI:* 1366659294  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital,

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## D. Specialist Provider Directory

Palomar Medical Center,  
Pomerado Hospital, Tri City  
Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 7:30AM-4:30PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **JAFFER, JIHAD, MD**

*Provider ID:* 119557  
*Board Certified Specialty:* No  
NORTH COUNTY NEUROLOGY  
ASSOCS MED GRP  
6010 HIDDEN VALLEY RD STE  
200  
CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760)  
631-3000  
*Provider Gender:* Male  
*License number:* A98822  
*NPI:* 1366659294  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital,  
Palomar Medical Center,  
Pomerado Hospital, Tri City  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**MADHAV, SANDIP J , MD**  
*Provider ID:* 256381  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
6010 HIDDEN VALLEY RD STE  
200  
CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760)  
631-3000

*Provider Gender:* Male  
*License number:* A128918  
*NPI:* 1780903492  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Gujarati  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital, Tri  
City Medical Ctr, Scripps Green  
Hospital, Palomar Medical  
Center, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/200  
*American Sign Language (ASL):*  
No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PHYSICIANS ASSISTANT**

### **BURNEY, MELISSA A**

*Provider ID:* 277535

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
6010 HIDDEN VALLEY RD STE  
200  
CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760)  
631-3000  
*Provider Gender:* Female  
*License number:* PA58612  
*NPI:* 1386260842  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HEINEN, JOHN P , NPA**

*Provider ID:* 241051  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
6010 HIDDEN VALLEY RD STE  
200  
CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760)  
631-3000  
*Provider Gender:* Male  
*License number:* PA10565  
*NPI:* 1427096643  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

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## D. Specialist Provider Directory

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HERMANSON, KATHLEEN H , NPA**

*Provider ID:* 269004  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Female  
*License number:* PA51880  
*NPI:* 1598160343

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **INOCELDA, ANDREW G , NPA**

*Provider ID:* 269089  
*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Male  
*License number:* PA19207  
*NPI:* 1497950208  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PULMONARY DISEASES**

### **HSING, ANDREW Y**

*Provider ID:* 125301  
*Board Certified Specialty:* No  
 NORTH COUNTY NEUROLOGY ASSOCS MED GRP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Male  
*License number:* A127271  
*NPI:* 1790769131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **RADIOLOGY DIAGNOSTIC X-RAY**

### **BIGONI, BRIAN J**

*Provider ID:* 26550  
*Board Certified Specialty:* No  
 CARLSBAD IMAGING CTR  
 6010 HIDDEN VALLEY RD STE 125  
 CARLSBAD, CA 92011-4219  
*Phone:* (760) 730-3536  
*Fax:* (760) 720-4833  
*After Hours Phone:* (760) 730-3536  
*Provider Gender:* Male  
*License number:* A55249  
*NPI:* 1083713002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Providence Mission Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
<https://carlsbadimaging.com/>  
Email:  
Medical Group(s):  
IPA:

### **MAGHSOUDY, AFSANEH**

Provider ID: 27175  
Board Certified Specialty: No  
CARLSBAD IMAGING CTR  
6010 HIDDEN VALLEY RD STE  
125  
CARLSBAD, CA 92011-4219  
Phone: (760) 730-3536  
Fax: (760) 720-4833  
After Hours Phone: (760)  
730-3536  
Provider Gender: Female  
License number: A60622  
NPI: 1386742401  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No

♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
<https://carlsbadimaging.com/>  
Email:  
Medical Group(s):  
IPA:

---

### **REGISTERED PHYSICAL THERAPIST**

---

### **ALABY, AMY L**

Provider ID: 269217

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3070 MADISON ST  
CARLSBAD, CA 92008-2310  
Phone: (760) 591-7750  
Fax:  
After Hours Phone: (760)  
591-7750  
Provider Gender: Female  
License number: PT42087  
NPI: 1003202862  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **AMBROSE, CHRISTOPHER S**

Provider ID: 248010  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3070 MADISON ST  
CARLSBAD, CA 92008-2310  
Phone: (760) 434-6100  
Fax: (760) 434-4583  
After Hours Phone: (760)  
591-7750  
Provider Gender: Male  
License number: PT26311  
NPI: 1114977535  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes

Min/Max Age: 8/125  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **BAKER, LISA J**

Provider ID: 269094  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3070 MADISON ST  
CARLSBAD, CA 92008-2310  
Phone: (760) 591-7750  
Fax:  
After Hours Phone: (760)  
591-7750  
Provider Gender: Female  
License number: PT22824  
NPI: 1346200045  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **BOUTELLE, BARBARA J**

Provider ID: 246318  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3070 MADISON ST  
CARLSBAD, CA 92008-2310

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Phone:* (760) 434-6100  
*Fax:* (760) 434-4583  
*After Hours Phone:* (760) 434-6100  
*Provider Gender:* Female  
*License number:* PT12716  
*NPI:* 1437107711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BOUTELLE, DAVID C**

*Provider ID:* 248307  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3070 MADISON ST  
 CARLSBAD, CA 92008-2310  
*Phone:* (760) 434-6100  
*Fax:* (760) 434-4583  
*After Hours Phone:* (760) 434-6100  
*Provider Gender:* Male  
*License number:* PT12422  
*NPI:* 1063461101  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MCGEE, JACQUELINE M**

*Provider ID:* 252472  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3070 MADISON ST  
 CARLSBAD, CA 92008-2310  
*Phone:* (760) 434-6100  
*Fax:* (760) 471-5139  
*After Hours Phone:* (760) 434-6100  
*Provider Gender:* Female  
*License number:* PT294790  
*NPI:* 1194217133  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 8/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **OLIVEROS, YUNNUEN**

*Provider ID:* 277464  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3070 MADISON ST  
 CARLSBAD, CA 92008-2310  
*Phone:* (760) 434-6100  
*Fax:* (760) 434-4583  
*After Hours Phone:* (760) 434-6100  
*Provider Gender:* Female  
*License number:* PT294386

*NPI:* 1295234987  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

## **SURGERY NEUROLOGICAL**

### **BEN-HAIM, SHARONA**

*Provider ID:* 110723  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (619) 543-5540  
*Fax:*  
*After Hours Phone:* (619) 543-5540  
*Provider Gender:* Female  
*License number:* A124866  
*NPI:* 1942469663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*

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## D. Specialist Provider Directory

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BEN-HAIM, SHARONA**

*Provider ID:* 244069  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
6010 HIDDEN VALLEY RD STE 200  
CARLSBAD, CA 92011-4219  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A124866  
*NPI:* 1942469663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BLASKIEWICZ, DONALD J**

*Provider ID:* 270283  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
6010 HIDDEN VALLEY RD STE 200  
CARLSBAD, CA 92011-4219

*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A109748  
*NPI:* 1215176839  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **OLSON, SCOTT E**

*Provider ID:* 244056  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
6010 HIDDEN VALLEY RD STE 200  
CARLSBAD, CA 92011-4219  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A83715  
*NPI:* 1376568659  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Health Downtown Campus, Ucsd

Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PHAM, MARTIN H**

*Provider ID:* 127139  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
6010 HIDDEN VALLEY RD STE 200  
CARLSBAD, CA 92011-4219  
*Phone:* (619) 543-5540  
*Fax:*  
*After Hours Phone:* (619) 543-5540  
*Provider Gender:* Male  
*License number:* A121590  
*NPI:* 1609130921  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

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## D. Specialist Provider Directory

### PHAM, MARTIN H

*Provider ID:* 203510  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (619) 543-5540  
*Fax:*  
*After Hours Phone:* (619) 543-5540  
*Provider Gender:* Male  
*License number:* A121590  
*NPI:* 1609130921  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### TUNG, HOWARD

*Provider ID:* 244085  
*Board Certified Specialty:* Yes  
 UCSD MEDICAL GROUP  
 6010 HIDDEN VALLEY RD STE 200  
 CARLSBAD, CA 92011-4219  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* G58235

*NPI:* 1538153341  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Tri City Medical Ctr, Palomar Medical Center, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### CHULA VISTA

#### ANESTHESIOLOGY PAIN MANAGEMENT

### FISHER, CASEY J

*Provider ID:* 204415  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 374 H ST STE 103  
 CHULA VISTA, CA 91910-5547  
*Phone:* (619) 625-1144  
*Fax:*  
*After Hours Phone:* (619) 625-1144  
*Provider Gender:* Male  
*License number:* A118592  
*NPI:* 1275780686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Pomerado

Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### NAVARRO, ROSA M

*Provider ID:* 262220  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 2452 FENTON ST # C101  
 CHULA VISTA, CA 91914-3599  
*Phone:* (619) 600-5309  
*Fax:* (619) 655-4700  
*After Hours Phone:* (619) 600-5309  
*Provider Gender:* Female  
*License number:* C53858  
*NPI:* 1083691802  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, Paradise Valley Hospital, Scripps Green Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

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## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **NAVARRO, ROSA M**

*Provider ID:* 262221  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 2452 FENTON ST # C203  
 CHULA VISTA, CA 91914-3599  
*Phone:* (619) 600-5309  
*Fax:* (619) 655-4700  
*After Hours Phone:* (619)  
 600-5309  
*Provider Gender:* Female  
*License number:* C53858  
*NPI:* 1083691802  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Scripps Memorial  
 Hospital, Paradise Valley  
 Hospital, Scripps Green Hospital,  
 Scripps Mercy Hospital Chula  
 Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

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

*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **NAVARRO, ROSA M , MD**

*Provider ID:* 268792

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2452 FENTON ST # C101  
 CHULA VISTA, CA 91914-3599  
*Phone:* (619) 600-5309  
*Fax:* (619) 655-4700  
*After Hours Phone:* (619)  
 600-5309  
*Provider Gender:* Female  
*License number:* C53858  
*NPI:* 1083691802  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Paradise Valley  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Scripps Mercy  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **NAVARRO, ROSA M , MD**

*Provider ID:* 268793  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2452 FENTON ST # C203  
 CHULA VISTA, CA 91914-3599  
*Phone:* (619) 600-5309  
*Fax:* (619) 655-4700  
*After Hours Phone:* (619)  
 600-5309  
*Provider Gender:* Female  
*License number:* C53858

*NPI:* 1083691802  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Paradise Valley  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Scripps Mercy  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **VERDOLIN, MICHAEL H , MD**

*Provider ID:* 257923  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2452 FENTON ST STE 205  
 CHULA VISTA, CA 91914-4551  
*Phone:* (619) 625-1144  
*Fax:*  
*After Hours Phone:* (619)  
 625-1144  
*Provider Gender:* Male  
*License number:* A92149  
*NPI:* 1477525657  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Italian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Sharp Chula Vista Med  
 Ctr, Sharp Coronado Hosp And  
 Healthcare Ctr, Scripps Mercy  
 Hospital Chula Vista

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## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### CARDIOLOGY

#### AIZIN, VITALI

Provider ID: 103813  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 321 E ST STE A  
 CHULA VISTA, CA 91910-2667  
 Phone: (619) 934-3260  
 Fax: (619) 934-3268  
 After Hours Phone: (619) 934-3260  
 Provider Gender: Male  
 License number: A82761  
 NPI: 1366545733  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/100  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd  
**BERMAN, BRETT J , MD**  
 Provider ID: 268466  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 321 E ST STE A  
 CHULA VISTA, CA 91910-2667  
 Phone: (619) 934-3260  
 Fax: (619) 934-3268  
 After Hours Phone: (619) 934-3260  
 Provider Gender: Female  
 License number: A78854  
 NPI: 1457446684  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

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

Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

#### BERMAN, BRETT J

Provider ID: 35528  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD

321 E ST STE A  
 CHULA VISTA, CA 91910-2667  
 Phone: (619) 934-3260  
 Fax: (619) 934-3268  
 After Hours Phone: (619) 934-3260  
 Provider Gender: Female  
 License number: A78854  
 NPI: 1457446684  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

#### CEPIN, DANIEL, MD

Provider ID: 268781  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 890 EASTLAKE PKWY STE 205  
 CHULA VISTA, CA 91914-4521  
 Phone: (619) 482-0300  
 Fax: (619) 482-0959  
 After Hours Phone: (619) 482-0300  
 Provider Gender: Male  
 License number: G52521  
 NPI: 1053320556  
 Provider English Spoken: Yes

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## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **KAFRI, HASSAN, MD**

*Provider ID:* 265196  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
429 BROADWAY  
CHULA VISTA, CA 91910-4320  
*Phone:* (619) 434-0204  
*Fax:* (619) 337-0191  
*After Hours Phone:* (619) 434-0204  
*Provider Gender:* Male  
*License number:* A96002  
*NPI:* 1730258401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**MOHAMEDALI, BURHAN, MD**  
*Provider ID:* 245576  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
765 MEDICAL CENTER CT STE 211  
CHULA VISTA, CA 91911-6600  
*Phone:* (619) 616-2100  
*Fax:* (619) 616-2104  
*After Hours Phone:* (619) 616-2100  
*Provider Gender:* Male  
*License number:* A125669  
*NPI:* 1831393289

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Swahili  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MONDRAGON, GUSTAVO A**

*Provider ID:* 34939  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
480 4TH AVE STE 500  
CHULA VISTA, CA 91910-4414

*Phone:* (619) 656-5252  
*Fax:* (619) 656-5250  
*After Hours Phone:* (619) 656-5252  
*Provider Gender:* Male  
*License number:* A40640  
*NPI:* 1619080041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

### **MOUSSAVIAN, MEHRAN, MD**

*Provider ID:* 242263  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
765 MEDICAL CENTER CT STE 211  
CHULA VISTA, CA 91911-6600  
*Phone:* (619) 616-2100  
*Fax:* (619) 616-2104  
*After Hours Phone:* (619) 616-2100  
*Provider Gender:* Male  
*License number:* 20A7241  
*NPI:* 1689788234  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/120  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NAGHI, JESSE J , MD**

*Provider ID:* 247625  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 752 MEDICAL CENTER CT STE 207  
 CHULA VISTA, CA 91911-6660  
*Phone:* (619) 867-0557  
*Fax:*  
*After Hours Phone:* (619) 867-0557  
*Provider Gender:* Male  
*License number:* A110094  
*NPI:* 1386896736  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Bulgarian, Russian, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Alvarado Hospital Llc, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NARAYANAN, MEENA R , MD**

*Provider ID:* 247694  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 765 MEDICAL CENTER CT STE 211  
 CHULA VISTA, CA 91911-6600  
*Phone:* (619) 616-2100  
*Fax:* (619) 616-2104  
*After Hours Phone:* (619) 616-2100  
*Provider Gender:* Female  
*License number:* A113448  
*NPI:* 1508170697  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PARIKH, MILIND D**

*Provider ID:* 268745  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC

765 MEDICAL CENTER CT STE 211  
 CHULA VISTA, CA 91911-6600  
*Phone:* (619) 616-2100  
*Fax:* (619) 616-2104  
*After Hours Phone:* (619) 616-2100  
*Provider Gender:* Male  
*License number:* 20A13745  
*NPI:* 1194161406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PONCE, SONIA G**

*Provider ID:* 268702  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 450 4TH AVE STE 215  
 CHULA VISTA, CA 91910-4428  
*Phone:* (619) 434-0204  
*Fax:* (619) 337-0191  
*After Hours Phone:* (619) 434-0204  
*Provider Gender:* Female  
*License number:* A145008  
*NPI:* 1164659033  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps

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## D. Specialist Provider Directory

Mercy Hospital Chula Vista,  
Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **RUTLEDGE, MICHAEL R**

*Provider ID:* 268763  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911-6617  
*Phone:* (619) 502-5851  
*Fax:*  
*After Hours Phone:* (619)  
502-5851  
*Provider Gender:* Male  
*License number:* C166106  
*NPI:* 1265624167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SHEREV, DIMITRI A , MD**

*Provider ID:* 268950

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
752 MEDICAL CENTER CT STE  
207  
CHULA VISTA, CA 91911-6660  
*Phone:* (619) 867-0557  
*Fax:* (619) 867-0558  
*After Hours Phone:* (619)  
867-0557  
*Provider Gender:* Male  
*License number:* A70917  
*NPI:* 1154323996  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Bulgarian, Malayalam, Russian,  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital, Grossmont Hospital,  
Alvarado Community Hospital,  
Sharp Memorial Hospital, Scripps  
Memorial Hospital, Alvarado  
Hospital Llc, Sharp Chula Vista  
Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SHETABI, KAMBIZ**

*Provider ID:* 268772  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
765 MEDICAL CENTER CT STE  
211  
CHULA VISTA, CA 91911-6600

*Phone:* (619) 616-2100  
*Fax:* (619) 616-2104  
*After Hours Phone:* (619)  
616-2100  
*Provider Gender:* Male  
*License number:* A126187  
*NPI:* 1972827806  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **WYSOCZANSKI, MARIUSZ W**

*Provider ID:* 124990  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
750 MEDICAL CENTER CT STE  
3  
CHULA VISTA, CA 91911-6634  
*Phone:* (619) 434-4288  
*Fax:* (619) 434-4315  
*After Hours Phone:* (619)  
434-4288  
*Provider Gender:* Male  
*License number:* C55986  
*NPI:* 1659535656  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Polish, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd  
**BERMAN, BRETT J**  
 Provider ID: 257542  
 Board Certified Specialty: No  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 321 E ST STE A  
 CHULA VISTA, CA 91910-2667  
 Phone: (619) 934-3260  
 Fax: (619) 934-3268

INC  
 480 4TH AVE STE 401  
 CHULA VISTA, CA 91910-4413  
 Phone: (619) 427-8646  
 Fax: (619) 425-7128  
 After Hours Phone: (619) 427-8646  
 Provider Gender: Male  
 License number: A37537  
 NPI: 1851332803  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 9AM-6PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### CARDIOVASCULAR DISEASE

**AIZIN, VITALI**  
 Provider ID: 39325  
 Board Certified Specialty: No  
 VITALI AIZIN MD INC  
 321 E ST STE A  
 CHULA VISTA, CA 91910-2667  
 Phone: (619) 934-3260  
 Fax: (619) 934-3268  
 After Hours Phone: (619) 934-3260  
 Provider Gender: Male  
 License number: A82761  
 NPI: 1366545733  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-TH 8AM-5PM, F 8AM-4PM, SA 9AM-5PM  
 Website:

After Hours Phone: (619) 934-3260  
 Provider Gender: Female  
 License number: A78854  
 NPI: 1457446684  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SZKOPIEC, ROMAN L**  
 Provider ID: 35527  
 Board Certified Specialty: No  
 CHULA VISTA HEART CLINIC

### CERTIFIED NURSE PRACTITIONER

**AKINS, MELANIE R**  
 Provider ID: 125136  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC  
 752 MEDICAL CENTER CT STE 302  
 CHULA VISTA, CA 91911-6661  
 Phone: (916) 421-3361  
 Fax:  
 After Hours Phone: (916) 421-3361  
 Provider Gender: Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

License number: NP95008069

NPI: 1508370875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### **AKINS, MELANIE R**

Provider ID: 262342

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

752 MEDICAL CENTER CT STE

302

CHULA VISTA, CA 91911-6661

Phone: (619) 421-3361

Fax: (619) 869-4378

After Hours Phone: (619)

421-3361

Provider Gender: Female

License number: NP95008069

NPI: 1508370875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### **AKINS, MELANIE R , NPA**

Provider ID: 268746

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

752 MEDICAL CENTER CT STE

302

CHULA VISTA, CA 91911-6661

Phone: (619) 421-3361

Fax: (619) 869-4378

After Hours Phone: (619)

421-3361

Provider Gender: Female

License number: NP95008069

NPI: 1508370875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### **BATAC, NADINE M**

Provider ID: 113818

Board Certified Specialty: No

SYNOVATION MEDICAL

GROUP

340 4TH AVE STE 19

CHULA VISTA, CA 91910-3898

Phone: (619) 761-5308

Fax:

After Hours Phone: (619)

761-5308

Provider Gender: Female

License number: NP21763

NPI: 1942657937

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CARAPIA, FABIOLA**

Provider ID: 54496

Board Certified Specialty: No

BALBOA NEPHROLOGY MED

GRP INC

340 4TH AVE STE 4

CHULA VISTA, CA 91910-3885

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)

427-1144

Provider Gender: Female

License number: RN603937

NPI: 1184905994

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: None

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## D. Specialist Provider Directory

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*American Sign Language (ASL):* 251 LANDIS AVE  
No  
♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings  
Medical Group-Sd

### **CARAPIA, FABIOLA**

*Provider ID:* 54496  
*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619)  
427-1144  
*Provider Gender:* Female  
*License number:* NP20855  
*NPI:* 1184905994  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**FISH, PAMELA B**  
*Provider ID:* 260588  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
865 3RD AVE STE 101  
CHULA VISTA, CA 91911-1349  
*Phone:* (619) 426-7910  
*Fax:* (619) 426-2337  
*After Hours Phone:* (619)  
426-7910  
*Provider Gender:* Female  
*License number:* NP14601  
*NPI:* 1063651867  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No

### **FERNANDEZ LEYVA, JUAN C**

*Provider ID:* 109771  
*Board Certified Specialty:* No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER

*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **GRUBENSKY, LINDSAY T**

*Provider ID:* 261029  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
769 MEDICAL CENTER CT STE  
300  
CHULA VISTA, CA 91911-6602  
*Phone:* (619) 482-3090  
*Fax:* (619) 482-7350  
*After Hours Phone:* (619)  
482-3090  
*Provider Gender:* Female  
*License number:* NP20953  
*NPI:* 1619255577  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **GUADARRAMA, IGNACIO**

*Provider ID:* 262418

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## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 1323 3RD AVE  
 CHULA VISTA, CA 91911-4302  
*Phone:* (619) 409-6900  
*Fax:* (619) 409-6901  
*After Hours Phone:* (619) 409-6900  
*Provider Gender:* Male  
*License number:* NP95003671  
*NPI:* 1821331174  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

### **HUYNH, KIMBERLY T**

*Provider ID:* 261046  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 769 MEDICAL CENTER CT STE 300  
 CHULA VISTA, CA 91911-6602  
*Phone:* (619) 482-3090  
*Fax:* (619) 482-7350  
*After Hours Phone:* (619) 482-3090  
*Provider Gender:* Female  
*License number:* NP95005078  
*NPI:* 1376094144  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **JERSEY, KAREN**

*Provider ID:* 109692  
*Board Certified Specialty:* No  
**SYNOVATION MEDICAL GROUP**  
 340 4TH AVE STE 19  
 CHULA VISTA, CA 91910-3898  
*Phone:* (619) 761-5308  
*Fax:*  
*After Hours Phone:* (619) 761-5308  
*Provider Gender:* Female  
*License number:* NP21684  
*NPI:* 1700150695  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LEONARD, BEVERLY S**

*Provider ID:* 115083  
*Board Certified Specialty:* No  
**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Provider Gender:* Female  
*License number:* NP10943  
*NPI:* 1285772392  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PARNELL, TANIKA E**

*Provider ID:* 287647  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 769 MEDICAL CENTER CT STE 300  
 CHULA VISTA, CA 91911-6602  
*Phone:* (619) 482-3090  
*Fax:* (619) 482-7350  
*After Hours Phone:* (619) 482-3090  
*Provider Gender:* Female

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## D. Specialist Provider Directory

License number: NP95013165  
 NPI: 1679121750  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SOTO, ROBIN J**

Provider ID: 80435  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN  
 DIEGO-RICE FAM HC  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2325  
 Fax:  
 After Hours Phone: (619)  
 515-2325  
 Provider Gender: Female  
 License number: NP11778  
 NPI: 1487688099  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website: www.fhcsd.org

Email:  
 Medical Group(s): Family Hlth Ctr  
 San Diego-Rice Fam Hc  
 IPA:

### **CHIROPRACTOR**

### **KAZEM, HARON H**

Provider ID: 287164  
 Board Certified Specialty: No  
 IHP-SAN YSIDRO HEALTH  
 CENTER  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 Phone: (619) 662-4100  
 Fax: (619) 425-1184  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Male  
 License number: DC33295  
 NPI: 1306221262  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ihp-San Ysidro Health  
 Center

### **DERMATOLOGY**

### **STEIN, ALEXANDER D , MD**

Provider ID: 268620  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 340 4TH AVE STE 14

CHULA VISTA, CA 91910-3813  
 Phone: (619) 303-3681  
 Fax: (760) 687-2825  
 After Hours Phone: (619)  
 303-3681  
 Provider Gender: Male  
 License number: A106295  
 NPI: 1760431654  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Romanian  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ENDOCRINOLOGY METABOLISM DIABETES**

### **ROGERS, MEGAN O**

Provider ID: 268585  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 480 4TH AVE STE 202  
 CHULA VISTA, CA 91910-4412  
 Phone: (619) 427-3362  
 Fax: (619) 271-7914  
 After Hours Phone: (619)  
 427-3362  
 Provider Gender: Female  
 License number: A122784  
 NPI: 1982993374  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital

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## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### FAMILY PRACTICE

**CHERY, FARAH Y**  
Provider ID: 78244  
Board Certified Specialty: No  
CHULA VISTA FAMILY HLTH CTR  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2500  
Fax:  
After Hours Phone: (619) 515-2500  
Provider Gender: Female  
License number: A108681  
NPI: 1114183688  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: El Centro Regional Medical Center, Sharp Chula Vista Med Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Chula Vista Family Hlth Ctr

IPA:  
**CHERY, FARAH Y**  
Provider ID: 78248  
Board Certified Specialty: No  
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2325  
Fax:  
After Hours Phone: (619) 515-2325  
Provider Gender: Female  
License number: A108681  
NPI: 1114183688  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: El Centro Regional Medical Center, Sharp Chula Vista Med Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Family Hlth Ctr San Diego-Rice Fam Hc  
IPA:

**CORSENTINO-MATSUMOTO, LISA**  
Provider ID: 268750  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
480 4TH AVE STE 202  
CHULA VISTA, CA 91910-4412

Phone: (619) 427-3361  
Fax: (619) 827-0539  
After Hours Phone: (619) 427-3361  
Provider Gender: Female  
License number: 20A6906  
NPI: 1255441606  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**NGUYEN, LINH T**  
Provider ID: 129960  
Board Certified Specialty: No  
FAMILY HLTH CTR SAN DIEGO-RICE FAM HC  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2325  
Fax:  
After Hours Phone: (619) 515-2325  
Provider Gender: Female  
License number: A144995  
NPI: 1619357993  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr San Diego-Rice Fam Hc  
*IPA:*

### **NGUYEN, LINH T**

*Provider ID:* 129961  
*Board Certified Specialty:* No  
 CHULA VISTA FAMILY HLTH CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Provider Gender:* Female  
*License number:* A144995  
*NPI:* 1619357993  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Chula Vista Family Hlth Ctr  
*IPA:*

### **RABAGO, MAURELLEN B**

*Provider ID:* 268698  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 480 4TH AVE STE 202  
 CHULA VISTA, CA 91910-4412  
*Phone:* (619) 427-3361  
*Fax:* (619) 827-0551  
*After Hours Phone:* (619) 427-3361  
*Provider Gender:* Female  
*License number:* A146307  
*NPI:* 1720421076  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **RAJ, ASHA P**

*Provider ID:* 127616  
*Board Certified Specialty:* No  
 FAMILY HLTH CTR SAN DIEGO-RICE FAM HC  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Provider Gender:* Female  
*License number:* 20A15683  
*NPI:* 1003293507  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr San Diego-Rice Fam Hc  
*IPA:*

### **RAJ, ASHA P**

*Provider ID:* 127617  
*Board Certified Specialty:* No  
 CHULA VISTA FAMILY HLTH CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2325  
*Fax:*  
*After Hours Phone:* (619) 515-2325  
*Provider Gender:* Female  
*License number:* 20A15683  
*NPI:* 1003293507  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Chula Vista Family Hlth Ctr  
*IPA:*

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## D. Specialist Provider Directory

### **YELANICH, MELISSA R**

*Provider ID:* 268649  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 480 4TH AVE STE 202  
 CHULA VISTA, CA 91910-4412  
*Phone:* (619) 427-3361  
*Fax:* (619) 827-0551  
*After Hours Phone:* (619) 427-3361  
*Provider Gender:* Female  
*License number:* A122649  
*NPI:* 1881905362  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **GASTROENTEROLOGY**

### **ALAYO, ERICK H**

*Provider ID:* 285204  
*Board Certified Specialty:* No  
**BLUE SHIELD PROMISE**  
**HEALTH PLAN DIRECT**  
 400 E ST  
 CHULA VISTA, CA 91910-2413  
*Phone:* (619) 382-3315  
*Fax:*  
*After Hours Phone:* (619) 382-3315  
*Provider Gender:* Male  
*License number:* A107506  
*NPI:* 1841454758

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct

### **CUBAS, IVAN P**

*Provider ID:* 109374  
*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS**  
**MEDICAL GROUP-SD**  
 1040 TIERRA DEL REY STE 107  
 CHULA VISTA, CA 91910-7865  
*Phone:* (619) 266-3332  
*Fax:* (619) 266-6000  
*After Hours Phone:* (619) 266-3332  
*Provider Gender:* Male  
*License number:* C55825  
*NPI:* 1447464912  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

### **DUQUE, JOHN J , MD**

*Provider ID:* 268572  
*Board Certified Specialty:* Yes  
**COMMUNITY CARE IPA LLC**  
 480 4TH AVE STE 316  
 CHULA VISTA, CA 91910-4403  
*Phone:* (619) 691-0240  
*Fax:* (619) 691-8804  
*After Hours Phone:* (619) 691-0240  
*Provider Gender:* Male  
*License number:* G48442  
*NPI:* 1295710747  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

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## D. Specialist Provider Directory

### **DUQUE, JOHN J**

*Provider ID:* 32024  
*Board Certified Specialty:* Yes  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 480 4TH AVE STE 316  
 CHULA VISTA, CA 91910-4403  
*Phone:* (619) 691-0240  
*Fax:* (619) 691-8804  
*After Hours Phone:* (619) 691-0240  
*Provider Gender:* Male  
*License number:* G48442  
*NPI:* 1295710747  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **HASSANEIN, TAREK I , MD**

*Provider ID:* 269555  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 256 LANDIS AVE STE 202  
 CHULA VISTA, CA 91910-2650

*Phone:* (619) 332-1221  
*Fax:* (619) 869-4027  
*After Hours Phone:* (619) 332-1221  
*Provider Gender:* Male  
*License number:* A54452  
*NPI:* 1801854450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French, German, Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Parkview Community Hospital Medical Center, Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr, Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont Hospital, Alvarado Hospital Llc, Hoag Hospital Irvine  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HASSANEIN, TAREK I , MD**

*Provider ID:* 269558  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 1323 3RD AVE  
 CHULA VISTA, CA 91911-4302  
*Phone:* (619) 409-6900  
*Fax:* (619) 409-6901  
*After Hours Phone:* (619) 409-6900  
*Provider Gender:* Male

*License number:* A54452  
*NPI:* 1801854450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French, German, Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Parkview Community Hospital Medical Center, Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr, Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont Hospital, Alvarado Hospital Llc, Hoag Hospital Irvine  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **THOMAS, CARLTON W**

*Provider ID:* 262218  
*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 1040 TIERRA DEL REY STE 107  
 CHULA VISTA, CA 91910-7865  
*Phone:* (619) 266-3332  
*Fax:* (619) 266-6000  
*After Hours Phone:* (619) 266-3332  
*Provider Gender:* Male  
*License number:* A88112  
*NPI:* 1205881398  
*Provider English Spoken:* Yes

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## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

### **WIENER, GREGORY J**

*Provider ID:* 257480  
*Board Certified Specialty:* Yes  
BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
353 CHURCH AVE # A  
CHULA VISTA, CA 91910-3906  
*Phone:* (619) 585-8883  
*Fax:* (619) 585-0166  
*After Hours Phone:* (619) 585-8883  
*Provider Gender:* Male  
*License number:* A41749  
*NPI:* 1811099534  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct

### **WIENER, GREGORY J**

*Provider ID:* 257481  
*Board Certified Specialty:* No  
BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
353 CHURCH AVE # A  
CHULA VISTA, CA 91910-3906  
*Phone:* (619) 585-8883  
*Fax:* (619) 585-0166  
*After Hours Phone:* (619) 585-8883  
*Provider Gender:* Male  
*License number:* A41749  
*NPI:* 1811099534  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health

Plan Direct

### **GENETICS MEDICAL**

### **NIEMI, ANNA-KAISA**

*Provider ID:* 127722  
*Board Certified Specialty:* No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
435 H ST  
CHULA VISTA, CA 91910-4307  
*Phone:* (619) 691-7249  
*Fax:*  
*After Hours Phone:* (619) 691-7249  
*Provider Gender:* Female  
*License number:* A104907  
*NPI:* 1497941397  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HEARING AID DEALER / SUPPLIER**

### **ANDERSON, ELAINE M , MD**

*Provider ID:* 268688  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
310 3RD AVE STE C11  
CHULA VISTA, CA 91910-3965

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## D. Specialist Provider Directory

*Phone:* (619) 426-0841  
*Fax:* (619) 426-9197  
*After Hours Phone:* (619) 426-0841  
*Provider Gender:* Female  
*License number:* HA7100  
*NPI:* 1063558856  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### DAVIS, KELLE L , MD

*Provider ID:* 268651  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 310 3RD AVE STE C11  
 CHULA VISTA, CA 91910-3965  
*Phone:* (619) 426-0841  
*Fax:* (619) 426-9197  
*After Hours Phone:* (619) 426-0841  
*Provider Gender:* Female  
*License number:* HA6083  
*NPI:* 1902853344  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### HEMATOLOGY / ONCOLOGY

#### AL-KOURAINY, KOUSAY A

*Provider ID:* 262225  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 480 4TH AVE STE 409  
 CHULA VISTA, CA 91910-4413  
*Phone:* (619) 425-2080  
*Fax:* (619) 425-8410  
*After Hours Phone:* (619) 425-2080  
*Provider Gender:* Male  
*License number:* A39783  
*NPI:* 1457361271  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

#### JOHNSON, KENNETH B

*Provider ID:* 262288  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD  
 769 MEDICAL CENTER CT STE 202  
 CHULA VISTA, CA 91911-6602  
*Phone:* (619) 482-8430  
*Fax:* (619) 482-8005  
*After Hours Phone:* (619) 482-8430  
*Provider Gender:* Male  
*License number:* A79802  
*NPI:* 1063527711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

#### NORTON, MARILYN S

*Provider ID:* 65656  
*Board Certified Specialty:* No  
 SOUTH COUNTY  
 HEMATOLOGY ONCOLOGY INC  
 769 MEDICAL CENTER CT STE 202  
 CHULA VISTA, CA 91911-6602  
*Phone:* (619) 482-8430  
*Fax:*  
*After Hours Phone:* (619) 482-8430  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

License number: G70444  
 NPI: 1417060054  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**SOUTH COUNTY  
 HEMATOLOGY ONCOLOGY  
 INC,**  
 Provider ID: 200428  
 Board Certified Specialty: IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 769 MEDICAL CENTER CT STE 202  
 CHULA VISTA, CA 91911-6602  
 Phone: (619) 482-8430  
 Fax: (619) 482-8005  
 After Hours Phone: (619) 482-8430  
 Provider Gender:  
 License number:  
 NPI: 1326124819  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

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### INTERNAL MEDICINE GERIATRIC MEDICINE

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**GUTIERREZ, AIREEN L**  
 Provider ID: 268646  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 480 4TH AVE STE 202  
 CHULA VISTA, CA 91910-4412  
 Phone: (619) 427-3361  
 Fax:  
 After Hours Phone: (619) 427-3361  
 Provider Gender: Female  
 License number: A77031  
 NPI: 1306857701  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ucsd Medical Group

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### INTERNAL MEDICINE

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**AL-KOURAINY, KOUSAY A**  
 Provider ID: 27249  
 Board Certified Specialty: No  
 KOUSAY ABDULLAH AL KOURAINY  
 480 4TH AVE STE 409  
 CHULA VISTA, CA 91910-4413  
 Phone: (619) 425-2080  
 Fax: (619) 425-8410  
 After Hours Phone: (619) 425-2080  
 Provider Gender: Male  
 License number: A39783  
 NPI: 1457361271  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd

**LIRA, JOSE A , MD**  
 Provider ID: 268769  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 841 KUHN DR STE 200  
 CHULA VISTA, CA 91914-4523  
 Phone: (619) 482-7301  
 Fax: (619) 482-7302  
 After Hours Phone: (619) 482-7301

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* A33913  
*NPI:* 1356319446  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **LIRA, JOSE A**

*Provider ID:* 34349  
*Board Certified Specialty:* No  
 SOUTH BAY PULMONARY MED GRP  
 841 KUHN DR STE 200  
 CHULA VISTA, CA 91914-4523  
*Phone:* (619) 482-7301  
*Fax:* (619) 482-7302  
*After Hours Phone:* (619) 482-7301  
*Provider Gender:* Male  
*License number:* A33913  
*NPI:* 1356319446  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, W  
*Hours:* M,TU,TH 8:30AM-5PM, W 8:30AM-4:45PM, F 8:30AM-4PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MEYER, JILL M , MD**

*Provider ID:* 268563  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619) 427-1144  
*Provider Gender:* Female  
*License number:* A95882  
*NPI:* 1255394789  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

Imperial Health Holdings Medical Group-Sd

### **MEYER, JILL M , MD**

*Provider ID:* 65487  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 752 MEDICAL CENTER CT STE 302  
 CHULA VISTA, CA 91911-6661  
*Phone:* (619) 421-3361  
*Fax:* (619) 869-4378  
*After Hours Phone:* (619) 421-3361  
*Provider Gender:* Female  
*License number:* A95882  
*NPI:* 1255394789  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **WATKINS, ELAINE J**

*Provider ID:* 116902  
*Board Certified Specialty:* No  
 PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST  
 1295 BROADWAY STE 201  
 CHULA VISTA, CA 91911-2975

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (888) 743-7526

Fax:

After Hours Phone: (888)  
743-7526

Provider Gender: Female

License number: 20A6234

NPI: 1225019557

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M 7AM-6PM, TU-TH  
7AM-7:30PM, F 7AM-5:30PM,  
SA 7AM-4PM

Website:

Email:

Medical Group(s):

IPA:

### **INTERVENTIONAL CARDIOLOGY**

#### **CARLSON, STEVEN K , MD**

Provider ID: 244812

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
751 MEDICAL CENTER CT #  
211

CHULA VISTA, CA 91911-6617

Phone: (619) 616-2100

Fax:

After Hours Phone: (619)  
616-2100

Provider Gender: Male

License number: A109957

NPI: 1467602946

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Garfield

Medical Center, Santa Monica

Ucla Med Ctr, Ronald Reagan

Ucla Med Ctr, Scripps Mercy

Hospital, Sharp Chula Vista Med

Ctr, Sharp Memorial Hospital,

Alvarado Hospital Llc, Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### **MOUSSAVIAN, MEHRAN**

Provider ID: 40191

Board Certified Specialty: No  
CARDIOVASCULAR INSTITUTE  
OF SAN DIEGO

765 MEDICAL CENTER CT STE  
211

CHULA VISTA, CA 91911-6600

Phone: (619) 616-2100

Fax: (619) 616-2104

After Hours Phone: (619)

616-2100

Provider Gender: Male

License number: 20A7241

NPI: 1689788234

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Farsi, Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Tri City Medical

Ctr, Sharp Memorial Hospital,

Alvarado Hospital Llc, Grossmont

Hospital, Scripps Mercy Hospital,

Scripps Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **MATERNAL AND FETAL MEDICINE**

#### **ADAMCZAK, JOANNA E**

Provider ID: 205634

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

386 E H ST STE 202

CHULA VISTA, CA 91910-7486

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

License number: A116982

NPI: 1447428420

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,

Sharp Memorial Hospital, Tri City

Medical Ctr, Sharp Mary Birch

Hosp For Women And Newborns

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **ADAMI, REBECCA R**

*Provider ID:* 272671  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
386 E H ST STE 202  
CHULA VISTA, CA 91910-7486  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A149389  
*NPI:* 1992149447  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **CASELE, HOLLY L**

*Provider ID:* 205839  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
386 E H ST STE 202  
CHULA VISTA, CA 91910-7486

*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* G87630  
*NPI:* 1255348744  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **CATANZARITE, VALERIAN A**

*Provider ID:* 205745  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
386 E H ST STE 202  
CHULA VISTA, CA 91910-7486  
*Phone:* (858) 966-8133  
*Fax:* (858) 966-1725  
*After Hours Phone:* (858) 966-8133  
*Provider Gender:* Male  
*License number:* G46026  
*NPI:* 1174694939  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Grossmont Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **MCCULLOUGH, DEIRDRE M**

*Provider ID:* 277263  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
386 E H ST STE 202  
CHULA VISTA, CA 91910-7486  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* C159758  
*NPI:* 1639153018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health Network*

### **RICHARDSON, ALVIE C**

*Provider ID: 264687*

*Board Certified Specialty: No*

**RADY CHILDRENS HEALTH NETWORK**

386 E H ST STE 202

CHULA VISTA, CA 91910-7486

*Phone: (858) 966-6710*

*Fax: (858) 966-6711*

*After Hours Phone: (858) 966-6710*

*Provider Gender: Male*

*License number: C160063*

*NPI: 1154305977*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL): No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health Network*

### **SCHWENDEMANN, WADE D**

*Provider ID: 205440*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

386 E H ST STE 202

CHULA VISTA, CA 91910-7486

*Phone: (858) 966-6710*

*Fax: (858) 966-6711*

*After Hours Phone: (858) 966-6710*

*Provider Gender: Male*

*License number: A109228*

*NPI: 1477563302*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL): No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health Network*

### **TITH, TEVY**

*Provider ID: 205391*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

386 E H ST STE 202

CHULA VISTA, CA 91910-7486

*Phone: (858) 966-6710*

*Fax: (858) 966-6711*

*After Hours Phone: (858) 966-6710*

*Provider Gender: Female*

*License number: A103521*

*NPI: 1588816086*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL): No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health Network*

### **WESTERMANN, MELISSA L**

*Provider ID: 242523*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

386 E H ST STE 202

CHULA VISTA, CA 91910-7486

*Phone: (858) 966-6710*

*Fax: (858) 966-6711*

*After Hours Phone: (858) 966-6710*

*Provider Gender: Female*

*License number: A130149*

*NPI: 1760730758*

*Provider English Spoken: Yes*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WILLIAMS, KRISTIN M**

*Provider ID:* 206232  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A72985  
*NPI:* 1992847131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Stanford Health Care, Lucile

Salter Packard Childrens Hosp, San Mateo Medical Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **NEONATAL / PERINATAL MEDICINE**

### **FLEMING, SARAH E**

*Provider ID:* 205646  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 435 H ST  
 CHULA VISTA, CA 91910-4307  
*Phone:* (619) 691-7000  
*Fax:*  
*After Hours Phone:* (619) 691-7000  
*Provider Gender:* Female  
*License number:* A89838  
*NPI:* 1679809826  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MARDOUM, RIAD**

*Provider ID:* 262123  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 435 H ST  
 CHULA VISTA, CA 91910-4307  
*Phone:* (619) 691-7000  
*Fax:*

*After Hours Phone:* (619) 691-7000

*Provider Gender:* Male  
*License number:* A36720  
*NPI:* 1417050584

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

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

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **NIEMI, ANNA-KAISA**

*Provider ID:* 262159  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

435 H ST  
CHULA VISTA, CA 91910-4307  
Phone: (858) 966-5818  
Fax: (858) 966-7483  
After Hours Phone: (858) 966-5818  
Provider Gender: Female  
License number: A104907  
NPI: 1497941397  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### NEPHROLOGY

#### **BEDOYA, LUIS A , MD**

Provider ID: 39369  
Board Certified Specialty: Yes  
BALBOA NEPHROLOGY MED  
GRP INC  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910-3885  
Phone: (619) 427-1144  
Fax: (619) 427-1185  
After Hours Phone: (619) 427-1144  
Provider Gender: Male  
License number: A51105  
NPI: 1922119445  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish

Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital Chula Vista, Sharp  
Chula Vista Med Ctr, Paradise  
Valley Hospital, Scripps Mercy  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

#### **BEDOYA, LUIS A**

Provider ID: 39369  
Board Certified Specialty: Yes  
BALBOA NEPHROLOGY MED  
GRP INC  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910-3885  
Phone: (619) 427-1144  
Fax: (619) 427-1185  
After Hours Phone: (619) 427-1144  
Provider Gender: Male  
License number: A51105  
NPI: 1922119445  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital Chula Vista, Sharp  
Chula Vista Med Ctr, Paradise  
Valley Hospital, Scripps Mercy  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None

American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

#### **BEDOYA, LUIS A**

Provider ID: 39369  
Board Certified Specialty: No  
BALBOA NEPHROLOGY MED  
GRP INC  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910-3885  
Phone: (619) 427-1144  
Fax: (619) 427-1185  
After Hours Phone: (619) 427-1144  
Provider Gender: Male  
License number: A51105  
NPI: 1922119445  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital Chula Vista, Sharp  
Chula Vista Med Ctr, Paradise  
Valley Hospital, Scripps Mercy  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
W  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website: www.balboacare.com  
Email:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Medical Group(s):*  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **HOREISH, ADAM K**

*Provider ID:* 99947  
*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619)  
427-1144  
*Provider Gender:* Male  
*License number:* C56089  
*NPI:* 1760461206  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital Chula Vista, Paradise  
Valley Hospital, Scripps Mercy  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **HOREISH, ADAM K , MD**

*Provider ID:* 99947  
*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED

GRP INC  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619)  
427-1144  
*Provider Gender:* Male  
*License number:* C56089  
*NPI:* 1760461206  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital Chula Vista, Paradise  
Valley Hospital, Scripps Mercy  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **HOREISH, ADAM K**

*Provider ID:* 99947  
*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619)  
427-1144  
*Provider Gender:* Male  
*License number:* C56089

*NPI:* 1760461206  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital Chula Vista, Paradise  
Valley Hospital, Scripps Mercy  
Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R,  
W  
*Hours:* M-F 9AM-5PM, SA  
9AM-5PM  
*Website:* www.balboacare.com  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **KHAING, KATHY**

*Provider ID:* 128616  
*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:*  
*After Hours Phone:* (619)  
427-1144  
*Provider Gender:* Female  
*License number:* A127006  
*NPI:* 1912219155  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Burmese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Scripps Mercy

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## D. Specialist Provider Directory

Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:* www.balboacare.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**KHAING, KATHY, MD**  
*Provider ID:* 205003  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619) 427-1144  
*Provider Gender:* Female  
*License number:* A127006  
*NPI:* 1912219155  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Burmese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**LOZADA-PASTORIO, ELIZABETH**  
*Provider ID:* 262289  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619) 427-1144

*Provider Gender:* Female  
*License number:* A90108  
*NPI:* 1730160425  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LOZADA-PASTORIO, ELIZABETH, MD**  
*Provider ID:* 268556  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC

340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619) 427-1144  
*Provider Gender:* Female  
*License number:* A90108  
*NPI:* 1730160425  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**LOZADA-PASTORIO, ELIZABETH**  
*Provider ID:* 31395  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 340 4TH AVE STE 14  
 CHULA VISTA, CA 91910-3813  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619) 427-1144  
*Provider Gender:* Female  
*License number:* A90108  
*NPI:* 1730160425

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **LOZADA-PASTORIO, ELIZABETH**

*Provider ID:* 31395  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619) 427-1144  
*Provider Gender:* Female  
*License number:* A90108  
*NPI:* 1730160425  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:* www.balboacare.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **LOZADA-PASTORIO, ELIZABETH, MD**

*Provider ID:* 31395  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 340 4TH AVE STE 14  
 CHULA VISTA, CA 91910-3813  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619) 427-1144  
*Provider Gender:* Female  
*License number:* A90108  
*NPI:* 1730160425  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **LOZADA-PASTORIO, ELIZABETH**

*Provider ID:* 82253  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 752 MEDICAL CENTER CT STE 302  
 CHULA VISTA, CA 91911-6661  
*Phone:* (619) 421-3361  
*Fax:* (619) 869-4378  
*After Hours Phone:* (619) 421-3361  
*Provider Gender:* Female  
*License number:* A90108  
*NPI:* 1730160425  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:* www.balboacare.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **LOZADA-PASTORIO, ELIZABETH**

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## D. Specialist Provider Directory

**Provider ID:** 82253  
**Board Certified Specialty:** No  
**BALBOA NEPHROLOGY MED GRP INC**  
**752 MEDICAL CENTER CT STE 302**  
**CHULA VISTA, CA 91911-6661**  
**Phone:** (619) 421-3361  
**Fax:** (619) 869-4378  
**After Hours Phone:** (619) 421-3361  
**Provider Gender:** Female  
**License number:** A90108  
**NPI:** 1730160425  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### MEYER, JILL M

**Provider ID:** 262110  
**Board Certified Specialty:** Yes  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
**340 4TH AVE STE 4**  
**CHULA VISTA, CA 91910-3885**

**Phone:** (619) 427-1144  
**Fax:** (619) 427-1185  
**After Hours Phone:** (619) 427-1144  
**Provider Gender:** Female  
**License number:** A95882  
**NPI:** 1255394789  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Chula Vista Med Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:** P, EB, IB, E, R, W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### MEYER, JILL M

**Provider ID:** 262111  
**Board Certified Specialty:** No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
**752 MEDICAL CENTER CT STE 302**  
**CHULA VISTA, CA 91911-6661**  
**Phone:** (619) 421-3361  
**Fax:** (619) 869-4378  
**After Hours Phone:** (619) 421-3361  
**Provider Gender:** Female  
**License number:** A95882  
**NPI:** 1255394789  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish

**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Chula Vista Med Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### MEYER, JILL M

**Provider ID:** 55805  
**Board Certified Specialty:** No  
**BALBOA NEPHROLOGY MED GRP INC**  
**340 4TH AVE STE 4**  
**CHULA VISTA, CA 91910-3885**  
**Phone:** (619) 427-1144  
**Fax:**  
**After Hours Phone:** (619) 427-1144  
**Provider Gender:** Female  
**License number:** A95882  
**NPI:** 1255394789  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Chula Vista Med Ctr  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** P, EB, IB, E, R, W  
**Hours:** M-F 9AM-5PM, SA 9AM-5PM  
**Website:** www.balboacare.com

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## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **MEYER, JILL M**

*Provider ID:* 65487  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 752 MEDICAL CENTER CT STE  
 302  
 CHULA VISTA, CA 91911-6661  
*Phone:* (619) 421-3361

*Fax:*  
*After Hours Phone:* (619)  
 421-3361  
*Provider Gender:* Female  
*License number:* A95882  
*NPI:* 1255394789  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:*  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:* www.balboacare.com  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **PATEL, AMAR V , MD**

*Provider ID:* 245639  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC

340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
*Phone:* (858) 810-8000  
*Fax:* (619) 427-1185  
*After Hours Phone:* (858)  
 810-8000  
*Provider Gender:* Male  
*License number:* A158295  
*NPI:* 1821359605  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Gujarati, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital Chula Vista, Sharp  
 Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **SOLTERO, RICARDO A**

*Provider ID:* 257492  
*Board Certified Specialty:* Yes  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619)  
 427-1144  
*Provider Gender:* Male  
*License number:* A68995  
*NPI:* 1841295482  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc, Imperial Health Holdings  
 Medical Group-Sd

### **SOLTERO, RICARDO A**

*Provider ID:* 262113  
*Board Certified Specialty:* Yes  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619)  
 427-1144  
*Provider Gender:* Male  
*License number:* A68995  
*NPI:* 1841295482  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R

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## D. Specialist Provider Directory

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SOLTERO, RICARDO A , MD**

*Provider ID:* 26526

*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED GRP INC

340 4TH AVE STE 14  
CHULA VISTA, CA 91910-3813

*Phone:* (619) 427-1144

*Fax:* (619) 427-1185

*After Hours Phone:* (619)

427-1144

*Provider Gender:* Male

*License number:* A68995

*NPI:* 1841295482

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SOLTERO, RICARDO A**

*Provider ID:* 26526

*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED GRP INC

340 4TH AVE STE 14  
CHULA VISTA, CA 91910-3813

*Phone:* (619) 427-1144

*Fax:* (619) 427-1185

*After Hours Phone:* (619)

427-1144

*Provider Gender:* Male

*License number:* A68995

*NPI:* 1841295482

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SOLTERO, RICARDO A**

*Provider ID:* 26526

*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED GRP INC

340 4TH AVE STE 4  
CHULA VISTA, CA 91910-3885

*Phone:* (619) 427-1144

*Fax:* (619) 427-1185

*After Hours Phone:* (619)  
427-1144

*Provider Gender:* Male

*License number:* A68995

*NPI:* 1841295482

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* P, EB, IB, E, R, W

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

*Website:* www.balboacare.com

*Email:*

*Medical Group(s):*

*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SOLTERO, RICARDO A , MD**

*Provider ID:* 268490

*Board Certified Specialty:* Yes  
COMMUNITY CARE IPA LLC

340 4TH AVE STE 4  
CHULA VISTA, CA 91910-3885

*Phone:* (619) 427-1144

*Fax:* (619) 427-1185

*After Hours Phone:* (619)  
427-1144

*Provider Gender:* Male

*License number:* A68995

*NPI:* 1841295482

*Provider English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>♿ Accessibility:</i> P, EB, IB, E, R</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>                                                                                                                                          | <p><i>American Sign Language (ASL):</i> No</p> <p><i>♿ Accessibility:</i></p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Group-Sd</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>SOLTERO, RICARDO A , MD</b></p> <p><i>Provider ID:</i> 268491</p> <p><i>Board Certified Specialty:</i> No</p> <p>COMMUNITY CARE IPA LLC</p> <p>752 MEDICAL CENTER CT STE 302</p> <p>CHULA VISTA, CA 91911-6661</p> <p><i>Phone:</i> (619) 421-3361</p> <p><i>Fax:</i></p> <p><i>After Hours Phone:</i> (619) 421-3361</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> A68995</p> <p><i>NPI:</i> 1841295482</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> | <p><b>VIDEEN, JOHN</b></p> <p><i>Provider ID:</i> 262286</p> <p><i>Board Certified Specialty:</i> No</p> <p>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD</p> <p>752 MEDICAL CENTER CT STE 302</p> <p>CHULA VISTA, CA 91911-6661</p> <p><i>Phone:</i> (619) 421-3361</p> <p><i>Fax:</i> (619) 869-4378</p> <p><i>After Hours Phone:</i> (619) 421-3361</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G59271</p> <p><i>NPI:</i> 1043318199</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> 0/999</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>♿ Accessibility:</i> W</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> | <p><b>VIDEEN, JOHN, MD</b></p> <p><i>Provider ID:</i> 65646</p> <p><i>Board Certified Specialty:</i> No</p> <p>BALBOA NEPHROLOGY MED GRP INC</p> <p>752 MEDICAL CENTER CT STE 302</p> <p>CHULA VISTA, CA 91911-6661</p> <p><i>Phone:</i> (619) 421-3361</p> <p><i>Fax:</i> (619) 869-4378</p> <p><i>After Hours Phone:</i> (619) 421-3361</p> <p><i>Provider Gender:</i> Male</p> <p><i>License number:</i> G59271</p> <p><i>NPI:</i> 1043318199</p> <p><i>Provider English Spoken:</i> Yes</p> <p><i>Provider Language(s) Spoken:</i> Spanish</p> <p><i>Cultural Competency:</i> No</p> <p><i>Hospital Affiliation:</i> Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr</p> <p><i>Medi-Cal Open Panel:</i> Yes</p> <p><i>Min/Max Age:</i> None</p> <p><i>American Sign Language (ASL):</i> No</p> <p><i>♿ Accessibility:</i> W</p> <p><i>Hours:</i> M-SA 9AM-5PM</p> <p><i>Website:</i></p> <p><i>Email:</i></p> <p><i>Medical Group(s):</i></p> <p><i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>VIDEEN, JOHN</b></p> <p><i>Provider ID:</i> 65646</p> <p><i>Board Certified Specialty:</i> No</p> <p>BALBOA NEPHROLOGY MED GRP INC</p> <p>752 MEDICAL CENTER CT STE 302</p> <p>CHULA VISTA, CA 91911-6661</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Phone:* (619) 421-3361  
*Fax:* (619) 869-4378  
*After Hours Phone:* (619) 421-3361  
*Provider Gender:* Male  
*License number:* G59271  
*NPI:* 1043318199  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:* www.balboacare.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **YUAN, HENRY, MD**

*Provider ID:* 268551  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910-3885  
*Phone:* (619) 427-1144  
*Fax:* (619) 427-1185  
*After Hours Phone:* (619) 427-1144  
*Provider Gender:* Male  
*License number:* A120403  
*NPI:* 1043442379  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Paradise Valley Hospital, Providence St Joseph Hospital, Providence St Jude Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NEUROLOGY**

### **MOHAMMAD, AHMAD SHAH, MD**

*Provider ID:* 127244  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 750 MEDICAL CENTER CT STE 6  
 CHULA VISTA, CA 91911-6634  
*Phone:* (619) 337-7900  
*Fax:* (619) 337-7902  
*After Hours Phone:* (619) 337-7900  
*Provider Gender:* Male  
*License number:* A98831  
*NPI:* 1902973472  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Farsi, French, German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **OBSTETRICS / GYNECOLOGY**

### **ADAMCZAK, JOANNA E**

*Provider ID:* 121816  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
*Phone:* (858) 966-6710  
*Fax:*  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A116982  
*NPI:* 1447428420  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **ALIMONOS, LYSISTRATI A**

*Provider ID:* 114817

*Board Certified Specialty:* No  
CHULA VISTA FAMILY HLTH  
CTR

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2500

*Fax:*

*After Hours Phone:* (619)

515-2500

*Provider Gender:* Female

*License number:* 20A14919

*NPI:* 1619397031

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Grossmont Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R,  
T, ME

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

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Chula Vista  
Family Hlth Ctr

*IPA:*

### **ANGUIANO, FRANCISCO E**

*Provider ID:* 205791

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

765 MEDICAL CENTER CT STE  
209

CHULA VISTA, CA 91911-6600

*Phone:* (619) 427-8892

*Fax:* (619) 422-7660

*After Hours Phone:* (619)  
427-8892

*Provider Gender:* Male

*License number:* G61584

*NPI:* 1215921697

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999

*American Sign Language (ASL):*  
No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd, Rady Childrens  
Health Network

### **ANGUIANO, FRANCISCO E , MD**

*Provider ID:* 268797

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
765 MEDICAL CENTER CT STE  
209

CHULA VISTA, CA 91911-6600

*Phone:* (619) 427-8892

*Fax:* (619) 422-7660

*After Hours Phone:* (619)  
427-8892

*Provider Gender:* Male

*License number:* G61584

*NPI:* 1215921697

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd, Rady Childrens  
Health Network

### **ANGUIANO, FRANCISCO E**

*Provider ID:* 27382

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
765 MEDICAL CENTER CT STE  
209

CHULA VISTA, CA 91911-6600

*Phone:* (619) 427-8892

*Fax:* (619) 422-7660

*After Hours Phone:* (619)

427-8892

*Provider Gender:* Male

*License number:* G61584

*NPI:* 1215921697

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital

*Medi-Cal Open Panel:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

### **ATIGA, SCHUBERT J , MD**

Provider ID: 268953  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 752 MEDICAL CENTER CT STE 106  
 CHULA VISTA, CA 91911-6659  
 Phone: (619) 482-8406  
 Fax: (619) 482-6656  
 After Hours Phone: (619) 482-8406  
 Provider Gender: Male  
 License number: G53756  
 NPI: 1033138714  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ATIGA, SCHUBERT J**

Provider ID: 27235  
 Board Certified Specialty: No  
 LIFETIME WOMENS HEALTH CARE MED ASSOCS INC  
 752 MEDICAL CENTER CT STE 106  
 CHULA VISTA, CA 91911-6659  
 Phone: (619) 482-8406  
 Fax:  
 After Hours Phone: (619) 482-8406  
 Provider Gender: Male  
 License number: G53756  
 NPI: 1033138714  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessibility: W  
 Hours: M,TU,TH 9AM-5PM, W,F,SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **BUECHNER, CHARLENE A**

Provider ID: 127424  
 Board Certified Specialty: No  
 CHULA VISTA FAMILY HLTH CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2500  
 Fax:  
 After Hours Phone: (619) 515-2500  
 Provider Gender: Female  
 License number: A68463

NPI: 1376663831  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Chula Vista Family Hlth Ctr  
 IPA:

### **CARSON, LATISA S**

Provider ID: 27071  
 Board Certified Specialty: No  
 UNIQUE HEALTHCARE FOR WOMEN MEDICAL CORP  
 891 KUHN DR STE 111  
 CHULA VISTA, CA 91914-3551  
 Phone: (619) 475-9744  
 Fax:  
 After Hours Phone: (619) 475-9744  
 Provider Gender: Female  
 License number: A72235  
 NPI: 1245229129  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: No

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## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-TH 8AM-5PM, F  
 8AM-3PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **CARTER, KHALIL J**

Provider ID: 127374  
 Board Certified Specialty: No  
 CHULA VISTA FAMILY HLTH  
 CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2500  
 Fax:  
 After Hours Phone: (619)  
 515-2500  
 Provider Gender: Male  
 License number: A113001  
 NPI: 1225231582  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Chula Vista  
 Family Hlth Ctr  
 IPA:

### **CASELE, HOLLY L**

Provider ID: 121820  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDDTN  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
 Phone: (858) 966-6710  
 Fax:  
 After Hours Phone: (858)  
 966-6710

Provider Gender: Female  
 License number: G87630  
 NPI: 1255348744  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Grossmont  
 Hospital, Tri City Medical Ctr,  
 Sharp Mary Birch Hosp For  
 Women And Newborns, Scripps  
 Memorial Hospital Encinitas,  
 Rady Childrens Hospital San  
 Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **CATANZARITE, VALERIAN A**

Provider ID: 121849  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDDTN  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486

Phone: (858) 966-8133  
 Fax:  
 After Hours Phone: (858)  
 966-8133  
 Provider Gender: Male  
 License number: G46026  
 NPI: 1174694939  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Russian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Memorial Hospital,  
 Grossmont Hospital, Tri City  
 Medical Ctr, Southwest  
 Healthcare System Wildomar,  
 Southwest Healthcare System  
 Murrieta, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **CERVANTES, SANDRA M**

Provider ID: 114861  
 Board Certified Specialty: No  
 CHULA VISTA FAMILY HLTH  
 CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2500  
 Fax:  
 After Hours Phone: (619)  
 515-2500  
 Provider Gender: Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*License number:* A118095  
*NPI:* 1073701041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Chula Vista Family Hlth Ctr  
*IPA:*

### **CHAC, RICK T**

*Provider ID:* 210483  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 660 OLD TELEGRAPH CANYON RD  
 CHULA VISTA, CA 91910-6587  
*Phone:* (619) 482-2400  
*Fax:* (619) 482-2411  
*After Hours Phone:* (619) 482-2400  
*Provider Gender:* Male  
*License number:* A105379  
*NPI:* 1538347760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cantonese, Chinese, Mandarin, Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **FOLCH TORRES-AGUIAR, BEATRIZ M**

*Provider ID:* 120505  
*Board Certified Specialty:* No  
 CHULA VISTA FAMILY HLTH CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Provider Gender:* Female  
*License number:* A148014  
*NPI:* 1457794752  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Chula Vista Family Hlth Ctr  
*IPA:*

### **LIPSCHITZ, LISA S**

*Provider ID:* 115426  
*Board Certified Specialty:* No  
 CHULA VISTA FAMILY HLTH CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Provider Gender:* Female  
*License number:* A72005  
*NPI:* 1649208711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Chula Vista Family Hlth Ctr  
*IPA:*

### **LOEFFLER, ALLISON M**

*Provider ID:* 115559  
*Board Certified Specialty:* No  
 CHULA VISTA FAMILY HLTH CTR  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)  
515-2500

Provider Gender: Female

License number: A116680

NPI: 1700073962

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy Hospital,  
Scripps Mercy Hospital Chula  
Vista

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcscd.org

Email:

Medical Group(s): Chula Vista  
Family Hlth Ctr

IPA:

### **MELENDEZ BERRIOS, IARA DEL M**

Provider ID: 115025

Board Certified Specialty: No  
CHULA VISTA FAMILY HLTH  
CTR

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)  
515-2500

Provider Gender: Female

License number: A114181

NPI: 1740514249

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcscd.org

Email:

Medical Group(s): Chula Vista  
Family Hlth Ctr

IPA:

### **RODRIGUEZ JEREZ, ROBERTO D**

Provider ID: 130086

Board Certified Specialty: No  
CHULA VISTA FAMILY HLTH  
CTR

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2500

Fax:

After Hours Phone: (619)  
515-2500

Provider Gender: Male

License number: A154298

NPI: 1710316450

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,

T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcscd.org

Email:

Medical Group(s): Chula Vista  
Family Hlth Ctr

IPA:

### **SEFA-BOAKYE, KOFI D**

Provider ID: 205412

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

340 4TH AVE STE 5

CHULA VISTA, CA 91910-3813

Phone: (619) 422-2121

Fax: (619) 422-2427

After Hours Phone: (619)  
422-2121

Provider Gender: Male

License number: G59670

NPI: 1902993660

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Sharp Coronado  
Hosp And Healthcare Ctr,  
Scripps Mercy Hospital Chula  
Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):  
No

Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **TITH, TEVY**

Provider ID: 73302

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486  
*Phone:* (858) 966-6710  
*Fax:*  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A103521  
*NPI:* 1588816086  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WILLIAMS, KRISTIN M**

*Provider ID:* 121985  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910-7486

*Phone:* (858) 966-6710  
*Fax:*  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A72985  
*NPI:* 1992847131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WINESBURG, JENNIFER J**

*Provider ID:* 114800  
*Board Certified Specialty:* No  
**CHULA VISTA FAMILY HLTH CTR**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Provider Gender:* Female  
*License number:* 20A11535  
*NPI:* 1811162456

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Chula Vista Family Hlth Ctr  
*IPA:*

### **ZIEG, ALAN J**

*Provider ID:* 114831  
*Board Certified Specialty:* No  
**CHULA VISTA FAMILY HLTH CTR**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Provider Gender:* Male  
*License number:* G78814  
*NPI:* 1699790634  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Chula Vista  
 Family Hlth Ctr  
 IPA:

### OPHTHALMOLOGY

**BRYANT, DUANE M , MD**  
 Provider ID: 244753  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 342 F ST  
 CHULA VISTA, CA 91910-2625  
 Phone: (619) 422-1471  
 Fax: (619) 422-0450  
 After Hours Phone: (619)  
 422-1471  
 Provider Gender: Male  
 License number: C155562  
 NPI: 1023117124  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 13/130  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**CARRABY, ARNETT**  
 Provider ID: 103061  
 Board Certified Specialty: Yes  
 CALIFORNIA RETINA ASSOCS  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
 Phone: (619) 425-7755  
 Fax:  
 After Hours Phone: (619)  
 425-7755  
 Provider Gender: Male  
 License number: G47836  
 NPI: 1366530792  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: El Centro  
 Regional Medical Center,  
 Pioneers Memorial Hospital,  
 Alvarado Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**CARRABY, ARNETT, MD**  
 Provider ID: 103061  
 Board Certified Specialty: Yes  
 CALIFORNIA RETINA ASSOCS  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619)  
 425-7755  
 Provider Gender: Male  
 License number: G47836

NPI: 1366530792  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: El Centro  
 Regional Medical Center,  
 Pioneers Memorial Hospital,  
 Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**CASTILLEJOS-RIOS, DAVID**  
 Provider ID: 26867  
 Board Certified Specialty: Yes  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 342 F ST  
 CHULA VISTA, CA 91910-2625  
 Phone: (619) 422-1471  
 Fax: (619) 422-0450  
 After Hours Phone: (619)  
 422-1471  
 Provider Gender: Male  
 License number: A44482  
 NPI: 1558446401  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Paradise  
 Valley Hospital, Scripps Mercy  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         ☯ Accessibility: P, EB, IB, E<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Community Care Ipa Llc,<br/>         Imperial Health Holdings Medical<br/>         Group-Sd</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>CASTILLEJOS, MARIA E</b><br/>         Provider ID: 26458<br/>         Board Certified Specialty: No<br/>         CASTILLEJOS EYE INSTITUTE<br/>         MEDICAL GROUP<br/>         342 F ST<br/>         CHULA VISTA, CA 91910-2625<br/>         Phone: (619) 422-1471<br/>         Fax:<br/>         After Hours Phone: (619)<br/>         422-1471<br/>         Provider Gender: Female<br/>         License number: A37652<br/>         NPI: 1043395098<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Spanish<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Sharp Chula<br/>         Vista Med Ctr, Scripps Mercy<br/>         Hospital Chula Vista, Scripps<br/>         Mercy Hospital, Scripps<br/>         Memorial Hospital, Paradise<br/>         Valley Hospital, Sharp Memorial<br/>         Hospital<br/>         Medi-Cal Open Panel: No<br/>         Min/Max Age: None<br/>         American Sign Language (ASL):<br/>         No<br/>         ☯ Accessibility: P, EB, IB, E, W<br/>         Hours: M,W,F 8AM-5PM, TU,TH<br/>         7AM-5PM, SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Community Care Ipa Llc,<br/>         Imperial Health Holdings Medical<br/>         Group-Sd</p>  | <p>342 F ST<br/>         CHULA VISTA, CA 91910-2625<br/>         Phone: (619) 422-1471<br/>         Fax: (619) 422-0450<br/>         After Hours Phone: (619)<br/>         422-1471<br/>         Provider Gender: Female<br/>         License number: A37652<br/>         NPI: 1043395098<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Spanish<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Sharp Chula<br/>         Vista Med Ctr, Scripps Mercy<br/>         Hospital Chula Vista, Scripps<br/>         Mercy Hospital, Scripps<br/>         Memorial Hospital, Paradise<br/>         Valley Hospital, Sharp Memorial<br/>         Hospital<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: None<br/>         American Sign Language (ASL):<br/>         No<br/>         ☯ Accessibility: P, EB, IB, E<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Community Care Ipa Llc,<br/>         Imperial Health Holdings Medical<br/>         Group-Sd</p> |
| <p><b>CASTILLEJOS-RIOS, DAVID, MD</b><br/>         Provider ID: 268782<br/>         Board Certified Specialty: Yes<br/>         COMMUNITY CARE IPA LLC<br/>         342 F ST<br/>         CHULA VISTA, CA 91910-2625<br/>         Phone: (619) 422-1471<br/>         Fax: (619) 422-0450<br/>         After Hours Phone: (619)<br/>         422-1471<br/>         Provider Gender: Male<br/>         License number: A44482<br/>         NPI: 1558446401<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Sharp Chula<br/>         Vista Med Ctr, Scripps Mercy<br/>         Hospital Chula Vista, Paradise<br/>         Valley Hospital, Scripps Mercy<br/>         Hospital<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: 0/999<br/>         American Sign Language (ASL):<br/>         No<br/>         ☯ Accessibility: P, EB, IB, E<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Community Care Ipa Llc,<br/>         Imperial Health Holdings Medical<br/>         Group-Sd</p> | <p><b>CASTILLEJOS, MARIA E</b><br/>         Provider ID: 26458<br/>         Board Certified Specialty: Yes<br/>         CASTILLEJOS EYE INSTITUTE<br/>         MEDICAL GROUP<br/>         342 F ST<br/>         CHULA VISTA, CA 91910-2625<br/>         Phone: (619) 422-1471<br/>         Fax:<br/>         After Hours Phone: (619)<br/>         422-1471<br/>         Provider Gender: Female<br/>         License number: A37652<br/>         NPI: 1043395098<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Spanish<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Sharp Chula<br/>         Vista Med Ctr, Scripps Mercy<br/>         Hospital Chula Vista, Scripps<br/>         Mercy Hospital, Scripps<br/>         Memorial Hospital, Paradise<br/>         Valley Hospital, Sharp Memorial<br/>         Hospital<br/>         Medi-Cal Open Panel: No<br/>         Min/Max Age: None<br/>         American Sign Language (ASL):<br/>         No<br/>         ☯ Accessibility: P, EB, IB, E, W<br/>         Hours: M,W,F 8AM-5PM, TU,TH<br/>         7AM-5PM, SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Community Care Ipa Llc,<br/>         Imperial Health Holdings Medical<br/>         Group-Sd</p> | <p><b>CASTILLEJOS, MARIA E , MD</b><br/>         Provider ID: 268747<br/>         Board Certified Specialty: Yes<br/>         COMMUNITY CARE IPA LLC<br/>         342 F ST<br/>         CHULA VISTA, CA 91910-2625<br/>         Phone: (619) 422-1471<br/>         Fax: (619) 422-0450<br/>         After Hours Phone: (619)<br/>         422-1471<br/>         Provider Gender: Female<br/>         License number: A37652</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**NPI:** 1043395098  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Memorial Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**♿ Accessibility:** P, EB, IB, E  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CHAVEZ, CESAR T , MD**

**Provider ID:** 268776  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**835 3RD AVE STE A**  
**CHULA VISTA, CA 91911-1352**  
**Phone:** (619) 425-7755  
**Fax:** (619) 425-2138  
**After Hours Phone:** (619) 425-7755  
**Provider Gender:** Male  
**License number:** G51615  
**NPI:** 1720082563  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** El Centro Regional Medical Center, Paradise Valley Hospital, Scripps

Mercy Hospital, Scripps Memorial Hospital Encinitas  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **DELENGOCKY, TAYSON**

**Provider ID:** 78153  
**Board Certified Specialty:** Yes  
**CALIFORNIA RETINA ASSOCS**  
**835 3RD AVE STE A**  
**CHULA VISTA, CA 91911-1352**  
**Phone:** (619) 425-7755  
**Fax:** (619) 425-2138  
**After Hours Phone:** (619) 425-7755  
**Provider Gender:** Male  
**License number:** 20A12784  
**NPI:** 1164637153  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Farsi, French, Spanish, Tagalog, Vietnamese  
**Cultural Competency:** No  
**Hospital Affiliation:** El Centro Regional Medical Center, Alvarado Hospital Llc  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **DELENGOCKY, TAYSON**

**Provider ID:** 78153  
**Board Certified Specialty:** No  
**CALIFORNIA RETINA ASSOCS**  
**835 3RD AVE STE A**  
**CHULA VISTA, CA 91911-1352**  
**Phone:** (619) 425-7755  
**Fax:**  
**After Hours Phone:** (619) 425-7755  
**Provider Gender:** Male  
**License number:** 20A12784  
**NPI:** 1164637153  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Farsi, French, Spanish, Tagalog, Vietnamese  
**Cultural Competency:** No  
**Hospital Affiliation:** El Centro Regional Medical Center, Alvarado Hospital Llc  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **ECHEGOYEN, JULIO C**

**Provider ID:** 101658  
**Board Certified Specialty:** No  
**EYE INSTITUTE OF CALIFORNIA MED GRP**  
**480 4TH AVE STE 201**  
**CHULA VISTA, CA 91910-4412**  
**Phone:** (619) 427-3355  
**Fax:**  
**After Hours Phone:** (619) 427-3355  
**Provider Gender:** Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*License number:* A121431  
*NPI:* 1770801540  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**ECHEGOYEN, JULIO C , MD**  
*Provider ID:* 257137  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-9057  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A121431  
*NPI:* 1770801540  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital, Scripps Mercy Hospital,

Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**GOLDMAN, RONALD J , MD**  
*Provider ID:* 26488  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 480 4TH AVE STE 201  
 CHULA VISTA, CA 91910-4412  
*Phone:* (619) 427-3355  
*Fax:* (619) 427-0955  
*After Hours Phone:* (619) 427-3355  
*Provider Gender:* Male  
*License number:* C27512  
*NPI:* 1114928082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Community Care Ipa Llc  
**KHANDAN, SARA, MD**  
*Provider ID:* 268580  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Female  
*License number:* A155828  
*NPI:* 1063850808  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Hemet Valley Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**MANI, MAJID, MD**  
*Provider ID:* 269193  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A60640  
*NPI:* 1043261373

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Pioneers Memorial Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MANI, MAJID**

*Provider ID:* 26922  
*Board Certified Specialty:* No  
 CALIFORNIA RETINA ASSOCS  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A60640  
*NPI:* 1043261373  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Pioneers Memorial Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MANI, NASRIN, MD**

*Provider ID:* 269199  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Female  
*License number:* A40473  
*NPI:* 1023061314  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MANI, NASRIN**

*Provider ID:* 27356

*Board Certified Specialty:* No  
 CALIFORNIA RETINA ASSOCS  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:*  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Female  
*License number:* A40473  
*NPI:* 1023061314  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**MCDONNELL, EMMA C**  
*Provider ID:* 283536  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Female  
*License number:* A172521  
*NPI:* 1023357670  
*Provider English Spoken:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/200  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MOSS, JASON M , MD**

*Provider ID:* 106478  
*Board Certified Specialty:* No  
 CALIFORNIA RETINA ASSOCS  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A130529  
*NPI:* 1386961423  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**PAPASTERGIOU, GEORGIOS**  
*Provider ID:* 204144  
*Board Certified Specialty:* Yes  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755

*Provider Gender:* Male  
*License number:* A127706  
*NPI:* 1790054393  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PAPASTERGIOU, GEORGIOS, MD**

*Provider ID:* 269189  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC

835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A127706  
*NPI:* 1790054393  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PAPASTERGIOU, GEORGIOS**

*Provider ID:* 80983  
*Board Certified Specialty:* No  
 CALIFORNIA RETINA ASSOCS  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2318  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A127706  
*NPI:* 1790054393  
*Provider English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider Language(s) Spoken:* Arabic, Farsi, French, Greek, Italian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PEAIRS, JAMES J**

*Provider ID:* 126597  
*Board Certified Specialty:* No  
 CALIFORNIA RETINA ASSOCS  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:*  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A155296  
*NPI:* 1609135623  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **PEAIRS, JAMES J , MD**

*Provider ID:* 268818  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A155296  
*NPI:* 1609135623  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **PONS, MAURICIO E**

*Provider ID:* 23410  
*Board Certified Specialty:* No

CALIFORNIA RETINA ASSOCS  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:*  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A87650  
*NPI:* 1376723759  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **PONS, MAURICIO E , MD**

*Provider ID:* 269242  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A87650  
*NPI:* 1376723759  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **RAJSBAUM, MARTIN**

*Provider ID:* 117787  
*Board Certified Specialty:* No  
 CALIFORNIA RETINA ASSOCS  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:*  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A42670  
*NPI:* 1912999400  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Russian, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**RAJSBAUM, MARTIN, MD**  
*Provider ID:* 268749  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755

*Provider Gender:* Male  
*License number:* A42670  
*NPI:* 1912999400  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Russian, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SASSANI, PATRICK P , MD**

*Provider ID:* 269076  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC

835 3RD AVE STE A  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A150205  
*NPI:* 1033411061  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, El Centro Regional Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SCHER, BARRY M , MD**

*Provider ID:* 268828  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 480 4TH AVE STE 201  
 CHULA VISTA, CA 91910-4412  
*Phone:* (619) 427-3355  
*Fax:* (619) 427-0955  
*After Hours Phone:* (619) 427-3355  
*Provider Gender:* Male  
*License number:* G23827  
*NPI:* 1235106899  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **SCHER, BARRY M , MD**

*Provider ID:* 268830

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC

835 3RD AVE STE A

CHULA VISTA, CA 91911-1352

*Phone:* (619) 425-7755

*Fax:* (619) 425-2138

*After Hours Phone:* (619)

425-7755

*Provider Gender:* Male

*License number:* G23827

*NPI:* 1235106899

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista, Scripps

Mercy Hospital, Paradise Valley

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **SKAF, AYHAM R , MD**

*Provider ID:* 269074

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

835 3RD AVE STE A

CHULA VISTA, CA 91911-1352

*Phone:* (619) 425-7755

*Fax:* (619) 425-2138

*After Hours Phone:* (619)

425-7755

*Provider Gender:* Male

*License number:* A120584

*NPI:* 1285888628

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* El Centro

Regional Medical Center, Sharp

Memorial Hospital, Scripps

Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **SKAF, AYHAM R**

*Provider ID:* 63195

*Board Certified Specialty:* No

CALIFORNIA RETINA ASSOCS

835 3RD AVE STE A

CHULA VISTA, CA 91911-1352

*Phone:* (619) 425-7755

*Fax:*

*After Hours Phone:* (619)

425-7755

*Provider Gender:* Male

*License number:* A120584

*NPI:* 1285888628

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* El Centro

Regional Medical Center, Sharp

Memorial Hospital, Scripps

Memorial Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **STAINER, GREGORY A , MD**

*Provider ID:* 272892

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

835 3RD AVE STE A

CHULA VISTA, CA 91911-1352

*Phone:* (619) 425-7755

*Fax:* (619) 425-2138

*After Hours Phone:* (619)

425-7755

*Provider Gender:* Male

*License number:* G41135

*NPI:* 1295729465

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital

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## D. Specialist Provider Directory

**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
 No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### VADDOOTKER, SAUJANYA, MD

**Provider ID:** 268635  
**Board Certified Specialty:** No  
 COMMUNITY CARE IPA LLC  
 480 4TH AVE STE 201  
 CHULA VISTA, CA 91910-4412  
**Phone:** (619) 427-3355  
**Fax:** (619) 427-0955  
**After Hours Phone:** (619)  
 427-3355  
**Provider Gender:** Female  
**License number:** A156489  
**NPI:** 1295170678  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish, Tagalog  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Mercy Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
 No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### OTOLARYNGOLOGY

**JANSEN, CORNELIUS J , MD**  
**Provider ID:** 255731  
**Board Certified Specialty:** No  
 COMMUNITY CARE IPA LLC  
 577 3RD AVE  
 CHULA VISTA, CA 91910-5619  
**Phone:** (619) 426-5181  
**Fax:** (619) 426-0714  
**After Hours Phone:** (619)  
 426-5181  
**Provider Gender:** Male  
**License number:** G85048  
**NPI:** 1285712380  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 French, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
 No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### PATSIAS, ALEXIS, MD

**Provider ID:** 268806  
**Board Certified Specialty:** No  
 COMMUNITY CARE IPA LLC  
 765 MEDICAL CENTER CT STE  
 210  
 CHULA VISTA, CA 91911-6600  
**Phone:** (619) 482-0565  
**Fax:** (619) 482-2775  
**After Hours Phone:** (619)  
 482-0565  
**Provider Gender:** Female  
**License number:** A160436  
**NPI:** 1326452855

**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy  
 Hospital, Sharp Chula Vista Med  
 Ctr, Sharp Memorial Hospital,  
 Scripps Mercy Hospital Chula  
 Vista  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
 No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### SCHALCH LEPE, PAUL

**Provider ID:** 105766  
**Board Certified Specialty:** No  
 EAR NOSE AND THROAT OF  
 SAN DIEGO A MED CORP  
 765 MEDICAL CENTER CT STE  
 210  
 CHULA VISTA, CA 91911-6600  
**Phone:** (619) 482-0565  
**Fax:**  
**After Hours Phone:** (619)  
 482-0565  
**Provider Gender:** Male  
**License number:** A92839  
**NPI:** 1558550053  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Arabic, German, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Grossmont  
 Hospital, Scripps Mercy Hospital,  
 Sharp Memorial Hospital, Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Memorial Hospital, Sharp  
 Chula Vista Med Ctr, Alvarado

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Hospital Llc, Sharp Coronado  
Hosp And Healthcare Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-4:45PM, SA  
9AM-5PM  
*Website:* www.ent-sd.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### SCHALCH LEPE, PAUL

*Provider ID:* 105766  
*Board Certified Specialty:* No  
EAR NOSE AND THROAT OF  
SAN DIEGO A MED CORP  
765 MEDICAL CENTER CT STE  
210  
CHULA VISTA, CA 91911-6600  
*Phone:* (619) 482-0565  
*Fax:* (619) 482-2775  
*After Hours Phone:* (619)  
482-0565  
*Provider Gender:* Male  
*License number:* A92839  
*NPI:* 1558550053  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Scripps Mercy Hospital,  
Sharp Memorial Hospital, Scripps  
Mercy Hospital Chula Vista,  
Scripps Memorial Hospital, Sharp  
Chula Vista Med Ctr, Alvarado  
Hospital Llc, Sharp Coronado  
Hosp And Healthcare Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### WOO, LINDA N

*Provider ID:* 125039  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
321 E ST  
CHULA VISTA, CA 91910-2667  
*Phone:* (619) 934-3260  
*Fax:*  
*After Hours Phone:* (619)  
934-3260  
*Provider Gender:* Female  
*License number:* A121814  
*NPI:* 1467720656  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings  
Medical Group-Sd

## PEDIATRICS

### FLEMING, SARAH E

*Provider ID:* 104816  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
435 H ST  
CHULA VISTA, CA 91910-4307  
*Phone:* (619) 691-7000  
*Fax:*  
*After Hours Phone:* (619)  
691-7000  
*Provider Gender:* Female  
*License number:* A89838  
*NPI:* 1679809826  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### TIZNADO, ERNESTO G , MD

*Provider ID:* 269717  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1635 3RD AVE STE L  
CHULA VISTA, CA 91911-5884

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## D. Specialist Provider Directory

*Phone:* (619) 425-8901  
*Fax:* (619) 425-8902  
*After Hours Phone:* (619) 425-8901  
*Provider Gender:* Male  
*License number:* A45183  
*NPI:* 1568495703  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Arrowhead Regional Medical Center, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, El Centro Regional Medical Center, Childrens Hosp And Resrch Ctr At Oakland, Parkview Community Hospital Medical Center, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

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### PHYSICAL MEDICINE / REHABILITATION

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**BULLOCK, ANDREW C**  
*Provider ID:* 257590  
*Board Certified Specialty:* No  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT  
 344 F ST STE 100  
 CHULA VISTA, CA 91910-2645

*Phone:* (619) 379-6579  
*Fax:* (619) 501-3846  
*After Hours Phone:* (619) 379-6579  
*Provider Gender:* Male  
*License number:* 20A6842  
*NPI:* 1295743045  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Fataleka, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**BULLOCK, ANDREW C**  
*Provider ID:* 268443  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 344 F ST STE 100  
 CHULA VISTA, CA 91910-2645  
*Phone:* (619) 379-6579  
*Fax:* (619) 501-3846  
*After Hours Phone:* (619) 379-6579  
*Provider Gender:* Male  
*License number:* 20A6842  
*NPI:* 1295743045  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Fataleka, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

**LUTFY, PATRICIA M**  
*Provider ID:* 110606  
*Board Certified Specialty:* No  
 SYNOVATION MEDICAL GROUP  
 340 4TH AVE STE 19  
 CHULA VISTA, CA 91910-3898  
*Phone:* (619) 761-5308  
*Fax:*  
*After Hours Phone:* (619) 761-5308  
*Provider Gender:* Female  
*License number:* A133725  
*NPI:* 1497024061  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

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### PHYSICIANS ASSISTANT

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## D. Specialist Provider Directory

### **ALICEA, RAUL C**

*Provider ID:* 268631  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 450 4TH AVE STE 215  
 CHULA VISTA, CA 91910-4428  
*Phone:* (619) 434-0204  
*Fax:* (619) 337-0191  
*After Hours Phone:* (619) 434-0204  
*Provider Gender:* Male  
*License number:* PA54627  
*NPI:* 1275057051  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HOLM, TYLER A , NPA**

*Provider ID:* 241021  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910-4414  
*Phone:* (619) 425-9510  
*Fax:* (858) 455-7197  
*After Hours Phone:* (619) 425-9510  
*Provider Gender:* Male  
*License number:* PA55864  
*NPI:* 1326524299  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps

Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 18/99  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LA BERGE-INDA, PRISCILLA S , NPA**

*Provider ID:* 265072  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 450 4TH AVE STE 215  
 CHULA VISTA, CA 91910-4428  
*Phone:* (619) 434-0204  
*Fax:* (619) 337-0191  
*After Hours Phone:* (619) 434-0204  
*Provider Gender:* Female  
*License number:* PA54404  
*NPI:* 1679008379  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/110  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MACASADIA, MARITES N**

*Provider ID:* 268788  
*Board Certified Specialty:* No

**COMMUNITY CARE IPA LLC**  
 752 MEDICAL CENTER CT STE 210  
 CHULA VISTA, CA 91911-6660  
*Phone:* (619) 656-0206  
*Fax:* (619) 527-3226  
*After Hours Phone:* (619) 656-0206  
*Provider Gender:* Female  
*License number:* PA15254  
*NPI:* 1093743015  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MERCER, KELLY C**

*Provider ID:* 257505  
*Board Certified Specialty:* No  
**BLUE SHIELD PROMISE HEALTH PLAN DIRECT**  
 760 OTAY LAKES RD  
 CHULA VISTA, CA 91910-6915  
*Phone:* (619) 821-2300  
*Fax:*  
*After Hours Phone:* (619) 821-2300  
*Provider Gender:* Female  
*License number:* PA21625  
*NPI:* 1154609790  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:*

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## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct

### REVELES, DIANA

Provider ID: 127984  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN DIEGO-RICE FAM HC  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2325  
 Fax:  
 After Hours Phone: (619) 515-2325  
 Provider Gender: Female  
 License number: PA19306  
 NPI: 1548455405  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr San Diego-Rice Fam Hc  
 IPA:

### SOLAI, RADHA S , NPA

Provider ID: 247295  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 890 EASTLAKE PKWY STE 205  
 CHULA VISTA, CA 91914-4521  
 Phone: (619) 482-0300  
 Fax:  
 After Hours Phone: (619) 482-0300  
 Provider Gender: Female  
 License number: PA54899  
 NPI: 1245759695  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### VARGAS, CHRISTOPHER B , NPA

Provider ID: 268744  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2452 FENTON ST # C203  
 CHULA VISTA, CA 91914-3599  
 Phone: (619) 600-5309  
 Fax: (619) 655-4700  
 After Hours Phone: (619) 600-5309  
 Provider Gender: Male  
 License number: PA55263  
 NPI: 1922505775  
 Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### PODIATRIST

### CANABA, YVETTE

Provider ID: 268469  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 345 F ST STE 100  
 CHULA VISTA, CA 91910-2632  
 Phone: (619) 427-3481  
 Fax: (619) 420-7807  
 After Hours Phone: (619) 427-3481  
 Provider Gender: Female  
 License number: DPM5496  
 NPI: 1821426388  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

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## D. Specialist Provider Directory

*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **CHISHOLM, JOHN A**

*Provider ID: 125043*  
*Board Certified Specialty: No*  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
345 F ST STE 100  
CHULA VISTA, CA 91910-2632  
*Phone: (619) 427-3481*  
*Fax: (619) 420-7807*  
*After Hours Phone: (619) 427-3481*  
*Provider Gender: Male*  
*License number: DPM3431*  
*NPI: 1396740072*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: None*  
*American Sign Language (ASL): No*

*♿ Accessibility: P, EB, IB, E, R, T, W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd*

### **CHISHOLM, JOHN A**

*Provider ID: 268440*  
*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
345 F ST STE 100  
CHULA VISTA, CA 91910-2632

*Phone: (619) 427-3481*  
*Fax: (619) 420-7807*  
*After Hours Phone: (619) 427-3481*

*Provider Gender: Male*  
*License number: DPM3431*  
*NPI: 1396740072*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL): No*

*♿ Accessibility: P, EB, IB, E, R, T, W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd*

### **COLLINS, MICHAEL L**

*Provider ID: 108899*  
*Board Certified Specialty: No*  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
480 4TH AVE STE 501  
CHULA VISTA, CA 91910-4414  
*Phone: (619) 425-9510*  
*Fax: (619) 425-0359*  
*After Hours Phone: (619) 425-9510*  
*Provider Gender: Male*  
*License number: DPM5146*  
*NPI: 1912294711*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*

*Cultural Competency: No*  
*Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: None*  
*American Sign Language (ASL): No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd*

### **DAVIDSON, JOHN A**

*Provider ID: 129545*  
*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
345 F ST STE 100  
CHULA VISTA, CA 91910-2632  
*Phone: (619) 427-3481*  
*Fax: (619) 420-7807*  
*After Hours Phone: (619) 427-3481*  
*Provider Gender: Male*  
*License number: DPM5418*  
*NPI: 1689069874*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: No*  
*Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL): No*  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*

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## D. Specialist Provider Directory

Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **LONGOBARDI, JAMES J**

Provider ID: 257486  
Board Certified Specialty: Yes  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT  
450 4TH AVE STE 401  
CHULA VISTA, CA 91910-4430  
Phone: (619) 425-5500  
Fax: (619) 425-5589  
After Hours Phone: (619)  
425-5500  
Provider Gender: Male  
License number: DPM3675  
NPI: 1780664250  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital, Sharp Chula  
Vista Med Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Blue Shield Promise Health  
Plan Direct

### **PUCCINELLI, ALAYNA M**

Provider ID: 121352  
Board Certified Specialty: Yes  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
345 F ST STE 100  
CHULA VISTA, CA 91910-2632

Phone: (619) 427-3481  
Fax: (619) 420-7807  
After Hours Phone: (619)  
427-3481  
Provider Gender: Female  
License number: DPM5349  
NPI: 1487072278  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital Chula Vista, Paradise  
Valley Hospital, Scripps  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PUCCINELLI, ALAYNA M , MD**

Provider ID: 268461  
Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC  
345 F ST STE 100  
CHULA VISTA, CA 91910-2632  
Phone: (619) 427-3481  
Fax: (619) 420-7807  
After Hours Phone: (619)  
427-3481  
Provider Gender: Female  
License number: DPM5349  
NPI: 1487072278  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital Chula Vista, Paradise

Valley Hospital, Scripps  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **XU, DIXON H**

Provider ID: 277917  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
345 F ST STE 100  
CHULA VISTA, CA 91910-2632  
Phone: (619) 427-3481  
Fax: (619) 420-7807  
After Hours Phone: (619)  
427-3481  
Provider Gender: Male  
License number: DPM5596  
NPI: 1598296600  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Sharp Memorial  
Hospital, Paradise Valley  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

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## D. Specialist Provider Directory

### PULMONARY DISEASES

#### LIRA, JOSE A

*Provider ID:* 262193  
*Board Certified Specialty:* Yes  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 841 KUHN DR STE 200  
 CHULA VISTA, CA 91914-4523  
*Phone:* (619) 482-7301  
*Fax:* (619) 482-7302  
*After Hours Phone:* (619) 482-7301  
*Provider Gender:* Male  
*License number:* A33913  
*NPI:* 1356319446  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

#### LOZANO, MARTHA E , MD

*Provider ID:* 269322  
*Board Certified Specialty:* Yes  
**COMMUNITY CARE IPA LLC**  
 841 KUHN DR STE 200  
 CHULA VISTA, CA 91914-4523

*Phone:* (619) 363-4000  
*Fax:* (619) 202-9400  
*After Hours Phone:* (616) 363-4000  
*Provider Gender:* Female  
*License number:* A48551  
*NPI:* 1609845627  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

#### LOZANO, MARTHA E

*Provider ID:* 82696  
*Board Certified Specialty:* Yes  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 841 KUHN DR STE 200  
 CHULA VISTA, CA 91914-4523  
*Phone:* (619) 363-4000  
*Fax:* (619) 202-9400  
*After Hours Phone:* (616) 363-4000  
*Provider Gender:* Female  
*License number:* A48551  
*NPI:* 1609845627  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### RADIATION ONCOLOGY

#### COLEMAN, LORI A , MD

*Provider ID:* 206393  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 769 MEDICAL CENTER CT  
 CHULA VISTA, CA 91911-6602  
*Phone:* (619) 502-5851  
*Fax:* (619) 502-5865  
*After Hours Phone:* (619) 502-5851  
*Provider Gender:* Female  
*License number:* G78635  
*NPI:* 1053348920  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

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## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DEWITT, KELLY D , MD**

*Provider ID:* 220043  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911-6602  
*Phone:* (619) 502-5851  
*Fax:* (619) 502-5865  
*After Hours Phone:* (619) 502-5851  
*Provider Gender:* Female  
*License number:* A74873  
*NPI:* 1184668741  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Palomar Health Downtown Campus, Palomar Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **JABBARI, SIAVASH, MD**

*Provider ID:* 204860  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911-6617

*Phone:* (619) 502-5851  
*Fax:*  
*After Hours Phone:* (619) 502-5851  
*Provider Gender:* Male  
*License number:* A99269  
*NPI:* 1720314107  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **JABBARI, SIAVASH, MD**

*Provider ID:* 268783  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911-6602  
*Phone:* (619) 502-5851  
*Fax:* (619) 502-5865  
*After Hours Phone:* (619) 502-5851  
*Provider Gender:* Male  
*License number:* A99269  
*NPI:* 1720314107  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar

Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MACEWAN, IAIN J**

*Provider ID:* 205875  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
959 LANE AVE STE B  
CHULA VISTA, CA 91914-4528  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A129079  
*NPI:* 1326300401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,

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## D. Specialist Provider Directory

Rady Childrens Health Network,  
Ucsd Medical Group

### **PEJAVAR, SUNANDA M , MD**

*Provider ID:* 221074  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911-6602  
*Phone:* (619) 502-5851  
*Fax:* (619) 502-5865  
*After Hours Phone:* (619) 502-5851  
*Provider Gender:* Female  
*License number:* A103733  
*NPI:* 1912232513  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Kannada, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **UHL, BARRY M , MD**

*Provider ID:* 243527  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911-6602  
*Phone:* (619) 502-5851  
*Fax:* (619) 502-5865  
*After Hours Phone:* (619) 502-5851

*Provider Gender:* Male  
*License number:* A71969  
*NPI:* 1811936693  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Palomar Medical Center, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **VOLPP, PAUL B , MD**

*Provider ID:* 221102  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911-6602  
*Phone:* (619) 502-5851  
*Fax:* (619) 502-5865  
*After Hours Phone:* (619) 502-5851  
*Provider Gender:* Male  
*License number:* A86307  
*NPI:* 1225186232  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Palomar Health Downtown Campus, Sharp Chula Vista Med Ctr,

Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **WEINSTEIN, GEOFFREY D , MD**

*Provider ID:* 200538  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911-6602  
*Phone:* (619) 502-5851  
*Fax:* (619) 502-5865  
*After Hours Phone:* (619) 502-5851  
*Provider Gender:* Male  
*License number:* A54109  
*NPI:* 1841233947  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

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## D. Specialist Provider Directory

| <b>RADIOLOGY DIAGNOSTIC<br/>X-RAY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><i>Provider Gender:</i> Male<br/> <i>License number:</i> A69840<br/> <i>NPI:</i> 1215982970<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc</p>                                                                                                                                                                | <p><i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>ALLEN, DERRICK R</b><br/> <i>Provider ID:</i> 125999<br/> <i>Board Certified Specialty:</i> No<br/> <b>IHS RADIOLOGY MEDICAL GROUP INC</b><br/>           333 H ST STE 1095<br/>           CHULA VISTA, CA 91910-5557<br/> <i>Phone:</i> (858) 658-6500<br/> <i>Fax:</i> (866) 558-4329<br/> <i>After Hours Phone:</i> (858) 658-6500<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A69840<br/> <i>NPI:</i> 1215982970<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc</p> | <p><b>ANDERSON, GREGORY S</b><br/> <i>Provider ID:</i> 125987<br/> <i>Board Certified Specialty:</i> No<br/> <b>IHS RADIOLOGY MEDICAL GROUP INC</b><br/>           333 H ST STE 1095<br/>           CHULA VISTA, CA 91910-5557<br/> <i>Phone:</i> (619) 409-9119<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 409-9119<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A90018<br/> <i>NPI:</i> 1841467099<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No</p> | <p><b>BAKER, LORI L</b><br/> <i>Provider ID:</i> 125996<br/> <i>Board Certified Specialty:</i> No<br/> <b>IHS RADIOLOGY MEDICAL GROUP INC</b><br/>           333 H ST STE 1095<br/>           CHULA VISTA, CA 91910-5557<br/> <i>Phone:</i> (619) 409-9119<br/> <i>Fax:</i> (619) 409-9109<br/> <i>After Hours Phone:</i> (619) 409-9119<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> G62517<br/> <i>NPI:</i> 1063465219<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p> |
| <p><b>ALLEN, DERRICK R , MD</b><br/> <i>Provider ID:</i> 268362<br/> <i>Board Certified Specialty:</i> No<br/> <b>COMMUNITY CARE IPA LLC</b><br/>           333 H ST STE 1095<br/>           CHULA VISTA, CA 91910-5557<br/> <i>Phone:</i> (619) 409-9119<br/> <i>Fax:</i> (866) 558-4329<br/> <i>After Hours Phone:</i> (619) 409-9119</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>BORSO, MAYA G</b><br/> <i>Provider ID:</i> 126010<br/> <i>Board Certified Specialty:</i> No<br/> <b>IHS RADIOLOGY MEDICAL GROUP INC</b><br/>           333 H ST STE 1095</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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## D. Specialist Provider Directory

CHULA VISTA, CA 91910-5557  
*Phone:* (619) 409-9119  
*Fax:* (619) 409-9109  
*After Hours Phone:* (619) 409-9119  
*Provider Gender:* Female  
*License number:* A97134  
*NPI:* 1548473507  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BUCKLEY, DAVID W**

*Provider ID:* 243267  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* G57383  
*NPI:* 1982657060  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital

Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CHOU, ERIC T**

*Provider ID:* 126017  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557  
*Phone:* (619) 409-4848  
*Fax:* (619) 409-4849  
*After Hours Phone:* (619) 409-4848  
*Provider Gender:* Male  
*License number:* A96095  
*NPI:* 1689627838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital  
 Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **COOPER, JAMES A**

*Provider ID:* 126044

*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557  
*Phone:* (619) 409-9119  
*Fax:* (619) 409-9109  
*After Hours Phone:* (619) 409-9119  
*Provider Gender:* Male  
*License number:* A62473  
*NPI:* 1497708622  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr  
 Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DOEMENY, JOHN M**

*Provider ID:* 126050  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557

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## D. Specialist Provider Directory

Phone: (619) 409-9119  
 Fax: (619) 409-9109  
 After Hours Phone: (619) 409-9119  
 Provider Gender: Male  
 License number: G50925  
 NPI: 1841243912  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **FIROOZANIA, NILOFAR**

Provider ID: 126175  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557  
 Phone: (619) 409-9119  
 Fax:  
 After Hours Phone: (619) 409-9119  
 Provider Gender: Female  
 License number: A109806  
 NPI: 1962521419  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Redlands Community Hosp, Barstow Community Hospital, Kindred

Hospital Riverside, Victor Valley  
 Global Med Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **FRANKE, MARK A**

Provider ID: 126056  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557  
 Phone: (619) 409-9119  
 Fax:  
 After Hours Phone: (619) 409-9119  
 Provider Gender: Male  
 License number: A118792  
 NPI: 1114246329  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **HARMAN, SCOTT A**

Provider ID: 126070  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557  
 Phone: (858) 658-6500  
 Fax: (619) 409-9109  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: G57284  
 NPI: 1124071311  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **IHS RADIOLOGY MEDICAL GROUP INC,**

Provider ID: 200460  
 Board Certified Specialty:  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557  
 Phone: (619) 409-9119  
 Fax: (619) 409-9109  
 After Hours Phone: (619) 409-9119  
 Provider Gender:  
 License number:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1497148456

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### JOHNSON, JOHN O

Provider ID: 126082

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL  
GROUP INC

333 H ST STE 1095

CHULA VISTA, CA 91910-5557

Phone: (619) 409-9119

Fax: (619) 409-9109

After Hours Phone: (619)

409-9119

Provider Gender: Male

License number: G59632

NPI: 1073565792

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Scripps Mercy Hospital

Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### LIZERBRAM, ERIC K

Provider ID: 126094

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL  
GROUP INC

333 H ST STE 1095

CHULA VISTA, CA 91910-5557

Phone: (619) 409-9119

Fax: (619) 409-9109

After Hours Phone: (619)

409-9119

Provider Gender: Male

License number: G74959

NPI: 1598718926

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Scripps Mercy Hospital

Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### LUBISICH, JOHN P

Provider ID: 126100

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL  
GROUP INC

333 H ST STE 1095

CHULA VISTA, CA 91910-5557

Phone: (858) 658-6500

Fax: (619) 409-9109

After Hours Phone: (858)

658-6500

Provider Gender: Male

License number: G77575

NPI: 1194863902

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Alvarado

Hospital Llc, Scripps Mercy

Hospital, Scripps Mercy Hospital

Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### MOFFIT, BRIAN J

Provider ID: 126121

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL  
GROUP INC

333 H ST STE 1095

CHULA VISTA, CA 91910-5557

Phone: (619) 409-9119

Fax: (619) 409-9109

After Hours Phone: (619)

409-9119

Provider Gender: Male

License number: G51551

NPI: 1508817305

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Scripps Mercy Hospital

Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

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## D. Specialist Provider Directory

♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **OLOUGHLIN, BRIAN J**

*Provider ID:* 126127  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
333 H ST STE 1095  
CHULA VISTA, CA 91910-5557  
*Phone:* (858) 658-6500  
*Fax:*  
*After Hours Phone:* (858)  
658-6500  
*Provider Gender:* Male  
*License number:* A120064  
*NPI:* 1972709087  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Santa Monica  
Ucla Med Ctr, Alvarado Hospital  
Llc, Scripps Memorial Hospital,  
Scripps Mercy Hospital, Scripps  
Mercy Hospital Chula Vista,  
Scripps Memorial Hospital  
Encinitas, Scripps Green  
Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **OSHAUGHNESSY, LOUISE S**

*Provider ID:* 126133

*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
333 H ST STE 1095  
CHULA VISTA, CA 91910-5557  
*Phone:* (858) 658-6500  
*Fax:* (619) 409-9109  
*After Hours Phone:* (858)  
658-6500  
*Provider Gender:* Female  
*License number:* G48800  
*NPI:* 1285685925  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
Hospital Llc, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SCHECHTER, MARK S**

*Provider ID:* 126139  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
333 H ST STE 1095  
CHULA VISTA, CA 91910-5557  
*Phone:* (619) 409-9119  
*Fax:* (619) 409-9109  
*After Hours Phone:* (619)  
409-9119  
*Provider Gender:* Male  
*License number:* G42390  
*NPI:* 1942253018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, El Centro Regional  
Medical Center, Selma  
Community Hospital, Adventist  
Medical Center, Adventist Med  
Ctr Reedley, Scripps Mercy  
Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SCHWARTZBERG, ROSS E**

*Provider ID:* 126146  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
333 H ST STE 1095  
CHULA VISTA, CA 91910-5557  
*Phone:* (619) 409-9119  
*Fax:* (619) 409-9109  
*After Hours Phone:* (619)  
409-9119  
*Provider Gender:* Male  
*License number:* G72997  
*NPI:* 1215976766  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **SNYDER, WILLIAM C**

*Provider ID:* 126153  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
333 H ST STE 1095  
CHULA VISTA, CA 91910-5557  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* A65059  
*NPI:* 1477505162  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SPOTO, GARY P**

*Provider ID:* 126159  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
333 H ST STE 1095  
CHULA VISTA, CA 91910-5557  
*Phone:* (619) 409-9119  
*Fax:* (619) 409-9109  
*After Hours Phone:* (619) 409-9119  
*Provider Gender:* Male

*License number:* G58131  
*NPI:* 1659332062  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SUN, ALEX W**

*Provider ID:* 268634  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
435 H ST # 1  
CHULA VISTA, CA 91910-4307  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Male  
*License number:* A133334  
*NPI:* 1538502331  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas, Grossmont Hospital

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **TENA, ROWENA G**

*Provider ID:* 126165  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
333 H ST STE 1095  
CHULA VISTA, CA 91910-5557  
*Phone:* (619) 409-9119  
*Fax:* (619) 409-9109  
*After Hours Phone:* (619) 409-9119  
*Provider Gender:* Female  
*License number:* A69607  
*NPI:* 1629029335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **TOBIN, MICHAEL L**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

**Provider ID:** 126218  
**Board Certified Specialty:** No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
**333 H ST STE 1095**  
**CHULA VISTA, CA 91910-5557**  
**Phone:** (858) 658-6500  
**Fax:** (619) 409-9109  
**After Hours Phone:** (858) 658-6500  
**Provider Gender:** Male  
**License number:** A45908  
**NPI:** 1730132150  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

### **TSUKADA, GLENN H**

**Provider ID:** 126203  
**Board Certified Specialty:** No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
**333 H ST STE 1095**  
**CHULA VISTA, CA 91910-5557**  
**Phone:** (619) 409-9119  
**Fax:** (619) 409-9109  
**After Hours Phone:** (619) 409-9119  
**Provider Gender:** Male  
**License number:** A60235  
**NPI:** 1710938394  
**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Memorial Hospital, Grossmont Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Pomerado Hospital  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

### **ZINK BRODY, GORDON C**

**Provider ID:** 126196  
**Board Certified Specialty:** No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
**333 H ST STE 1095**  
**CHULA VISTA, CA 91910-5557**  
**Phone:** (619) 409-9119  
**Fax:** (619) 409-9109  
**After Hours Phone:** (619) 409-9119  
**Provider Gender:** Male  
**License number:** G68636  
**NPI:** 1689610362  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Alvarado Hospital Llc, Oak Valley Dist Hosp, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green

**Hospital**  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

## **RADIOLOGY DIAGNOSTIC**

### **TIEFENBRUN, JONATHAN, MD**

**Provider ID:** 66135  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**340 4TH AVE STE 4**  
**CHULA VISTA, CA 91910-3885**  
**Phone:** (619) 427-1144  
**Fax:** (619) 427-1185  
**After Hours Phone:** (619) 427-1144  
**Provider Gender:** Male  
**License number:** G85951  
**NPI:** 1265437727  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** French, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** P, EB, IB, E, R, W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

## **RADIOLOGY**

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## D. Specialist Provider Directory

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### **DOEMENY, JOHN M**

*Provider ID:* 269755  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
333 H ST STE 1095  
CHULA VISTA, CA 91910-5557  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* G50925  
*NPI:* 1841243912  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **FRANKE, MARK A**

*Provider ID:* 269639  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
333 H ST STE 1095  
CHULA VISTA, CA 91910-5557  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* A118792  
*NPI:* 1114246329  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HAWLEY, DANIEL B**

*Provider ID:* 268857  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911-6617  
*Phone:* (619) 502-5851  
*Fax:*  
*After Hours Phone:* (619) 502-5851  
*Provider Gender:* Male  
*License number:* A114748  
*NPI:* 1841260353  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **LUBISICH, JOHN P**

*Provider ID:* 244952  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
333 H ST STE 1095  
CHULA VISTA, CA 91910-5557  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* G77575  
*NPI:* 1194863902  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MOFFIT, BRIAN J**

*Provider ID:* 269533  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
333 H ST STE 1095  
CHULA VISTA, CA 91910-5557  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500

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## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* G51551  
*NPI:* 1508817305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### TENA, ROWENA G , MD

*Provider ID:* 269829  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 333 H ST STE 1095  
 CHULA VISTA, CA 91910-5557  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Female  
*License number:* A69607  
*NPI:* 1629029335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*

No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### REGISTERED PHYSICAL THERAPIST

#### CHANG, ROBERT S

*Provider ID:* 130041  
*Board Certified Specialty:* No  
 SAN DIEGO SPINE AND SPORT INC  
 1020 TIERRA DEL REY # A1  
 CHULA VISTA, CA 91910-7886  
*Phone:* (619) 585-7104  
*Fax:*

*After Hours Phone:* (619) 585-7104  
*Provider Gender:* Male  
*License number:* PT291836  
*NPI:* 1033669650  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* W  
*Hours:* M-F 7AM-6PM, SA 7AM-2PM  
*Website:* www.spineandsport.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

#### CHANG, ROBERT S

*Provider ID:* 268910  
*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC  
 1020 TIERRA DEL REY # A1  
 CHULA VISTA, CA 91910-7886  
*Phone:* (619) 585-7104  
*Fax:* (619) 585-7106  
*After Hours Phone:* (619) 585-7104

*Provider Gender:* Male  
*License number:* PT291836  
*NPI:* 1033669650  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

#### DAGOSTINO, JACQUELINE R

*Provider ID:* 243632  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1392 E PALOMAR ST STE 503  
 CHULA VISTA, CA 91913-1895  
*Phone:* (619) 482-3000  
*Fax:*

*After Hours Phone:* (619) 482-3000  
*Provider Gender:* Female  
*License number:* PT295756  
*NPI:* 1710457379  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **DONES, GINA**

Provider ID: 268856  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1020 TIERRA DEL REY # A-1  
CHULA VISTA, CA 91910-7886  
Phone: (619) 585-7104  
Fax: (619) 585-7106  
After Hours Phone: (619)  
585-7104  
Provider Gender: Female  
License number: PT39455  
NPI: 1316299696  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **DORSEY, KYLE T**

Provider ID: 286987  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913-1895

Phone: (619) 482-3000  
Fax: (619) 482-3001  
After Hours Phone: (619)  
482-3000  
Provider Gender: Male  
License number: PT297329  
NPI: 1790334316  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **GEORGE, JENNIFER A**

Provider ID: 129014  
Board Certified Specialty: No  
CHULA VISTA FAMILY HLTH  
CTR  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2500  
Fax:  
After Hours Phone: (619)  
515-2500  
Provider Gender: Female  
License number: PT294245  
NPI: 1215402177  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Chula Vista  
Family Hlth Ctr  
IPA:

### **HASTINGS, NATASHA L**

Provider ID: 268895  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1020 TIERRA DEL REY # A1  
CHULA VISTA, CA 91910-7886  
Phone: (619) 585-7104  
Fax:  
After Hours Phone: (619)  
585-7104  
Provider Gender: Female  
License number: PT291371  
NPI: 1326395914  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **HERMAN, RACHEL**

Provider ID: 286656  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913-1895

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## D. Specialist Provider Directory

---

Phone: (619) 482-3000

Fax:

After Hours Phone: (619)  
482-3000

Provider Gender: Female

License number: PT300507

NPI: 1477121762

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **INTROCASO, BRIANNA L**

Provider ID: 268948

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

1020 TIERRA DEL REY # A1  
CHULA VISTA, CA 91910-7886

Phone: (619) 585-7104

Fax: (619) 585-7106

After Hours Phone: (619)  
585-7104

Provider Gender: Female

License number: PT293801

NPI: 1194235218

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **KARANDE, PRACHI**

Provider ID: 287100

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913-1895

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)

482-3000

Provider Gender: Female

License number: PT300083

NPI: 1699357525

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **LANGWORTHY, MATTHEW**

Provider ID: 268866

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1020 TIERRA DEL REY # A1

CHULA VISTA, CA 91910-7886

Phone: (619) 585-7104

Fax:

After Hours Phone: (619)

585-7104

Provider Gender: Male

License number: PT294466

NPI: 1750872768

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **MARSOLINI, KAYLEIGH A**

Provider ID: 268949

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1020 TIERRA DEL REY # A-1

CHULA VISTA, CA 91910-7886

Phone: (619) 585-7104

Fax: (619) 585-7106

After Hours Phone: (619)  
585-7104

Provider Gender: Female

License number: PT294481

NPI: 1053810267

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

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## D. Specialist Provider Directory

---

### **MORIGEAU, SAMANTHA A**

*Provider ID:* 269051  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
1020 TIERRA DEL REY # A1  
CHULA VISTA, CA 91910-7886  
*Phone:* (619) 585-7104  
*Fax:*  
*After Hours Phone:* (619) 585-7104  
*Provider Gender:* Female  
*License number:* PT42287  
*NPI:* 1760859268  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NOVENCIDO, ANDREW**

*Provider ID:* 286782  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913-1895  
*Phone:* (619) 482-3000  
*Fax:* (619) 482-3001  
*After Hours Phone:* (619) 482-3000  
*Provider Gender:* Male  
*License number:* PT295915  
*NPI:* 1447723937  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **OLIVEROS, YUNNUEN**

*Provider ID:* 268905  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
1020 TIERRA DEL REY # A1  
CHULA VISTA, CA 91910-7886  
*Phone:* (619) 585-7104  
*Fax:*  
*After Hours Phone:* (619) 585-7104  
*Provider Gender:* Female  
*License number:* PT294386  
*NPI:* 1295234987  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SANTAMARIA, JENNIFER E**

*Provider ID:* 243544  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**

1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913-1895  
*Phone:* (619) 482-3000  
*Fax:*  
*After Hours Phone:* (619) 482-3000  
*Provider Gender:* Female  
*License number:* PT296313  
*NPI:* 1063978203  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SHEFFIELD, TIFFANY**

*Provider ID:* 255402  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
1392 E PALOMAR ST STE 503  
CHULA VISTA, CA 91913-1895  
*Phone:* (619) 482-3000  
*Fax:* (619) 482-3001  
*After Hours Phone:* (619) 482-3000  
*Provider Gender:* Female  
*License number:* PT296953  
*NPI:* 1134774342  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*

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## D. Specialist Provider Directory

No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### SPARKS, TODD M

*Provider ID:* 129142  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1392 E PALOMAR ST STE 503  
 CHULA VISTA, CA 91913-1895  
*Phone:* (619) 482-3000  
*Fax:*  
*After Hours Phone:* (619)  
 482-3000  
*Provider Gender:* Male  
*License number:* PT30298  
*NPI:* 1265481139  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### RHEUMATOLOGY

### CHITKARA, PUJA, MD

*Provider ID:* 204158  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 765 MEDICAL CENTER CT STE  
 216

CHULA VISTA, CA 91911-6600  
*Phone:* (619) 623-3000  
*Fax:* (619) 623-3001  
*After Hours Phone:* (619)  
 623-3000  
*Provider Gender:* Female  
*License number:* A97619  
*NPI:* 1871718189  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi, Russian, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings  
 Medical Group-Sd

### CHITKARA, PUJA

*Provider ID:* 262358  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 765 MEDICAL CENTER CT STE  
 216  
 CHULA VISTA, CA 91911-6600  
*Phone:* (619) 623-3000  
*Fax:* (619) 623-3001  
*After Hours Phone:* (619)  
 623-3000  
*Provider Gender:* Female  
*License number:* A97619  
*NPI:* 1871718189  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Hindi, Russian, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings  
 Medical Group-Sd

### CHWA, JEFFREY K , MD

*Provider ID:* 268780  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 765 MEDICAL CENTER CT STE  
 216  
 CHULA VISTA, CA 91911-6600  
*Phone:* (619) 623-3000  
*Fax:* (619) 623-3001  
*After Hours Phone:* (619)  
 623-3000  
*Provider Gender:* Male  
*License number:* 20A14736  
*NPI:* 1285989236  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Green Hospital, Sharp Chula  
 Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

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## D. Specialist Provider Directory

Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **KOTHA, AKTHER J**

Provider ID: 53697  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
374 H ST STE 103  
CHULA VISTA, CA 91910-5547  
Phone: (619) 205-0120  
Fax: (619) 229-1109  
After Hours Phone: (619)  
205-0120  
Provider Gender: Female  
License number: A45440  
NPI: 1780609503  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic, Hindi, Spanish, Telugu,  
Urdu  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **REDDY, DANA A**

Provider ID: 262363  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
272 CHURCH AVE STE 1  
CHULA VISTA, CA 91910-2718

Phone: (619) 427-1721  
Fax: (619) 427-1235  
After Hours Phone: (619)  
427-1721  
Provider Gender: Female  
License number: A115598  
NPI: 1144538778  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital, Sharp Memorial  
Hospital, Scripps Memorial  
Hospital, Scripps Memorial  
Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings  
Medical Group-Sd

### **SURGERY GENERAL** **VASCULAR**

### **SALLOUM, ALEXANDER C , MD**

Provider ID: 268764  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1111 BROADWAY STE 305  
CHULA VISTA, CA 91911-2700  
Phone: (619) 567-7007  
Fax: (619) 567-7775  
After Hours Phone: (619)  
567-7007  
Provider Gender: Male  
License number: A89300  
NPI: 1124176151

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital, Paradise Valley  
Hospital, Palomar Medical  
Center, Pomerado Hospital,  
Palomar Health Downtown  
Campus  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SURGERY GENERAL**

### **ARCOVEDO, RODOLFO**

Provider ID: 217834  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
786 3RD AVE STE B  
CHULA VISTA, CA 91910-5826  
Phone: (619) 425-0797  
Fax: (619) 425-0596  
After Hours Phone: (619)  
425-0797  
Provider Gender: Male  
License number: C51718  
NPI: 1225018880  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
German, Spanish, Tagalog  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Sharp Coronado  
Hosp And Healthcare Ctr,

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## D. Specialist Provider Directory

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Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

### **BARRERA, HUGO H**

*Provider ID:* 27172  
*Board Certified Specialty:* No  
COAST SURGICAL GROUP  
786 3RD AVE STE B  
CHULA VISTA, CA 91910-5826  
*Phone:* (619) 425-0797  
*Fax:* (619) 425-0596  
*After Hours Phone:* (619) 425-0797  
*Provider Gender:* Male  
*License number:* G79280  
*NPI:* 1043299100  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Imperial Health Holdings Medical Group-Sd  
**HSU, ANDREW S , MD**  
*Provider ID:* 53785  
*Board Certified Specialty:* No  
SOUTH BAY SURGICAL ASSOCS MED GRP  
480 4TH AVE STE 404  
CHULA VISTA, CA 91910-4413  
*Phone:* (619) 425-4559  
*Fax:* (619) 425-7472  
*After Hours Phone:* (619) 425-4559

*Provider Gender:* Male  
*License number:* A108956  
*NPI:* 1083817399  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HSU, ANDREW S**

*Provider ID:* 53785  
*Board Certified Specialty:* No  
SOUTH BAY SURGICAL ASSOCS MED GRP  
480 4TH AVE STE 404  
CHULA VISTA, CA 91910-4413

*Phone:* (619) 425-7470  
*Fax:*  
*After Hours Phone:* (619) 425-7470  
*Provider Gender:* Male  
*License number:* A108956  
*NPI:* 1083817399  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M,W,TH 8AM-5PM, TU,F 8AM-4PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HSU, BRADFORD T**

*Provider ID:* 53792  
*Board Certified Specialty:* No  
SOUTH BAY SURGICAL ASSOCS MED GRP  
480 4TH AVE STE 404  
CHULA VISTA, CA 91910-4413  
*Phone:* (619) 425-7470  
*Fax:* (619) 425-7472  
*After Hours Phone:* (619) 425-7470  
*Provider Gender:* Male  
*License number:* A86179  
*NPI:* 1912968389  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M,W,TH 8AM-5PM, TU,F 8AM-4PM, SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **HSU, BRADFORD T , MD**

*Provider ID:* 53792

*Board Certified Specialty:* No  
SOUTH BAY SURGICAL ASSOCS MED GRP

480 4TH AVE STE 404

CHULA VISTA, CA 91910-4413

*Phone:* (619) 425-4559

*Fax:* (619) 425-7472

*After Hours Phone:* (619) 425-4559

*Provider Gender:* Male

*License number:* A86179

*NPI:* 1912968389

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **SUMMERS, STEPHEN T**

*Provider ID:* 27708

*Board Certified Specialty:* No  
COAST SURGICAL GROUP

786 3RD AVE STE B

CHULA VISTA, CA 91910-5826

*Phone:* (619) 425-0797

*Fax:* (619) 425-0596

*After Hours Phone:* (619) 425-0797

*Provider Gender:* Male

*License number:* G70943

*NPI:* 1174502223

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Imperial Health Holdings Medical Group-Sd

### **YANG, YIFAN**

*Provider ID:* 262296

*Board Certified Specialty:* No

IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD

786 3RD AVE STE B

CHULA VISTA, CA 91910-5826

*Phone:* (619) 425-0797

*Fax:* (619) 827-0400

*After Hours Phone:* (619) 425-0797

*Provider Gender:* Male

*License number:* A109921

*NPI:* 1114188539

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Chinese, Mandarin

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Imperial Health Holdings Medical Group-Sd

### **YANG, YIFAN**

*Provider ID:* 83019

*Board Certified Specialty:* No  
COAST SURGICAL GROUP

786 3RD AVE

CHULA VISTA, CA 91910-5826

*Phone:* (619) 425-0797

*Fax:* (619) 425-0596

*After Hours Phone:* (619) 425-0797

*Provider Gender:* Male

*License number:* A109921

*NPI:* 1114188539

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Chinese, Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

### **SURGERY ORTHOPEDIC**

**BAGHERI, ALI**  
*Provider ID:* 117911  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910-4414  
*Phone:* (619) 425-9510  
*Fax:* (619) 425-0539  
*After Hours Phone:* (619) 425-9510  
*Provider Gender:* Male  
*License number:* A123272  
*NPI:* 1760632947  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd  
**KIMBALL, MICHAEL P**  
*Provider ID:* 262112  
*Board Certified Specialty:* Yes  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910-4414  
*Phone:* (858) 455-6460  
*Fax:* (619) 425-0539  
*After Hours Phone:* (858) 455-6460  
*Provider Gender:* Male  
*License number:* G76060  
*NPI:* 1588648653  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KIMBALL, MICHAEL P , MD**  
*Provider ID:* 268619  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910-4414  
*Phone:* (858) 455-6460  
*Fax:* (619) 425-0539  
*After Hours Phone:* (858) 455-6460  
*Provider Gender:* Male  
*License number:* G76060  
*NPI:* 1588648653  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ROSENFELD, ALAN L , MD**  
*Provider ID:* 242937  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910-4414  
*Phone:* (619) 425-9510  
*Fax:* (619) 425-0539  
*After Hours Phone:* (619) 425-9510

**ROSENFELD, ALAN L , MD**  
*Provider ID:* 242937  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910-4414  
*Phone:* (619) 425-9510  
*Fax:* (619) 425-0539  
*After Hours Phone:* (619) 425-9510

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* G75293  
*NPI:* 1588648968  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **ROSENFELD, ALAN L , MD**

*Provider ID:* 242939  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 480 4TH AVE STE 509  
 CHULA VISTA, CA 91910-4414  
*Phone:* (619) 425-9510  
*Fax:*  
*After Hours Phone:* (619) 425-9510  
*Provider Gender:* Male  
*License number:* G75293  
*NPI:* 1588648968  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps

Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **ROSENFELD, ALAN L**

*Provider ID:* 262176  
*Board Certified Specialty:* Yes  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910-4414  
*Phone:* (619) 425-9510  
*Fax:* (619) 425-0539  
*After Hours Phone:* (619) 425-9510  
*Provider Gender:* Male  
*License number:* G75293  
*NPI:* 1588648968  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **TAYYAB, NEIL A , MD**

*Provider ID:* 268616  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910-4414  
*Phone:* (619) 425-9510  
*Fax:* (619) 425-0539  
*After Hours Phone:* (619) 425-9510  
*Provider Gender:* Male  
*License number:* A94408  
*NPI:* 1831149970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TAYYAB, NEIL A**  
*Provider ID:* 66253

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910-4414  
*Phone:* (619) 425-9510  
*Fax:* (619) 425-0539  
*After Hours Phone:* (619) 425-9510  
*Provider Gender:* Male  
*License number:* A94408  
*NPI:* 1831149970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SURGERY THORACIC**

**HUANG, MARK W**  
*Provider ID:* 27348  
*Board Certified Specialty:* No  
**CVTS MEDICAL GROUP INC**  
 765 MEDICAL CENTER CT STE 216  
 CHULA VISTA, CA 91911-6600

*Phone:* (619) 421-1111  
*Fax:* (619) 421-1504  
*After Hours Phone:* (619) 421-1111  
*Provider Gender:* Male  
*License number:* A74711  
*NPI:* 1730185760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Grossmont Hospital, Paradise Valley Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**HUANG, MARK W**  
*Provider ID:* 27348  
*Board Certified Specialty:* No  
**OPERATION SAMAHAN INC**  
 765 MEDICAL CENTER CT STE 216  
 CHULA VISTA, CA 91911-6600  
*Phone:* (619) 421-1111  
*Fax:* (619) 421-1504  
*After Hours Phone:* (619) 421-1111  
*Provider Gender:* Male  
*License number:* A74711  
*NPI:* 1730185760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula

Vista Med Ctr, Grossmont Hospital, Paradise Valley Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **UROLOGY**

**SEVILLA, CLAUDIA**  
*Provider ID:* 283157  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 750 MEDICAL CENTER CT STE 14  
 CHULA VISTA, CA 91911-6634  
*Phone:* (619) 397-4500  
*Fax:* (858) 429-7931  
*After Hours Phone:* (619) 397-4500  
*Provider Gender:* Female  
*License number:* A131270  
*NPI:* 1689081275  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Alvarado Hospital Llc, Grossmont Hospital, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/105  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### CORONADO

#### ALLERGY IMMUNOLOGY

#### COHEN, GARY A

Provider ID: 206022

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

230 PROSPECT PL STE 340D  
CORONADO, CA 92118-1993

Phone: (858) 458-0940

Fax: (858) 458-3688

After Hours Phone: (858)  
458-0940

Provider Gender: Male

License number: G43070

NPI: 1346424462

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Sharp  
Coronado Hosp And Healthcare  
Ctr, Rady Childrens Hospital San  
Diego, Pomerado Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

#### FAMILY PRACTICE

#### SWEET, PATRICK H

Provider ID: 270722

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
131 ORANGE AVE # 101  
CORONADO, CA 92118-1408

Phone: (619) 964-9649

Fax: (619) 996-2014

After Hours Phone: (619)

964-9649

Provider Gender: Male

License number: A101827

NPI: 1457407702

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Hoag Hospital

Irvine, Scripps Mercy Hospital

Chula Vista, Grossmont Hospital,

Scripps Memorial Hospital,

Desert Regional Med Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### GASTROENTEROLOGY

#### LAJIN, MICHAEL, MD

Provider ID: 269837

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
230 PROSPECT PL # 220  
CORONADO, CA 92118-1978

Phone: (619) 460-4055

Fax:

After Hours Phone: (619)  
460-4055

Provider Gender: Male

License number: C53475

NPI: 1467411702

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, German, Japanese,  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### HEARING AID DEALER / SUPPLIER

#### DAVIS, KELLE L, MD

Provider ID: 268655

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
801 ORANGE AVE  
CORONADO, CA 92118-2663

Phone: (619) 437-8154

Fax: (310) 989-3092

After Hours Phone: (619)  
437-8154

Provider Gender: Female

License number: HA6083

NPI: 1902853344

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### INTERNAL MEDICINE

#### DAVIS, JASON T , MD

*Provider ID:* 270966  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 230 PROSPECT PL STE 340B  
 CORONADO, CA 92118-1991  
*Phone:* (619) 299-2350  
*Fax:* (619) 297-8379  
*After Hours Phone:* (619)  
 299-2350  
*Provider Gender:* Male  
*License number:* A100799  
*NPI:* 1295911469  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital Chula Vista, Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Sharp Memorial Hospital,  
 Kindred Hospital San Diego,  
 Scripps Mercy Hospital, Vibra  
 Hospital Of San Diego,  
 Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### NEPHROLOGY

#### DAVIS, JASON T

*Provider ID:* 83879  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 230 PROSPECT PL STE 340B  
 CORONADO, CA 92118-1991  
*Phone:* (619) 299-2350  
*Fax:* (619) 297-8379  
*After Hours Phone:* (619)  
 299-2350  
*Provider Gender:* Male  
*License number:* A100799  
*NPI:* 1295911469  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital Chula Vista, Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Sharp Memorial Hospital,  
 Kindred Hospital San Diego,  
 Scripps Mercy Hospital, Vibra  
 Hospital Of San Diego,  
 Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical  
 Group-Sd

#### HAMMES, JOHN S

*Provider ID:* 262326  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 230 PROSPECT PL STE 340B  
 CORONADO, CA 92118-1991  
*Phone:* (619) 299-2350  
*Fax:* (619) 297-8379  
*After Hours Phone:* (619)  
 299-2350  
*Provider Gender:* Male  
*License number:* G84351  
*NPI:* 1891766994  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital Chula Vista, Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Kindred Hospital San Diego,  
 Vibra Hospital Of San Diego,  
 Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### PEDIATRIC ALLERGY / IMMUNOLOGY

#### COHEN, GARY A

*Provider ID:* 242806

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 230 PROSPECT PL # 220  
 CORONADO, CA 92118-1978  
*Phone:* (858) 458-0940  
*Fax:* (858) 458-3688  
*After Hours Phone:* (858) 458-0940  
*Provider Gender:* Male  
*License number:* G43070  
*NPI:* 1346424462  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### UROLOGY

**ROBERTS, JAMES L**  
*Provider ID:* 257532  
*Board Certified Specialty:* No  
**BLUE SHIELD PROMISE HEALTH PLAN DIRECT**  
 230 PROSPECT PL # 300  
 CORONADO, CA 92118-1978

*Phone:* (619) 299-0670  
*Fax:* (858) 429-7929  
*After Hours Phone:* (619) 299-0670  
*Provider Gender:* Male  
*License number:* G59945  
*NPI:* 1508972191  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### EL CAJON

### CERTIFIED NURSE PRACTITIONER

**PARK, SUN MIN**  
*Provider ID:* 277908  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 2125 CITRACADO PKWY, STE 100  
 EL CAJON, CA 92022  
*Phone:* (760) 480-8770  
*Fax:* (760) 480-8811  
*After Hours Phone:* (760) 480-8770  
*Provider Gender:* Female

*License number:* NP20538  
*NPI:* 1376678250  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### OPHTHALMOLOGY

**SAMUEL, MICHAEL A , MD**  
*Provider ID:* 268595  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 255 W MADISON AVE # 1  
 EL CAJON, CA 92020  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800) 898-2020  
*Provider Gender:* Male  
*License number:* A83237  
*NPI:* 1730175670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Huntington Memorial Hospital, Desert Regional Med Ctr, Eisenhower Medical Ctr, Pioneers Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/999

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### ESCONDIDO

#### PHYSICIANS ASSISTANT

#### CLARK, YVONNE L

Provider ID: 260065

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 CITRACADO PKWY # 206

ESCONDIDO, CA 92025

Phone: (760) 755-7600

Fax: (760) 294-9274

After Hours Phone: (760)

755-7600

Provider Gender: Female

License number: PA20447

NPI: 1629302476

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### EL CAJON

#### CARDIOLOGY

#### KAFRI, HASSAN, MD

Provider ID: 209019

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

328 HIGHLAND AVE # 200

EL CAJON, CA 92020-5207

Phone: (619) 930-9404

Fax: (619) 930-9426

After Hours Phone: (619)

930-9404

Provider Gender: Male

License number: A96002

NPI: 1730258401

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Scripps Mercy Hospital

Chula Vista, Grossmont Hospital,

Sharp Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### PONCE, SONIA G

Provider ID: 268703

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

328 HIGHLAND AVE # 200

EL CAJON, CA 92020-5207

Phone: (619) 930-9404

Fax: (619) 930-9426

After Hours Phone: (619)

930-9404

Provider Gender: Female

License number: A145008

NPI: 1164659033

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### SHARF, ALBERT J , MD

Provider ID: 269167

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1240 BROADWAY STE 210

EL CAJON, CA 92021-4947

Phone: (619) 470-7700

Fax: (619) 900-4589

After Hours Phone: (619)

470-7700

Provider Gender: Male

License number: G72122

NPI: 1649349820

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Paradise Valley

Hospital, Scripps Mercy Hospital

Chula Vista, Scripps Memorial

Hospital, Scripps Mercy Hospital,

Alvarado Hospital Llc

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **CERTIFIED NURSE PRACTITIONER**

#### **BRANNEN, MANDY M , NPA**

Provider ID: 241600  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 215 W MADISON AVE  
 EL CAJON, CA 92020-3405  
 Phone: (619) 401-6236  
 Fax:  
 After Hours Phone: (619)  
 401-6236  
 Provider Gender: Female  
 License number: NP95007286  
 NPI: 1891205159  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **CHUDACEK, JANET M , MD**

Provider ID: 241626  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 215 W MADISON AVE  
 EL CAJON, CA 92020-3405

Phone: (760) 737-6960  
 Fax:  
 After Hours Phone: (760)  
 737-6960  
 Provider Gender: Female  
 License number: NP95008776  
 NPI: 1932606118  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **GRIMM, HANA R**

Provider ID: 261035  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 250 E CHASE AVE # 108  
 EL CAJON, CA 92020-6305  
 Phone: (619) 442-2560  
 Fax: (619) 442-7836  
 After Hours Phone: (619)  
 442-2560  
 Provider Gender: Female  
 License number: NP22474  
 NPI: 1831463751  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:

Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

#### **KING, PAILAI I**

Provider ID: 104067  
 Board Certified Specialty: No  
 ZAVARO CARDIOVASCULAR  
 INST A MED CORP  
 300 S PIERCE ST # 102  
 EL CAJON, CA 92020-4124  
 Phone: (619) 668-4700  
 Fax:  
 After Hours Phone: (619)  
 668-4700  
 Provider Gender: Female  
 License number: NP23405  
 NPI: 1497187090  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: P, EB, IB, E, R,  
 W  
 Hours: M-F 8AM-4:30PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### **LEE, PATRICIA Y**

Provider ID: 283570  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 844 JACKMAN ST  
 EL CAJON, CA 92020-3053

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (619) 442-2560  
 Fax: (619) 442-7836  
 After Hours Phone: (619) 442-2560  
 Provider Gender: Female  
 License number: NP23807  
 NPI: 1710309695  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility: EB, IB, E  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**LEONARD, BEVERLY S**  
 Provider ID: 115081  
 Board Certified Specialty: No  
 CHASE AVENUE FAMILY HEALTH CTRS INC  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax:  
 After Hours Phone: (619) 515-2499  
 Provider Gender: Female  
 License number: NP10943  
 NPI: 1285772392  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):

No  
 ♿ Accessibility: ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Chase Avenue Family Health Ctrs Inc  
 IPA:

**MANGENE, CYNTHIA L**  
 Provider ID: 25690  
 Board Certified Specialty: No  
 VISTA COMMUNITY CLNC  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax:  
 After Hours Phone: (619) 515-2499  
 Provider Gender: Female  
 License number: NP6782  
 NPI: 1548292626  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Chase Avenue Family Health Ctrs Inc  
 IPA:

**MANGENE, CYNTHIA L**  
 Provider ID: 25690  
 Board Certified Specialty: No  
 CHASE AVENUE FAMILY HEALTH CTRS INC  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

Phone: (619) 515-2499  
 Fax:  
 After Hours Phone: (619) 515-2499  
 Provider Gender: Female  
 License number: NP6782  
 NPI: 1548292626  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Chase Avenue Family Health Ctrs Inc  
 IPA:

**OCHOA, ERLINDA A**  
 Provider ID: 116673  
 Board Certified Specialty: No  
 LA MAESTRA CHC EL CAJON BROADWAY  
 1032 BROADWAY  
 EL CAJON, CA 92021-7416  
 Phone: (619) 795-5991  
 Fax:  
 After Hours Phone: (619) 795-5991  
 Provider Gender: Female  
 License number: NP4430  
 NPI: 1346437464  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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♿ *Accessibility:* W  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM  
*Website:* www.lamaestra.org  
*Email:*  
*Medical Group(s):* La Maestra Chc El Cajon Broadway  
*IPA:*

### **PARNELL, TANIKA E**

*Provider ID:* 287649  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
844 JACKMAN ST  
EL CAJON, CA 92020-3053  
*Phone:* (619) 442-2560  
*Fax:* (619) 442-7836  
*After Hours Phone:* (619) 442-2560  
*Provider Gender:* Female  
*License number:* NP95013165  
*NPI:* 1679121750  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PIRTLE, KEYSHONE D**

*Provider ID:* 284244  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
5442 SYCUAN RD  
EL CAJON, CA 92019-1816

*Phone:* (619) 445-0707  
*Fax:* (619) 445-9764  
*After Hours Phone:* (619) 445-0707  
*Provider Gender:* Male  
*License number:* NP95247697  
*NPI:* 1417567827  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SWAN, MELANIE A**

*Provider ID:* 89923  
*Board Certified Specialty:* No  
CHASE AVENUE FAMILY HEALTH CTRS INC  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:*  
*After Hours Phone:* (619) 515-2499  
*Provider Gender:* Female  
*License number:* NP95000818  
*NPI:* 1871934414  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
♿ *Accessibility:* ME

*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Chase Avenue Family Health Ctrs Inc  
*IPA:*

### **VILLANUEVA DE GUTIE, BERENICE**

*Provider ID:* 115614  
*Board Certified Specialty:* No  
LA MAESTRA FAMILY CLINIC INC  
165 S 1ST ST  
EL CAJON, CA 92019-4795  
*Phone:* (619) 312-0347  
*Fax:*  
*After Hours Phone:* (619) 312-0347  
*Provider Gender:* Female  
*License number:* NP95002188  
*NPI:* 1952795536  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:* www.lamaestra.org  
*Email:*  
*Medical Group(s):* La Maestra Family Clinic Inc  
*IPA:*

### **WILLIAMS, BREAHA A**

*Provider ID:* 115128  
*Board Certified Specialty:* No  
LA MAESTRA FAMILY CLINIC INC  
165 S 1ST ST  
EL CAJON, CA 92019-4795

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## D. Specialist Provider Directory

Phone: (619) 312-0347  
 Fax:  
 After Hours Phone: (619) 312-0347  
 Provider Gender: Female  
 License number: NP95001840  
 NPI: 1063884864  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website: www.lamaestra.org  
 Email:  
 Medical Group(s): La Maestra Family Clinic Inc  
 IPA:

### DERMATOLOGY

#### **BROGAN, JACQUELINE L , MD**

Provider ID: 265251  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
 Phone: (619) 579-5115  
 Fax: (619) 267-4385  
 After Hours Phone: (619) 579-5115  
 Provider Gender: Female  
 License number: A160890  
 NPI: 1801273479  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**CELANO, NICHOLAS J**  
 Provider ID: 102191  
 Board Certified Specialty: No  
 WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
 Phone: (619) 579-5115  
 Fax: (619) 749-6174  
 After Hours Phone: (619) 579-5115  
 Provider Gender: Male  
 License number: A120411  
 NPI: 1457662264

Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

#### **CELANO, NICHOLAS J**

Provider ID: 102191

Board Certified Specialty: No  
 WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
 Phone: (619) 579-5115  
 Fax:  
 After Hours Phone: (619) 579-5115  
 Provider Gender: Male  
 License number: A120411  
 NPI: 1457662264  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

#### **CELANO, NICHOLAS J , MD**

Provider ID: 269114  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
 Phone: (619) 579-5115  
 Fax: (619) 749-6174  
 After Hours Phone: (619) 579-5115  
 Provider Gender: Male  
 License number: A120411  
 NPI: 1457662264

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CHIANG, JENNIFER Y**

*Provider ID:* 107659  
*Board Certified Specialty:* No  
 WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
*Phone:* (619) 579-5115  
*Fax:* (619) 267-4835  
*After Hours Phone:* (619) 579-5115  
*Provider Gender:* Female  
*License number:* A120528  
*NPI:* 1457656738  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CHIANG, JENNIFER Y**

*Provider ID:* 107659  
*Board Certified Specialty:* No  
 WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
*Phone:* (619) 579-5115  
*Fax:* (619) 749-6174  
*After Hours Phone:* (619) 579-5115  
*Provider Gender:* Female  
*License number:* A120528  
*NPI:* 1457656738  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CHIANG, JENNIFER Y , MD**

*Provider ID:* 269156  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604

*Phone:* (619) 579-5115  
*Fax:* (619) 267-4835  
*After Hours Phone:* (619) 579-5115  
*Provider Gender:* Female  
*License number:* A120528  
*NPI:* 1457656738  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CROWLEY, CHRISTOPHER S , MD**

*Provider ID:* 269669  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 292 AVOCADO AVE  
 EL CAJON, CA 92020-4604  
*Phone:* (619) 579-5115  
*Fax:* (619) 749-6174  
*After Hours Phone:* (619) 579-5115  
*Provider Gender:* Male  
*License number:* A134188  
*NPI:* 1962836783  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **KASSAB, GHADA K , MD**

Provider ID: 129190  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
330 S MAGNOLIA AVE  
EL CAJON, CA 92020-5290  
Phone: (858) 273-2726  
Fax: (858) 273-2725  
After Hours Phone: (858) 273-2726  
Provider Gender: Female  
License number: A114457  
NPI: 1023278504  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Arabic, Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **RESH, WILLIAM F , MD**

Provider ID: 269099  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

292 AVOCADO AVE  
EL CAJON, CA 92020-4604  
Phone: (619) 579-5115  
Fax: (619) 267-4835  
After Hours Phone: (619) 579-5115  
Provider Gender: Male  
License number: C34661  
NPI: 1154309862  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Medi-Cal Open Panel: No  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **RESH, WILLIAM F**

Provider ID: 38883  
Board Certified Specialty: No  
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP  
292 AVOCADO AVE  
EL CAJON, CA 92020-4604  
Phone: (619) 579-5115  
Fax: (619) 749-6174  
After Hours Phone: (619) 579-5115  
Provider Gender: Male  
License number: C34661  
NPI: 1154309862  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Medi-Cal Open Panel: No

Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **RESH, WILLIAM F**

Provider ID: 38883  
Board Certified Specialty: No  
WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP  
292 AVOCADO AVE  
EL CAJON, CA 92020-4604  
Phone: (619) 579-5115  
Fax: (619) 267-4835  
After Hours Phone: (619) 579-5115  
Provider Gender: Male  
License number: C34661  
NPI: 1154309862  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SATEESH, BROOKE R , MD**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**Provider ID:** 269154  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**292 AVOCADO AVE**  
**EL CAJON, CA 92020-4604**  
**Phone:** (619) 579-5115  
**Fax:** (619) 267-4835  
**After Hours Phone:** (619) 579-5115  
**Provider Gender:** Female  
**License number:** A109670  
**NPI:** 1164565339  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SATEESH, BROOKE R**

**Provider ID:** 83559  
**Board Certified Specialty:** No  
**WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP**  
**292 AVOCADO AVE**  
**EL CAJON, CA 92020-4604**  
**Phone:** (619) 579-5115  
**Fax:** (619) 749-6174  
**After Hours Phone:** (619) 579-5115  
**Provider Gender:** Female

**License number:** A109670  
**NPI:** 1164565339  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** W  
**Hours:** M-F 8:30AM-4:30PM, SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SATEESH, BROOKE R**

**Provider ID:** 83559  
**Board Certified Specialty:** No  
**WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP**  
**292 AVOCADO AVE**  
**EL CAJON, CA 92020-4604**  
**Phone:** (619) 579-5115  
**Fax:** (619) 267-4835  
**After Hours Phone:** (619) 579-5115  
**Provider Gender:** Female  
**License number:** A109670  
**NPI:** 1164565339  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp

**And Healthcare Ctr**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **UEBELHOER, NATHAN S**

**Provider ID:** 125012  
**Board Certified Specialty:** No  
**WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP**  
**292 AVOCADO AVE**  
**EL CAJON, CA 92020-4604**  
**Phone:** (619) 579-5115  
**Fax:**  
**After Hours Phone:** (619) 579-5115  
**Provider Gender:** Male  
**License number:** 20A9328  
**NPI:** 1659344513  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Naval Medical Ctr Sd Rbe  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** W  
**Hours:** M-F 8:30AM-4:30PM, SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical

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## D. Specialist Provider Directory

Group-Sd

### **UEBELHOER, NATHAN S**

Provider ID: 125012

Board Certified Specialty: No

WILLIAM F RESH MD SKIN

AND SKIN CANCER MED GRP

292 AVOCADO AVE

EL CAJON, CA 92020-4604

Phone: (619) 579-5115

Fax: (619) 749-7174

After Hours Phone: (619)

579-5115

Provider Gender: Male

License number: 20A9328

NPI: 1659344513

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Naval Medical  
Ctr Sd Rbe

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)

515-2498

Provider Gender: Male

License number: 20A15471

NPI: 1649699968

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility:

Hours: M-F 8:30AM-5:30PM, SA

9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Family Hlth Ctr

San Diego-El Cajon

IPA:

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility:

Hours: M-F 8:30AM-5:30PM, SA

9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Family Hlth Ctr

San Diego-El Cajon

IPA:

### **BROWN, BRANDON S**

Provider ID: 127590

Board Certified Specialty: No

FAMILY HLTH CTR SAN

DIEGO-EL CAJON

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)

515-2498

Provider Gender: Male

License number: A148499

NPI: 1013399559

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility:

Hours: M-F 8:30AM-5:30PM, SA

9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Family Hlth Ctr

San Diego-El Cajon

IPA:

### **FAMILY PRACTICE**

### **ABDALLAH, ALI H**

Provider ID: 120060

Board Certified Specialty: No

FAMILY HLTH CTR SAN

DIEGO-EL CAJON

525 E MAIN ST

EL CAJON, CA 92020-4007

### **AL ANI, NAJWAN N**

Provider ID: 122626

Board Certified Specialty: No

FAMILY HLTH CTR SAN

DIEGO-EL CAJON

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2498

Fax:

After Hours Phone: (619)

515-2498

Provider Gender: Female

License number: A144974

NPI: 1275948473

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

### **CORMAN, DANIEL M**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**Provider ID:** 128275  
**Board Certified Specialty:** No  
**FAMILY HLTH CTR SAN DIEGO-EL CAJON**  
**525 E MAIN ST**  
**EL CAJON, CA 92020-4007**  
**Phone:** (619) 515-2498  
**Fax:**  
**After Hours Phone:** (619) 515-2498  
**Provider Gender:** Male  
**License number:** 20A13060  
**NPI:** 1629339593  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-F 8:30AM-5:30PM, SA 9AM-5PM  
**Website:** www.fhcsd.org  
**Email:**  
**Medical Group(s):** Family Hlth Ctr San Diego-El Cajon  
**IPA:**

### **GORDON, CHRISTOPHER J**

**Provider ID:** 110772  
**Board Certified Specialty:** No  
**FAMILY HLTH CTR SAN DIEGO-EL CAJON**  
**525 E MAIN ST**  
**EL CAJON, CA 92020-4007**  
**Phone:** (619) 515-2498  
**Fax:**  
**After Hours Phone:** (619) 515-2498  
**Provider Gender:** Male  
**License number:** A83390  
**NPI:** 1477711521

**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-F 8:30AM-5:30PM, SA 9AM-5PM  
**Website:** www.fhcsd.org  
**Email:**  
**Medical Group(s):** Family Hlth Ctr San Diego-El Cajon  
**IPA:**

### **HASTANAN, CAROL L**

**Provider ID:** 98429  
**Board Certified Specialty:** No  
**CHASE AVENUE FAMILY HEALTH CTRS INC**  
**1111 W CHASE AVE**  
**EL CAJON, CA 92020-5710**  
**Phone:** (619) 515-2499  
**Fax:**  
**After Hours Phone:** (619) 515-2499  
**Provider Gender:** Female  
**License number:** A110192  
**NPI:** 1861648461

**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** ME  
**Hours:** M-SA 9AM-5PM  
**Website:** www.fhcsd.org  
**Email:**  
**Medical Group(s):** Chase Avenue Family Health Ctrs Inc

**IPA:**

### **LIN, SHUANG**

**Provider ID:** 122471  
**Board Certified Specialty:** No  
**CHASE AVENUE FAMILY HEALTH CTRS INC**  
**1111 W CHASE AVE**  
**EL CAJON, CA 92020-5710**  
**Phone:** (619) 515-2499  
**Fax:**  
**After Hours Phone:** (619) 515-2499

**Provider Gender:** Female  
**License number:** A138887  
**NPI:** 1689093684  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Mandarin  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** ME  
**Hours:** M-SA 9AM-5PM  
**Website:** www.fhcsd.org  
**Email:**  
**Medical Group(s):** Chase Avenue Family Health Ctrs Inc  
**IPA:**

### **IAZI, HARRIS O**

**Provider ID:** 122797  
**Board Certified Specialty:** No  
**FAMILY HLTH CTR SAN DIEGO-EL CAJON**  
**525 E MAIN ST**  
**EL CAJON, CA 92020-4007**  
**Phone:** (619) 515-2498  
**Fax:**  
**After Hours Phone:** (619) 515-2498  
**Provider Gender:** Male

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## D. Specialist Provider Directory

License number: A146111  
 NPI: 1174905871  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr San Diego-El Cajon  
 IPA:

### THIERMANN, PAIGE A

Provider ID: 62295  
 Board Certified Specialty: No  
 NEIGHBORHOOD HEALTHCARE EL CAJON  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
 Phone: (619) 440-2751  
 Fax:  
 After Hours Phone: (619) 440-2751  
 Provider Gender: Female  
 License number: A114779  
 NPI: 1134411432  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Kurdish, Spanish, Syriac  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA

9AM-5PM  
 Website: www.ihsocal.org  
 Email:  
 Medical Group(s): Neighborhood Healthcare El Cajon  
 IPA:

### GASTROENTEROLOGY

### CUBAS, IVAN P

Provider ID: 120211  
 Board Certified Specialty: No  
 DIGESTIVE DISEASE ASSOCS INC  
 2732 NAVAJO RD STE 201  
 EL CAJON, CA 92020-2149  
 Phone: (619) 266-3332  
 Fax: (619) 266-6000  
 After Hours Phone: (619) 266-3332  
 Provider Gender: Male  
 License number: C55825  
 NPI: 1447464912  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Portuguese, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd

### CUBAS, IVAN P

Provider ID: 120211  
 Board Certified Specialty: No  
 DIGESTIVE DISEASE ASSOCS INC  
 2732 NAVAJO RD STE 201  
 EL CAJON, CA 92020-2149  
 Phone: (619) 266-3332  
 Fax:  
 After Hours Phone: (619) 266-3332  
 Provider Gender: Male  
 License number: C55825  
 NPI: 1447464912  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Portuguese, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website: www.3dcinc.com  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd

### HASSANEIN, TAREK I, MD

Provider ID: 269556  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 463 N MAGNOLIA AVE  
 EL CAJON, CA 92020-3606  
 Phone: (619) 522-0399  
 Fax: (619) 749-3295  
 After Hours Phone: (619) 522-0399

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* A54452  
*NPI:* 1801854450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French, German, Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Parkview Community Hospital Medical Center, Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr, Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont Hospital, Alvarado Hospital Llc, Hoag Hospital Irvine  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**IMPERIAL, JOANNE C , MD**  
*Provider ID:* 268979  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 465 N MAGNOLIA AVE  
 EL CAJON, CA 92020-3606  
*Phone:* (619) 359-8380  
*Fax:* (619) 359-8360  
*After Hours Phone:* (619) 359-8380  
*Provider Gender:* Female  
*License number:* G44420  
*NPI:* 1225101884  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Lucile Salter Packard Childrens Hosp  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**SCHAEFFER, CYNTHIA L**  
*Provider ID:* 120290  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 2732 NAVAJO RD STE 201  
 EL CAJON, CA 92020-2149  
*Phone:* (619) 266-3332  
*Fax:* (619) 266-6000  
*After Hours Phone:* (619) 266-3332  
*Provider Gender:* Female  
*License number:* A91771  
*NPI:* 1740352293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings  
 Medical Group-Sd

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### HEARING AID DEALER / SUPPLIER

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**ANDERSON, ELAINE M , MD**  
*Provider ID:* 268692  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1767 E MAIN ST  
 EL CAJON, CA 92021-5219  
*Phone:* (619) 440-6516  
*Fax:* (619) 440-6547  
*After Hours Phone:* (619) 440-6516  
*Provider Gender:* Female  
*License number:* HA7100  
*NPI:* 1063558856  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**DANDURAND, JOHN M , MD**  
*Provider ID:* 269780  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1767 E MAIN ST  
 EL CAJON, CA 92021-5219

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (619) 440-6516  
 Fax: (619) 440-6547  
 After Hours Phone: (619) 440-6516  
 Provider Gender: Male  
 License number: HA2056  
 NPI: 1497901680  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **DAVIS, KELLE L , MD**

Provider ID: 268650  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1767 E MAIN ST  
 EL CAJON, CA 92021-5219  
 Phone: (619) 440-6516  
 Fax: (619) 440-6547  
 After Hours Phone: (619) 440-6516  
 Provider Gender: Female  
 License number: HA6083  
 NPI: 1902853344  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **INTERNAL MEDICINE**

### **DUONG, MAI T**

Provider ID: 114973  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619) 515-2498  
 Provider Gender: Female  
 License number: A127798  
 NPI: 1629339304  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr  
 San Diego-El Cajon  
 IPA:

### **GORGES, RANDA A**

Provider ID: 122495  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON  
 525 E MAIN ST

EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619) 515-2498  
 Provider Gender: Female  
 License number: A138815  
 NPI: 1285079509  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr  
 San Diego-El Cajon  
 IPA:

### **SIHOTA, GURPREET**

Provider ID: 121259  
 Board Certified Specialty: No  
 CHASE AVENUE FAMILY  
 HEALTH CTRS INC  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax:  
 After Hours Phone: (619) 515-2499  
 Provider Gender: Female  
 License number: 20A13700  
 NPI: 1659715852  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* ME

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

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Chase Avenue

Family Health Ctrs Inc

*IPA:*

**BUECHNER, CHARLENE A**

*Provider ID:* 127433

*Board Certified Specialty:* No

FAMILY HLTH CTR SAN

DIEGO-EL CAJON

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2498

*Fax:*

*After Hours Phone:* (619)

515-2498

*Provider Gender:* Female

*License number:* A68463

*NPI:* 1376663831

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Sharp Mary

Birch Hosp For Women And

Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Family Hlth Ctr

San Diego-El Cajon

*IPA:*

*Phone:* (310) 825-9945

*Fax:*

*After Hours Phone:* (310)

825-9945

*Provider Gender:* Male

*License number:* A133994

*NPI:* 1912249004

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ronald

Reagan UCLA Med Ctr, Santa

Monica UCLA Med Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **OBSTETRICS / GYNECOLOGY**

**ALIMONOS, LYSISTRATI A**

*Provider ID:* 114824

*Board Certified Specialty:* No

FAMILY HLTH CTR SAN

DIEGO-EL CAJON

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2498

*Fax:*

*After Hours Phone:* (619)

515-2498

*Provider Gender:* Female

*License number:* 20A14919

*NPI:* 1619397031

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont

Hospital, Scripps Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Family Hlth Ctr

San Diego-El Cajon

*IPA:*

**BUKOWSKI, KYLE C**

*Provider ID:* 269037

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

1685 E MAIN ST STE 301

EL CAJON, CA 92021-5292

**CARTER, KHALIL J**

*Provider ID:* 127377

*Board Certified Specialty:* No

FAMILY HLTH CTR SAN

DIEGO-EL CAJON

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2498

*Fax:*

*After Hours Phone:* (619)

515-2498

*Provider Gender:* Male

*License number:* A113001

*NPI:* 1225231582

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont

Hospital, Scripps Mercy Hospital

*Medi-Cal Open Panel:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr  
 San Diego-El Cajon  
 IPA:

**CERVANTES, SANDRA M**  
 Provider ID: 114871  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619)  
 515-2498  
 Provider Gender: Female  
 License number: A118095  
 NPI: 1073701041  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital, Sharp Coronado Hosp  
 And Healthcare Ctr, Grossmont  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr  
 San Diego-El Cajon

IPA:  
**FOLCH TORRES-AGUIAR,  
 BEATRIZ M**  
 Provider ID: 120511  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619)  
 515-2498  
 Provider Gender: Female  
 License number: A148014  
 NPI: 1457794752  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Yue Chinese  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr  
 San Diego-El Cajon  
 IPA:

**KHAN, ALIYA I**  
 Provider ID: 109641  
 Board Certified Specialty: No  
 LA MAESTRA CHC EL CAJON  
 BROADWAY  
 1032 BROADWAY  
 EL CAJON, CA 92021-7416

Phone: (619) 795-5991  
 Fax:  
 After Hours Phone: (619)  
 795-5991  
 Provider Gender: Female  
 License number: G50634  
 NPI: 1285687350  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
 Website: www.lamaestra.org  
 Email:  
 Medical Group(s): La Maestra  
 Chc El Cajon Broadway  
 IPA:

**LIPSCHITZ, LISA S**  
 Provider ID: 115429  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619)  
 515-2498  
 Provider Gender: Female  
 License number: A72005  
 NPI: 1649208711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Hospital, Grossmont Hospital,  
Sharp Coronado Hosp And  
Healthcare Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA  
9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr  
San Diego-El Cajon  
*IPA:*

### **LOEFFLER, ALLISON M**

*Provider ID:* 115562  
*Board Certified Specialty:* No  
FAMILY HLTH CTR SAN  
DIEGO-EL CAJON  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619)  
515-2498  
*Provider Gender:* Female  
*License number:* A116680  
*NPI:* 1700073962  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Scripps Mercy Hospital,  
Scripps Mercy Hospital Chula  
Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA  
9AM-5PM

*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr  
San Diego-El Cajon  
*IPA:*

### **MELLENDEZ BERRIOS, IARA DEL M**

*Provider ID:* 115040  
*Board Certified Specialty:* No  
FAMILY HLTH CTR SAN  
DIEGO-EL CAJON  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619)  
515-2498  
*Provider Gender:* Female  
*License number:* A114181  
*NPI:* 1740514249  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

*Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA  
9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr  
San Diego-El Cajon  
*IPA:*

### **RODRIGUEZ JEREZ, ROBERTO D**

*Provider ID:* 130083  
*Board Certified Specialty:* No  
FAMILY HLTH CTR SAN

DIEGO-EL CAJON  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619)  
515-2498  
*Provider Gender:* Male  
*License number:* A154298  
*NPI:* 1710316450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA  
9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr  
San Diego-El Cajon  
*IPA:*

### **WINESBURG, JENNIFER J**

*Provider ID:* 114806  
*Board Certified Specialty:* No  
FAMILY HLTH CTR SAN  
DIEGO-EL CAJON  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619)  
515-2498  
*Provider Gender:* Female  
*License number:* 20A11535  
*NPI:* 1811162456

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon  
*IPA:*

### ZIEG, ALAN J

*Provider ID:* 114825  
*Board Certified Specialty:* No  
 FAMILY HLTH CTR SAN DIEGO-EL CAJON  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619) 515-2498  
*Provider Gender:* Male  
*License number:* G78814  
*NPI:* 1699790634  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr San Diego-El Cajon  
*IPA:*

### OPHTHALMOLOGY

### ALBORZIAN, SHERVIN

*Provider ID:* 114628  
*Board Certified Specialty:* No  
 FAMILY HLTH CTR SAN DIEGO-EL CAJON  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2498  
*Fax:*  
*After Hours Phone:* (619) 515-2498  
*Provider Gender:* Male  
*License number:* A107093  
*NPI:* 1588825129  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr

San Diego-El Cajon  
*IPA:*

### BINDER, NICHOLAS R , MD

*Provider ID:* 268752  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
*Phone:* (619) 440-5400  
*Fax:*  
*After Hours Phone:* (619) 440-5400  
*Provider Gender:* Male  
*License number:* A124698  
*NPI:* 1306076716  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### MCGRAW, JOSEPH P , MD

*Provider ID:* 269703  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800) 898-2020

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* A155228  
*NPI:* 1588624852  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MILLER, DOUGLAS G**

*Provider ID:* 262441  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800) 898-2020  
*Provider Gender:* Male  
*License number:* G52627  
*NPI:* 1982636031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MILLER, DOUGLAS G , MD**

*Provider ID:* 68144  
*Board Certified Specialty:* No  
 WEST COAST EYE CARE ASSOCS MED GRP  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800) 898-2020  
*Provider Gender:* Male  
*License number:* G52627  
*NPI:* 1982636031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MORRISON-REYES, JOSHUA A**

*Provider ID:* 107940  
*Board Certified Specialty:* No  
 WEST COAST EYE CARE ASSOCS MED GRP  
 450 FLETCHER PKWY STE 112

EL CAJON, CA 92020-2520  
*Phone:* (619) 440-5400  
*Fax:* (619) 697-2410  
*After Hours Phone:* (619) 440-5400  
*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PATEL, GITANE**

*Provider ID:* 262318  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800) 898-2020  
*Provider Gender:* Male  
*License number:* A108603  
*NPI:* 1710171434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Arabic, Gujarati, Spanish,  
Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Paradise Valley  
Hospital, Scripps Memorial  
Hospital

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PATEL, GITANE, MD**

*Provider ID:* 268740  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
450 FLETCHER PKWY STE 112  
EL CAJON, CA 92020-2520  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800)  
898-2020  
*Provider Gender:* Male  
*License number:* A108603  
*NPI:* 1710171434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, Gujarati, Spanish,  
Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Paradise Valley  
Hospital, Scripps Memorial  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PATEL, SARJAN H**

*Provider ID:* 262403  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
450 FLETCHER PKWY STE 112  
EL CAJON, CA 92020-2520  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800)  
898-2020  
*Provider Gender:* Male  
*License number:* A114976  
*NPI:* 1316199326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Gujarati, Hindi, Spanish,  
Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
Hospital Llc, Grossmont Hospital,  
Scripps Memorial Hospital,  
Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PATEL, SARJAN H , MD**

*Provider ID:* 268799  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
450 FLETCHER PKWY STE 112  
EL CAJON, CA 92020-2520  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800)  
898-2020  
*Provider Gender:* Male  
*License number:* A114976  
*NPI:* 1316199326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Gujarati, Hindi, Spanish,  
Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
Hospital Llc, Grossmont Hospital,  
Scripps Memorial Hospital,  
Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PRABHU, SUJATA P**

*Provider ID:* 262390  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
450 FLETCHER PKWY STE 112  
EL CAJON, CA 92020-2520

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Female  
 License number: A115965  
 NPI: 1982872552  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog, Telugu, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PRABHU, SUJATA P , MD**  
 Provider ID: 268917  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Female  
 License number: A115965  
 NPI: 1982872552  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Spanish, Tagalog, Telugu, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### PEDIATRICS

**KODSI, ALICIA M**  
 Provider ID: 120082  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN DIEGO-EL CAJON  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2498  
 Fax:  
 After Hours Phone: (619) 515-2498  
 Provider Gender: Female  
 License number: A147976  
 NPI: 1932514353  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

♿ Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr San Diego-El Cajon  
 IPA:

**LYNN, JOHN G**  
 Provider ID: 24744  
 Board Certified Specialty: No  
 NEIGHBORHOOD HEALTHCARE EL CAJON  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
 Phone: (760) 742-2782  
 Fax:  
 After Hours Phone: (760) 742-2782  
 Provider Gender: Male  
 License number: A87637  
 NPI: 1891729968

Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website: www.ihpsocal.org  
 Email:  
 Medical Group(s): Neighborhood Healthcare El Cajon  
 IPA:

### PHYSICIANS ASSISTANT

**LA BERGE-INDA, PRISCILLA S , NPA**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**Provider ID:** 265073  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**328 HIGHLAND AVE # 200**  
**EL CAJON, CA 92020-5207**  
**Phone:** (619) 930-9404  
**Fax:** (619) 930-9426  
**After Hours Phone:** (619) 930-9404  
**Provider Gender:** Female  
**License number:** PA54404  
**NPI:** 1679008379  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Arabic, Russian, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 18/110  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### LAPINA, LORI L

**Provider ID:** 77854  
**Board Certified Specialty:** No  
**CHASE AVENUE FAMILY HEALTH CTRS INC**  
**1111 W CHASE AVE**  
**EL CAJON, CA 92020-5710**  
**Phone:** (619) 515-2499  
**Fax:**  
**After Hours Phone:** (619) 515-2499  
**Provider Gender:** Female  
**License number:** PA23231  
**NPI:** 1245670413  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No

**Hospital Affiliation:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** ME  
**Hours:** M-SA 9AM-5PM  
**Website:** www.fhcsd.org  
**Email:**  
**Medical Group(s):** Chase Avenue  
**Family Health Ctrs Inc**  
**IPA:**

### PATEL, SHREYA M

**Provider ID:** 48965  
**Board Certified Specialty:** No  
**CHASE AVENUE FAMILY HEALTH CTRS INC**  
**1111 W CHASE AVE**  
**EL CAJON, CA 92020-5710**  
**Phone:** (619) 515-2499  
**Fax:**  
**After Hours Phone:** (619) 515-2499  
**Provider Gender:** Female  
**License number:** PA18719  
**NPI:** 1447468137  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** ME  
**Hours:** M-SA 9AM-5PM  
**Website:** www.fhcsd.org  
**Email:**  
**Medical Group(s):** Chase Avenue  
**Family Health Ctrs Inc**  
**IPA:**

### TURNER, ERIC M

**Provider ID:** 121894  
**Board Certified Specialty:** No  
**CHASE AVENUE FAMILY HEALTH CTRS INC**  
**1111 W CHASE AVE**  
**EL CAJON, CA 92020-5710**  
**Phone:** (619) 515-2499  
**Fax:**  
**After Hours Phone:** (619) 515-2499  
**Provider Gender:** Male  
**License number:** PA55067  
**NPI:** 1669756128  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** ME  
**Hours:** M-SA 9AM-5PM  
**Website:** www.fhcsd.org  
**Email:**  
**Medical Group(s):** Chase Avenue  
**Family Health Ctrs Inc**  
**IPA:**

### PODIATRIST

### FARMER, STEVEN G

**Provider ID:** 268976  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**855 E MADISON AVE**  
**EL CAJON, CA 92020-3819**  
**Phone:** (619) 440-2751  
**Fax:** (858) 633-4692  
**After Hours Phone:** (619) 440-2751  
**Provider Gender:** Male  
**License number:** DPM2895  
**NPI:** 1215087770  
**Provider English Spoken:** Yes

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## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **VALLONE, MELCHIOR P**

*Provider ID:* 204673  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
5442 SYCUAN RD  
EL CAJON, CA 92019-1816  
*Phone:* (619) 445-0707  
*Fax:* (619) 445-9764  
*After Hours Phone:* (619)  
445-0707  
*Provider Gender:* Male  
*License number:* DPM2201  
*NPI:* 1093998965  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* P, EB, IB, E, R,  
T, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **REGISTERED PHYSICAL THERAPIST**

### **MILLER, RICHARD J**

*Provider ID:* 269763  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1625 E MAIN ST STE 100  
EL CAJON, CA 92021-5240  
*Phone:* (619) 376-1082  
*Fax:*  
*After Hours Phone:* (619)  
376-1082  
*Provider Gender:* Male  
*License number:* PT22474  
*NPI:* 1255638979  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SANTIAGO, ALICIA L**

*Provider ID:* 269688  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1625 E MAIN ST STE 104  
EL CAJON, CA 92021-5223  
*Phone:* (619) 873-2160  
*Fax:* (619) 873-2168  
*After Hours Phone:* (619)  
873-2160  
*Provider Gender:* Female

*License number:* PT292418  
*NPI:* 1497297964  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SURGERY GENERAL**

### **AVULOV, VADIM**

*Provider ID:* 125016  
*Board Certified Specialty:* Yes  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
671 S MOLLISON AVE  
EL CAJON, CA 92020-6682  
*Phone:* (619) 386-6637  
*Fax:* (619) 825-3406  
*After Hours Phone:* (619)  
386-6637  
*Provider Gender:* Male  
*License number:* 20A13344  
*NPI:* 1700121472  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
Hospital Llc, Paradise Valley  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*

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## D. Specialist Provider Directory

No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Imperial Health Holdings  
 Medical Group-Sd

**AVULOV, VADIM**  
*Provider ID:* 262163  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 1580 N 2ND ST  
 EL CAJON, CA 92021-3447  
*Phone:* (619) 396-6637  
*Fax:* (619) 825-3406  
*After Hours Phone:* (619)  
 396-6637  
*Provider Gender:* Male  
*License number:* 20A13344  
*NPI:* 1700121472  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Russian  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
 Hospital Llc, Paradise Valley  
 Hospital, Sharp Coronado Hosp  
 And Healthcare Ctr, Grossmont  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Imperial Health Holdings  
 Medical Group-Sd

### ENCINITAS

#### ALLERGY IMMUNOLOGY

**LAUBACH, SUSAN S**  
*Provider ID:* 53685  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-6377  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760)  
 944-6377  
*Provider Gender:* Female  
*License number:* A114061  
*NPI:* 1366656209  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network

**WELCH, MICHAEL J**  
*Provider ID:* 206202  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK

477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (858) 966-6377  
*Fax:* (760) 944-3927  
*After Hours Phone:* (858)  
 966-6377  
*Provider Gender:* Male  
*License number:* G34844  
*NPI:* 1699794222  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network

#### ANESTHESIOLOGY PAIN MANAGEMENT

**FISHER, CASEY J**  
*Provider ID:* 269185  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 326 ENCINITAS BLVD STE 100  
 ENCINITAS, CA 92024-8703  
*Phone:* (619) 825-8511  
*Fax:* (858) 726-6291  
*After Hours Phone:* (619)  
 825-8511  
*Provider Gender:* Male  
*License number:* A118592  
*NPI:* 1275780686  
*Provider English Spoken:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Pomerado Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### CARDIOLOGY

#### HOFFMAYER, KURT S

*Provider ID:* 118218  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 477 N EL CAMINO REAL # B300  
 ENCINITAS, CA 92024-1328  
*Phone:* (760) 634-8273  
*Fax:*  
*After Hours Phone:* (760) 634-8273  
*Provider Gender:* Male  
*License number:* A98256  
*NPI:* 1841322195  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*  
**NARAYAN, HARI K**  
*Provider ID:* 239115  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Male  
*License number:* A144821  
*NPI:* 1376705707  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### CARDIOVASCULAR DISEASE

#### FELD, GREGORY K

*Provider ID:* 64680  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 477 N EL CAMINO REAL # B300

ENCINITAS, CA 92024-1328  
*Phone:* (760) 634-8273  
*Fax:* (619) 543-7418  
*After Hours Phone:* (760) 634-8273  
*Provider Gender:* Male  
*License number:* G37258  
*NPI:* 1720003924  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

#### TAUB, PAM R

*Provider ID:* 64683  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 477 N EL CAMINO REAL # B300  
 ENCINITAS, CA 92024-1328  
*Phone:* (760) 634-8273  
*Fax:*  
*After Hours Phone:* (760) 634-8273  
*Provider Gender:* Female  
*License number:* A89612  
*NPI:* 1346355161  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **CERTIFIED NURSE PRACTITIONER**

#### **BINAVI, HOWNAZ Z , NPA**

Provider ID: 265370  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 D308  
 ENCINITAS, CA 92024-1370  
 Phone: (760) 436-2300  
 Fax: (760) 436-5482  
 After Hours Phone: (760)  
 436-2300  
 Provider Gender: Female  
 License number: NP95010956  
 NPI: 1083276273  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Kurdish, Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **ELAMPARO, KAYE L , NPA**

Provider ID: 258927

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 D200  
 ENCINITAS, CA 92024-1375  
 Phone: (760) 452-3340  
 Fax: (760) 452-3344  
 After Hours Phone: (760)  
 452-3340  
 Provider Gender: Female  
 License number: NP20795  
 NPI: 1851673610  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Korean, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital, Scripps  
 Mercy Hospital, Alvarado Hosp  
 Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **FAIQ, JAMILA, NPA**

Provider ID: 254824  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 D200  
 ENCINITAS, CA 92024-1375

Phone: (760) 452-3340  
 Fax:  
 After Hours Phone: (760)  
 452-3340  
 Provider Gender: Female  
 License number: NP95004759  
 NPI: 1518414366  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/120  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

#### **FRANZ, CORTNEY D , NPA**

Provider ID: 253241  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 D200  
 ENCINITAS, CA 92024-1375  
 Phone: (760) 452-3340  
 Fax: (760) 452-3344  
 After Hours Phone: (760)  
 452-3340  
 Provider Gender: Female  
 License number: NP95004258  
 NPI: 1174077507  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Min/Max Age:* 16/120

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **HEAD, KRISTIN N**

*Provider ID:* 126782

*Board Certified Specialty:* No

*RADY CHILDRENS*

*SPECIALISTS SAN DIEGO MED*  
*FNDTN*

*477 N EL CAMINO REAL*

*ENCINITAS, CA 92024-1328*

*Phone:* (760) 944-5545

*Fax:*

*After Hours Phone:* (760)

*944-5545*

*Provider Gender:* Female

*License number:* NP20264

*NPI:* 1699078923

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

*Childrens Hospital San Diego*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **HEAD, KRISTIN N**

*Provider ID:* 268657

*Board Certified Specialty:* No  
*RADY CHILDRENS HEALTH*  
*NETWORK*

*477 N EL CAMINO REAL STE*  
*D302*

*ENCINITAS, CA 92024-1374*

*Phone:* (760) 944-5545

*Fax:* (760) 944-3927

*After Hours Phone:* (760)

*944-5545*

*Provider Gender:* Female

*License number:* NP20264

*NPI:* 1699078923

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

*Childrens Hospital San Diego*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **HOOPER, BONNIE J , NPA**

*Provider ID:* 275253

*Board Certified Specialty:* No  
*COMMUNITY CARE IPA LLC*

*477 N EL CAMINO REAL STE*  
*D308*

*ENCINITAS, CA 92024-1370*

*Phone:* (760) 436-2300

*Fax:* (760) 436-5482

*After Hours Phone:* (760)

*436-2300*

*Provider Gender:* Female

*License number:* NP6495

*NPI:* 1821062878

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **KORMANIK, PATRICIA A**

*Provider ID:* 282071

*Board Certified Specialty:* No

*UCSD MEDICAL GROUP*

*1200 GARDEN VIEW RD STE*  
*200*

*ENCINITAS, CA 92024-2475*

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

*926-8273*

*Provider Gender:* Female

*License number:* NP9707

*NPI:* 1093895047

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

*Ctr, Ucsd La Jolla John Sally*  
*Thornton*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Medical Group(s):*  
IPA: Ucsd Medical Group

### **LEVY, SHARON B**

*Provider ID:* 262167  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545

*Fax:*  
*After Hours Phone:* (760) 944-5545

*Provider Gender:* Female  
*License number:* NP95003383  
*NPI:* 1316396807

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):* No

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

*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **MWAURA, WAIRIMU R , NPA**

*Provider ID:* 269680  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
477 N EL CAMINO REAL STE D200  
ENCINITAS, CA 92024-1375  
*Phone:* (760) 452-3340  
*Fax:* (760) 452-3344  
*After Hours Phone:* (760) 452-3340

*Provider Gender:* Female  
*License number:* NP95009639  
*NPI:* 1598320996  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc

### **PARK, SUN MIN**

*Provider ID:* 262381  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024-1374  
*Phone:* (858) 966-6789  
*Fax:* (760) 944-3927

*After Hours Phone:* (858) 966-6789  
*Provider Gender:* Female  
*License number:* NP20538  
*NPI:* 1376678250

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

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

*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **SCOTT, MARYLOU**

*Provider ID:* 262842  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024-1374  
*Phone:* (858) 966-6377  
*Fax:* (760) 944-3927  
*After Hours Phone:* (858) 966-6377

*Provider Gender:* Female  
*License number:* NP10261  
*NPI:* 1023223252  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

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

*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **SRILASAK, MICHELE**

*Provider ID:* 281856  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
1200 GARDEN VIEW RD STE 200  
ENCINITAS, CA 92024-2475

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## D. Specialist Provider Directory

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP13694  
 NPI: 1265487326  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### STEARNS, PHILIP H

Provider ID: 265081  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
 Phone: (858) 966-6377  
 Fax: (760) 944-3927  
 After Hours Phone: (858) 966-6377  
 Provider Gender: Male  
 License number: NP11899  
 NPI: 1609900810  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No

Min/Max Age: 0/99  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### TOMICICH, STEPHANIE S

Provider ID: 286885  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024-5141  
 Phone: (760) 436-4558  
 Fax: (858) 429-7926  
 After Hours Phone: (760) 436-4558  
 Provider Gender: Female  
 License number: NP95002402  
 NPI: 1316333792  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/125  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### WILLEY, MARTI L , NPA

Provider ID: 256422  
 Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE D200  
 ENCINITAS, CA 92024-1375  
 Phone: (760) 452-3340  
 Fax:  
 After Hours Phone: (760) 452-3340  
 Provider Gender: Female  
 License number: NP22548  
 NPI: 1144574062  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/120  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

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### CERTIFIED REGISTERED NURSE MIDWIFE

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### KARVER CHRISTENSON, ELYSE S

Provider ID: 257565  
 Board Certified Specialty: Yes  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 943-9994  
 Fax:  
 After Hours Phone: (760) 943-9994  
 Provider Gender: Female  
 License number: NMW276  
 NPI: 1720098155

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct

### DERMATOLOGY

#### GLADSDJO, JULIE A , MD

*Provider ID:* 269052  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE D308  
 ENCINITAS, CA 92024-1370  
*Phone:* (760) 436-2300  
*Fax:* (760) 436-5482  
*After Hours Phone:* (760) 436-2300  
*Provider Gender:* Female  
*License number:* A98641  
*NPI:* 1629234380  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**HEMPERLY, STEPHEN E**  
*Provider ID:* 243725  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE D308  
 ENCINITAS, CA 92024-1370  
*Phone:* (760) 436-2300  
*Fax:* (760) 436-5482  
*After Hours Phone:* (760) 436-2300  
*Provider Gender:* Male  
*License number:* 20A14658  
*NPI:* 1013277045

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

#### RILEY, JESSICA A

*Provider ID:* 243457  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE D308  
 ENCINITAS, CA 92024-1370  
*Phone:* (760) 436-2300  
*Fax:* (760) 436-5482  
*After Hours Phone:* (760) 436-2300  
*Provider Gender:* Female

*License number:* 20A16345  
*NPI:* 1548677438  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

#### SCHAIRER, DAVID O

*Provider ID:* 264680  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL # 302  
 ENCINITAS, CA 92024-1328  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Male  
*License number:* A148597  
*NPI:* 1619311164  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No

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## D. Specialist Provider Directory

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### SPRAGUE, JESSICA M

Provider ID: 127463  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
 Phone: (760) 944-5545

Fax:  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Female  
 License number: A134345  
 NPI: 1437594884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### SPRAGUE, JESSICA M

Provider ID: 242315  
 Board Certified Specialty: No

RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
 Phone: (858) 966-6795  
 Fax: (760) 944-3927  
 After Hours Phone: (858)  
 966-6795  
 Provider Gender: Female  
 License number: A134345  
 NPI: 1437594884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### TOMPKINS, STACY D , MD

Provider ID: 246363  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 D308  
 ENCINITAS, CA 92024-1370  
 Phone: (760) 436-2300  
 Fax: (760) 436-5482  
 After Hours Phone: (760)  
 436-2300  
 Provider Gender: Female  
 License number: A52958  
 NPI: 1255418265  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

## ENDOCRINOLOGY METABOLISM DIABETES

### GOTTESMAN BOWEN, BETHANY L

Provider ID: 285959  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Female  
 License number: A156739  
 NPI: 1164849899  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### HUPFELD, CHRISTOPHER J

Provider ID: 277111

Board Certified Specialty: No

UCSD MEDICAL GROUP

1200 GARDEN VIEW RD STE 100

ENCINITAS, CA 92024-2475

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A64102

NPI: 1568429165

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **FAMILY PRACTICE SPORTS MEDICINE**

### ACHAR, SURAJ A

Provider ID: 255633

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

477 N EL CAMINO REAL # 302

ENCINITAS, CA 92024-1328

Phone: (858) 966-6789

Fax: (760) 944-3927

After Hours Phone: (858)

966-6789

Provider Gender: Male

License number: G80093

NPI: 1235167321

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **GASTROENTEROLOGY**

### DILAURO, STEVEN C , MD

Provider ID: 66036

Board Certified Specialty: No

GENESIS HEALTHCARE

PARTNERS PC

700 GARDEN VIEW CT STE 102

ENCINITAS, CA 92024-2478

Phone: (760) 783-0441

Fax: (760) 635-5972

After Hours Phone: (760)

783-0441

Provider Gender: Male

License number: A104332

NPI: 1629117643

Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### DILAURO, STEVEN C

Provider ID: 66036

Board Certified Specialty: No

GENESIS HEALTHCARE

PARTNERS PC

700 GARDEN VIEW CT STE 102

ENCINITAS, CA 92024-2478

Phone: (760) 783-0441

Fax: (760) 635-5972

After Hours Phone: (760)

783-0441

Provider Gender: Male

License number: A104332

NPI: 1629117643

Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL): No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA 9AM-5PM

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## D. Specialist Provider Directory

Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **GOLDKLANG, ROBERT H , MD**

Provider ID: 66037  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
700 GARDEN VIEW CT STE 102  
ENCINITAS, CA 92024-2478  
Phone: (760) 783-0441  
Fax: (760) 635-5972  
After Hours Phone: (760)  
783-0441  
Provider Gender: Male  
License number: G69237  
NPI: 1275527657  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas,  
Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **LAJOIE, ADRIANNE M , MD**

Provider ID: 65629  
Board Certified Specialty: No  
GENESIS HEALTHCARE  
PARTNERS PC  
700 GARDEN VIEW CT STE 102  
ENCINITAS, CA 92024-2478

Phone: (760) 783-0441  
Fax: (760) 635-5972  
After Hours Phone: (760)  
783-0441  
Provider Gender: Female  
License number: A84301  
NPI: 1225253651  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **LAJOIE, ADRIANNE M , MD**

Provider ID: 65629  
Board Certified Specialty: No  
COASTAL  
GASTROENTEROLOGY A  
PROF CORP  
700 GARDEN VIEW CT STE 102  
ENCINITAS, CA 92024-2478  
Phone: (760) 783-0441  
Fax: (760) 635-5972  
After Hours Phone: (760)  
783-0441  
Provider Gender: Female  
License number: A84301  
NPI: 1225253651  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital Encinitas

Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SINGH, MARVIN M , MD**

Provider ID: 123127  
Board Certified Specialty: No  
GENESIS HEALTHCARE  
PARTNERS PC  
700 GARDEN VIEW CT STE 102  
ENCINITAS, CA 92024-2478  
Phone: (760) 783-0441  
Fax: (760) 635-5972  
After Hours Phone: (760)  
783-0441  
Provider Gender: Male  
License number: A102749  
NPI: 1306968417  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Korean, Russian, Spanish,  
Tagalog  
Cultural Competency: No  
Hospital Affiliation: University Of  
California Irvine Med Ctr, Scripps  
Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SINGH, MARVIN M**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**Provider ID:** 123127  
**Board Certified Specialty:** No  
**GENESIS HEALTHCARE PARTNERS PC**  
**700 GARDEN VIEW CT STE 102 ENCINITAS, CA 92024-2478**  
**Phone:** (760) 783-0441  
**Fax:**  
**After Hours Phone:** (760) 783-0441  
**Provider Gender:** Male  
**License number:** A102749  
**NPI:** 1306968417  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Korean, Russian, Spanish, Tagalog  
**Cultural Competency:** No  
**Hospital Affiliation:** University Of California Irvine Med Ctr, Scripps Memorial Hospital Encinitas  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** W  
**Hours:** M-F 8AM-5PM, SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800) 926-8273  
**Provider Gender:** Male  
**License number:** A102482  
**NPI:** 1144486929  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** University Of California Irvine Med Ctr, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, Providence St Joseph Hospital, Providence St Jude Medical Center, Orange Coast Mem Med Ctr, Fountain Valley Regional Hosp And Med Ctr, Corona Regional Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

**Phone:** (760) 944-0223  
**Fax:**  
**After Hours Phone:** (760) 944-0223  
**Provider Gender:** Male  
**License number:** G84752  
**NPI:** 1093740110  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

### **BESSUDO, ALBERTO**

**Provider ID:** 278508  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**326 SANTA FE DR STE 105 ENCINITAS, CA 92024-5157**  
**Phone:** (760) 452-3340  
**Fax:** (760) 452-3344  
**After Hours Phone:** (760) 452-3340  
**Provider Gender:** Male  
**License number:** A50309  
**NPI:** 1003888074  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Hebrew, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Pomerado Hospital, Palomar Medical

### **GYNECOLOGIC ONCOLOGY**

#### **ESKANDER, RAMEZ N**

**Provider ID:** 282164  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**1200 GARDEN VIEW RD STE 200**  
**ENCINITAS, CA 92024-2475**

### **HEMATOLOGY / ONCOLOGY**

#### **BALL, EDWARD D**

**Provider ID:** 83201  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**1200 GARDEN VIEW RD STE 200**  
**ENCINITAS, CA 92024-2475**

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## D. Specialist Provider Directory

Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **BESSUDO, ALBERTO**

*Provider ID:* 278509  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 326 SANTA FE DR STE 105  
 ENCINITAS, CA 92024-5157  
*Phone:* (760) 452-3340  
*Fax:* (760) 452-3344  
*After Hours Phone:* (760)  
 452-3340  
*Provider Gender:* Male  
*License number:* A50309  
*NPI:* 1003888074  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas, Temecula  
 Valley Hospital Inc, Pomerado  
 Hospital, Palomar Medical  
 Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/120  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **FLORES, EDNA I , MD**

*Provider ID:* 256367  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 D200  
 ENCINITAS, CA 92024-1375  
*Phone:* (760) 452-3440  
*Fax:*  
*After Hours Phone:* (760)  
 452-3440  
*Provider Gender:* Female  
*License number:* A114373  
*NPI:* 1396994604  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Pioneers  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **FRAKES, LAURIE A**

*Provider ID:* 54038  
*Board Certified Specialty:* No  
 CA CANCER ASSOC FOR RES

& EXCEL-ENCINITA  
 477 N EL CAMINO REAL STE  
 D200  
 ENCINITAS, CA 92024-1375  
*Phone:* (760) 452-3340  
*Fax:* (760) 452-3344  
*After Hours Phone:* (760)  
 452-3340  
*Provider Gender:* Female  
*License number:* A52663  
*NPI:* 1174595144  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital, Scripps Memorial  
 Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/120  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **SIDDIQUI, FAREEHA H**

*Provider ID:* 282174  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 200  
 ENCINITAS, CA 92024-2475  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A108879

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## D. Specialist Provider Directory

NPI: 1104848720  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### SUBRAMANIAN, RUPA

Provider ID: 282180  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE 200  
 ENCINITAS, CA 92024-2475  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A67026  
 NPI: 1376547174  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Tamil  
 Cultural Competency: No  
 Hospital Affiliation: Corona Regional Med Ctr, Tri City Medical Ctr, Ucsd Medical Ctr, Scripps Memorial Hospital Encinitas, Fountain Valley Regional Hosp And Med Ctr,

University Of California Irvine Med Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### SULLIVAN, JESSICA E , MD

Provider ID: 243484  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE D200  
 ENCINITAS, CA 92024-1375  
 Phone: (760) 452-3340  
 Fax: (760) 452-3344  
 After Hours Phone: (760) 452-3340  
 Provider Gender: Female  
 License number: 20A16273  
 NPI: 1942407150  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA: Community Care Ipa Llc

## HOSPICE AND PALLIATIVE MEDICINE

### PASHA, SABIHA

Provider ID: 287252  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 326 SANTA FE DR STE 105  
 ENCINITAS, CA 92024-5157  
 Phone: (760) 452-3340  
 Fax: (760) 452-3344  
 After Hours Phone: (760) 452-3340  
 Provider Gender: Female  
 License number: C50413  
 NPI: 1871529461  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: German, Spanish, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center, Mercy Medical Center Redding, Pomerado Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility: Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### RUBENSIK, TAMARA T

Provider ID: 245575  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE 100  
 ENCINITAS, CA 92024-2475

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## D. Specialist Provider Directory

*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A119245  
*NPI:* 1811200652  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RUBENSIK, TAMARA T**

*Provider ID:* 282127  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE 200  
 ENCINITAS, CA 92024-2475  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A119245  
*NPI:* 1811200652  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **INTERNAL MEDICINE**

### **LAJOIE, ADRIANNE M**

*Provider ID:* 65629  
*Board Certified Specialty:* No  
 GENESIS HEALTHCARE PARTNERS PC  
 700 GARDEN VIEW CT STE 102  
 ENCINITAS, CA 92024-2478  
*Phone:* (760) 783-0441  
*Fax:*  
*After Hours Phone:* (760) 783-0441  
*Provider Gender:* Female  
*License number:* A84301  
*NPI:* 1225253651  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **LAJOIE, ADRIANNE M**

*Provider ID:* 65629  
*Board Certified Specialty:* No  
 COASTAL GASTROENTEROLOGY A PROF CORP  
 700 GARDEN VIEW CT STE 102  
 ENCINITAS, CA 92024-2478  
*Phone:* (760) 783-0441  
*Fax:*  
*After Hours Phone:* (760) 783-0441  
*Provider Gender:* Female  
*License number:* A84301  
*NPI:* 1225253651  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MCCLAY, EDWARD F , MD**

*Provider ID:* 243933  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE D200  
 ENCINITAS, CA 92024-1375  
*Phone:* (760) 452-3340  
*Fax:* (760) 452-3344  
*After Hours Phone:* (760) 452-3340  
*Provider Gender:* Male  
*License number:* G64594

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1497727465  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas, Palomar  
 Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### MULRONEY, CAROLYN M

Provider ID: 84293  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE  
 200  
 ENCINITAS, CA 92024-2475  
 Phone: (760) 536-7700  
 Fax:  
 After Hours Phone: (760)  
 536-7700  
 Provider Gender: Female  
 License number: A48368  
 NPI: 1215124664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### RAISINGHANI, AJIT B

Provider ID: 64681  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 477 N EL CAMINO REAL # B300  
 ENCINITAS, CA 92024-1328  
 Phone: (760) 634-8273  
 Fax:  
 After Hours Phone: (760)  
 634-8273  
 Provider Gender: Male  
 License number: G75914  
 NPI: 1831292796  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### TOROSIAN, KARO

Provider ID: 272858  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 320 SANTA FE DR STE 212  
 ENCINITAS, CA 92024-5139

Phone: (858) 558-8150  
 Fax: (858) 346-1024  
 After Hours Phone: (858)  
 558-8150  
 Provider Gender: Male  
 License number: 20A12445  
 NPI: 1275822082  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Armenian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

## MATERNAL AND FETAL MEDICINE

### ADAMCZAK, JOANNA E

Provider ID: 258902  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL # 302  
 ENCINITAS, CA 92024-1328  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Female  
 License number: A116982  
 NPI: 1447428420

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Tri City  
 Medical Ctr, Sharp Mary Birch  
 Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **ADAMI, REBECCA R**

*Provider ID:* 277180  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858)  
 966-6710  
*Provider Gender:* Female  
*License number:* A149389  
*NPI:* 1992149447  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*

No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **BALLAS, JERASIMOS**

*Provider ID:* 209562  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024-2481  
*Phone:* (858) 657-7200  
*Fax:*  
*After Hours Phone:* (858)  
 657-7200  
*Provider Gender:* Male  
*License number:* A112607  
*NPI:* 1871767384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CASELE, HOLLY L**

*Provider ID:* 258871  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK

477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858)  
 966-6710  
*Provider Gender:* Female  
*License number:* G87630  
*NPI:* 1255348744  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Grossmont  
 Hospital, Tri City Medical Ctr,  
 Sharp Mary Birch Hosp For  
 Women And Newborns, Scripps  
 Memorial Hospital Encinitas,  
 Rady Childrens Hospital San  
 Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **CATANZARITE, VALERIAN A**

*Provider ID:* 258849  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858)  
 966-6710

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* G46026  
*NPI:* 1174694939  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Grossmont Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HULL, ANDREW D**

*Provider ID:* 209483  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024-2481  
*Phone:* (858) 657-7200  
*Fax:*  
*After Hours Phone:* (858) 657-7200  
*Provider Gender:* Male  
*License number:* A53578  
*NPI:* 1902862121  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Palomar Health Downtown Campus, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Ucsd Medical Ctr, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KELLY, THOMAS F**

*Provider ID:* 210191  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024-2481  
*Phone:* (858) 657-7200  
*Fax:*  
*After Hours Phone:* (858) 657-7200  
*Provider Gender:* Male  
*License number:* G60630  
*NPI:* 1336203496  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Palomar Health Downtown Campus  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LAURENT, LOUISE C**

*Provider ID:* 208641  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024-2481  
*Phone:* (858) 657-7200  
*Fax:*  
*After Hours Phone:* (858) 657-7200  
*Provider Gender:* Female  
*License number:* A80409  
*NPI:* 1770532707  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **MCCULLOUGH, DEIRDRE M**

Provider ID: 277264  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
477 N EL CAMINO REAL STE D302

ENCINITAS, CA 92024-1374

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)

966-6710

Provider Gender: Female

License number: C159758

NPI: 1639153018

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp Mary

Birch Hosp For Women And

Newborns, Sharp Grossmont

Hospital, Sharp Memorial

Hospital, Rady Childrens

Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **MOORE, THOMAS R**

Provider ID: 208645

Board Certified Specialty: No

UCSD MEDICAL GROUP

781 GARDEN VIEW CT STE 200

ENCINITAS, CA 92024-2481

Phone: (858) 657-7200

Fax:

After Hours Phone: (858)

657-7200

Provider Gender: Male

License number: G49930

NPI: 1184682379

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Scripps Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **RICHARDSON, ALVIE C**

Provider ID: 277315

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

477 N EL CAMINO REAL STE

D302

ENCINITAS, CA 92024-1374

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)

966-6710

Provider Gender: Male

License number: C160063

NPI: 1154305977

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Rady

Childrens Hospital San Diego,

Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **SCHWENDEMANN, WADE D**

Provider ID: 205436

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

477 N EL CAMINO REAL

ENCINITAS, CA 92024-1328

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)

966-6710

Provider Gender: Male

License number: A109228

NPI: 1477563302

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Scripps Memorial Hospital,

Grossmont Hospital, Sharp

Memorial Hospital, Sharp Mary

Birch Hosp For Women And

Newborns, Tri City Medical Ctr,

Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **TARSA, MARYAM**

*Provider ID:* 209393  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
781 GARDEN VIEW CT STE 200  
ENCINITAS, CA 92024-2481  
*Phone:* (858) 657-7200

*Fax:*  
*After Hours Phone:* (858) 657-7200

*Provider Gender:* Female  
*License number:* A69894  
*NPI:* 1295768638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
IPA: Ucsd Medical Group

### **THOMAS, STEVEN J**

*Provider ID:* 209480  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

781 GARDEN VIEW CT STE 200  
ENCINITAS, CA 92024-2481  
*Phone:* (858) 657-7200  
*Fax:*

*After Hours Phone:* (858) 657-7200  
*Provider Gender:* Male  
*License number:* A40379  
*NPI:* 1639242589

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Ucsd Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Palomar Medical Center, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
IPA: Ucsd Medical Group

### **TITH, TEVY**

*Provider ID:* 277328  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024-1374  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710

*Provider Gender:* Female  
*License number:* A103521  
*NPI:* 1588816086  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **WESTERMANN, MELISSA L**

*Provider ID:* 277354  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024-1374  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A130149  
*NPI:* 1760730758  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WILLIAMS, KRISTIN M**

*Provider ID:* 277386  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A72985  
*NPI:* 1992847131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And

Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WOELKERS, DOUGLAS A**

*Provider ID:* 209384  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024-2481  
*Phone:* (858) 657-7200  
*Fax:*  
*After Hours Phone:* (858) 657-7200  
*Provider Gender:* Male  
*License number:* G77134  
*NPI:* 1013965748  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Palomar Health Downtown Campus, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **WOLF, RICHARD B**

*Provider ID:* 209254  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024-2481  
*Phone:* (858) 657-7200  
*Fax:*  
*After Hours Phone:* (858) 657-7200  
*Provider Gender:* Male  
*License number:* 20A6028  
*NPI:* 1497713846  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

## **NEPHROLOGY**

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## D. Specialist Provider Directory

### **BOISKIN, MARK M**

*Provider ID:* 113514

*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024-5139

*Phone:* (760) 509-1040

*Fax:* (760) 967-6769

*After Hours Phone:* (760)  
509-1040

*Provider Gender:* Male

*License number:* A52055

*NPI:* 1437154143

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Afrikaans, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital, Sharp  
Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **BOISKIN, MARK M**

*Provider ID:* 113514

*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024-5139

*Phone:* (760) 509-1040

*Fax:*

*After Hours Phone:* (760)  
509-1040

*Provider Gender:* Male

*License number:* A52055

*NPI:* 1437154143

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Afrikaans, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital, Sharp  
Memorial Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:* www.balboacare.com

*Email:*

*Medical Group(s):*

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **BOISKIN, MARK M , MD**

*Provider ID:* 273106

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
320 SANTA FE DR STE 212  
ENCINITAS, CA 92024-5139

*Phone:* (760) 509-1040

*Fax:* (760) 967-6769

*After Hours Phone:* (760)  
509-1040

*Provider Gender:* Male

*License number:* A52055

*NPI:* 1437154143

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Afrikaans, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital, Sharp  
Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **LAKHERA, YOGITA**

*Provider ID:* 109347

*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024-5139

*Phone:* (858) 509-1040

*Fax:*

*After Hours Phone:* (858)  
509-1040

*Provider Gender:* Female

*License number:* A125173

*NPI:* 1083972483

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Hindi

*Cultural Competency:* No

*Hospital Affiliation:* Scripps  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

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## D. Specialist Provider Directory

9AM-5PM

Website: www.balboacare.com

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### LAKHERA, YOGITA

Provider ID: 262129

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024-5139

Phone: (760) 509-1040

Fax: (858) 346-1024

After Hours Phone: (760)

509-1040

Provider Gender: Female

License number: A125173

NPI: 1083972483

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi

Cultural Competency: No

Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### STEER, DYLAN L , MD

Provider ID: 272853

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

320 SANTA FE DR STE 212

ENCINITAS, CA 92024-5139

Phone: (760) 509-1040

Fax: (760) 967-6769

After Hours Phone: (760)

509-1040

Provider Gender: Male

License number: A65604

NPI: 1437154978

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Sharp

Memorial Hospital, Scripps

Memorial Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Blue Shield Promise Health  
Plan Direct, Community Care Ipa  
Llc, Imperial Health Holdings  
Medical Group-Sd

### NEUROLOGY CHILD

### KIM MCMANUS, OLIVIA S

Provider ID: 206258

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL STE  
D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)

944-5545

Provider Gender: Female

License number: A120194

NPI: 1174870067

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: University Of  
California Irvine Med Ctr,  
Childrens Hospital Of Orange  
County, Rady Childrens Hospital  
San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### SAHAGIAN, MICHELLE L

Provider ID: 206073

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL STE  
D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)

944-5545

Provider Gender: Female

License number: A80990

NPI: 1275604035

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### NEUROLOGY

**BUI, JONATHAN D**  
*Provider ID:* 269966  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL # 302  
ENCINITAS, CA 92024-1328  
*Phone:* (760) 944-6377  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
944-6377  
*Provider Gender:* Male  
*License number:* A96574  
*NPI:* 1730247974  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/25  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network  
**JINDAL, ANUJA V**  
*Provider ID:* 206264  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL # 302  
ENCINITAS, CA 92024-1328  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
944-5545

*Provider Gender:* Female  
*License number:* A149444  
*NPI:* 1194046581  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**SAHAGIAN, MICHELLE L**  
*Provider ID:* 52601  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374

*Phone:* (760) 944-5545  
*Fax:*  
*After Hours Phone:* (760)  
944-5545  
*Provider Gender:* Female  
*License number:* A80990  
*NPI:* 1275604035  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**TROXELL, REGINA M**  
*Provider ID:* 265112  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL # 302  
ENCINITAS, CA 92024-1328  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
944-5545  
*Provider Gender:* Female  
*License number:* A157940  
*NPI:* 1013350586  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **TROXELL, REGINA M**

*Provider ID:* 283168  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Female  
*License number:* A157940  
*NPI:* 1013350586  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **OBSTETRICS / GYNECOLOGY**

### **BINDER, PRATIBHA S**

*Provider ID:* 282167  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE 200  
 ENCINITAS, CA 92024-2475  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A149945  
*NPI:* 1174758031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LAMALE-SMITH, LEAH M**

*Provider ID:* 208682  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024-2481  
*Phone:* (858) 657-7200  
*Fax:*  
*After Hours Phone:* (858) 657-7200  
*Provider Gender:* Female  
*License number:* A135831  
*NPI:* 1396904876  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RIES, MAUREEN C**

*Provider ID:* 125253  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE 100  
 ENCINITAS, CA 92024-2475  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A127234  
*NPI:* 1750544516  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Indonesian, Spanish, Swahili  
*Cultural Competency:* No  
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

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## D. Specialist Provider Directory

Website:

Email:

Medical Group(s):

IPA:

### **SCHWENDEMANN, WADE D**

Provider ID: 52500

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

477 N EL CAMINO REAL STE

D302

ENCINITAS, CA 92024-1374

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)

966-6710

Provider Gender: Male

License number: A109228

NPI: 1477563302

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Scripps Memorial Hospital,

Grossmont Hospital, Sharp

Memorial Hospital, Sharp Mary

Birch Hosp For Women And

Newborns, Tri City Medical Ctr,

Sharp Grossmont Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **SHAH, NEMI M**

Provider ID: 272578

Board Certified Specialty: No

UCSD MEDICAL GROUP

1200 GARDEN VIEW RD STE

100

ENCINITAS, CA 92024-2475

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A168801

NPI: 1558715268

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **ONCOLOGY MEDICAL**

### **FRAKES, LAURIE A , MD**

Provider ID: 269133

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

477 N EL CAMINO REAL STE

C204

ENCINITAS, CA 92024-1332

Phone: (760) 452-3340

Fax: (760) 452-3344

After Hours Phone: (760)

452-3340

Provider Gender: Female

License number: A52663

NPI: 1174595144

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Scripps Memorial

Hospital, Scripps Memorial

Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### **OPHTHALMOLOGY**

### **ABBOUD, JEAN-PAUL J**

Provider ID: 214189

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

477 N EL CAMINO REAL STE

D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)

944-5545

Provider Gender: Male

License number: A124825

NPI: 1760776728

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, French, Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego, Tri

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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City Medical Ctr, Scripps  
Memorial Hospital, Scripps  
Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **ADAMS, MONA N**

*Provider ID:* 260961  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL # 302  
ENCINITAS, CA 92024-1328  
*Phone:* (760) 944-5545  
*Fax:*  
*After Hours Phone:* (760)  
944-5545  
*Provider Gender:* Female  
*License number:* OPT14457  
*NPI:* 1942564521  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **BANSAL, PREETI**

*Provider ID:* 205617  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
944-5545  
*Provider Gender:* Female  
*License number:* A90890  
*NPI:* 1871664631  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Grossmont Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital, Tri City  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **BANSAL, PREETI**

*Provider ID:* 52611  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN

477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (858) 966-7403  
*After Hours Phone:* (760)  
944-5545  
*Provider Gender:* Female  
*License number:* A90890  
*NPI:* 1871664631  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Grossmont Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital, Tri City  
Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **BHATIA, SHAGUN K**

*Provider ID:* 267315  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
944-5545

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## D. Specialist Provider Directory

*Provider Gender:* Female  
*License number:* A154902  
*NPI:* 1104237353  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### LEE, JASON

*Provider ID:* 262162  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
 944-5545  
*Provider Gender:* Male  
*License number:* OPT14881  
*NPI:* 1679985584  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens  
 Hosp Of Los Angeles, Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99

*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### MCGRAW, JOSEPH P , MD

*Provider ID:* 269706  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
*Phone:* (760) 943-7141  
*Fax:* (760) 943-0371  
*After Hours Phone:* (760)  
 943-7141  
*Provider Gender:* Male  
*License number:* A155228  
*NPI:* 1588624852  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### MOLL, ANGELA M

*Provider ID:* 205507  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK

477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
 944-5545  
*Provider Gender:* Female  
*License number:* A105472  
*NPI:* 1861648602  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Grossmont Hospital, Sharp  
 Memorial Hospital, Childrens  
 Hosp And Resrch Ctr At  
 Oakland, Scripps Mercy Hospital,  
 Scripps Mercy Hospital Chula  
 Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### MOLL, ANGELA M

*Provider ID:* 52618  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Female  
*License number:* A105472  
*NPI:* 1861648602  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MOVAGHAR, MANSOOR**

*Provider ID:* 216413  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:*  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Male  
*License number:* A100897  
*NPI:* 1497792220

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **OHALLORAN, HENRY S**

*Provider ID:* 205886  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Male  
*License number:* A73282  
*NPI:* 1235287947  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **OHALLORAN, HENRY S**

*Provider ID:* 52621  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Male  
*License number:* A73282  
*NPI:* 1235287947  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PANSARA, MEGHA L**

*Provider ID:* 286600  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### NETWORK

477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760) 944-5545  
Provider Gender: Female  
License number: A143429  
NPI: 1184983728  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Gujarati, Spanish  
Cultural Competency: No  
Hospital Affiliation: Palomar Medical Center, Pomerado Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### SCHER, COLIN A

Provider ID: 206326  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760) 944-5545  
Provider Gender: Male  
License number: A42700  
NPI: 1396816153

Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Palomar Medical Center, Grossmont Hospital, Tri City Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### SCHER, COLIN A

Provider ID: 52624  
Board Certified Specialty: No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760) 944-5545  
Provider Gender: Male  
License number: A42700  
NPI: 1396816153  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Palomar Medical Center, Grossmont Hospital, Tri City

Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### SCOTTI, FRANK A , MD

Provider ID: 255689  
Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024-5139  
Phone: (760) 943-7141  
Fax: (844) 897-3788  
After Hours Phone: (760) 943-7141  
Provider Gender: Male  
License number: G40698  
NPI: 1801824313  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish, Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### OTOLARYNGOLOGY /

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

| <b>OTOLOGY / LARYNGOLOGY /<br/>RHINOLOGY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ENCINITAS, CA 92024-1374<br>Phone: (760) 944-5545<br>Fax:                                                                                                                                                                                                                                                                                                                                                                                                                                    | Min/Max Age: 0/18<br>American Sign Language (ASL):<br>No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BLISS, MORGAN R</b><br>Provider ID: 206085<br>Board Certified Specialty: No<br>RADY CHILDRENS HEALTH NETWORK<br>477 N EL CAMINO REAL # 302<br>ENCINITAS, CA 92024-1328<br>Phone: (760) 944-5545<br>Fax: (760) 944-3927<br>After Hours Phone: (760) 944-5545<br>Provider Gender: Female<br>License number: A134647<br>NPI: 1760707657<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation: Rady<br>Childrens Hospital San Diego<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/18<br>American Sign Language (ASL):<br>No<br>Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Rady Childrens Health<br>Network | After Hours Phone: (760)<br>944-5545<br>Provider Gender: Female<br>License number: A134647<br>NPI: 1760707657<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation: Rady<br>Childrens Hospital San Diego<br>Medi-Cal Open Panel: No<br>Min/Max Age: None<br>American Sign Language (ASL):<br>No<br>Accessibility: W<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Rady Childrens Health<br>Network | Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Rady Childrens Health<br>Network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>OTOLARYNGOLOGY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>FRIESEN, TZYYNONG L</b><br>Provider ID: 244900<br>Board Certified Specialty: No<br>RADY CHILDRENS HEALTH NETWORK<br>477 N EL CAMINO REAL STE<br>D302<br>ENCINITAS, CA 92024-1374<br>Phone: (760) 944-5545<br>Fax:<br>After Hours Phone: (760)<br>944-5545<br>Provider Gender: Female<br>License number: A152327<br>NPI: 1952740177<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation:<br>Medi-Cal Open Panel: Yes        | <b>LEUIN, SHELBY C</b><br>Provider ID: 206112<br>Board Certified Specialty: No<br>RADY CHILDRENS HEALTH NETWORK<br>477 N EL CAMINO REAL STE<br>D302<br>ENCINITAS, CA 92024-1374<br>Phone: (760) 944-5545<br>Fax: (760) 944-3927<br>After Hours Phone: (760)<br>944-5545<br>Provider Gender: Female<br>License number: A112930<br>NPI: 1124230909<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation: Rady<br>Childrens Hospital San Diego,<br>Childrens Hosp And Resrch Ctr<br>At Oakland<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/18<br>American Sign Language (ASL):<br>No<br>Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Rady Childrens Health<br>Network |
| <b>BLISS, MORGAN R</b><br>Provider ID: 112859<br>Board Certified Specialty: No<br>RADY CHILDRENS SPECIALISTS SAN DIEGO MED<br>FNDTN<br>477 N EL CAMINO REAL STE<br>D302                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### LEUIN, SHELBY C

Provider ID: 52722

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FN D TN

477 N EL CAMINO REAL STE  
D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)  
944-5545

Provider Gender: Female

License number: A112930

NPI: 1124230909

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### NATION, JAVAN J

Provider ID: 83129

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FN D TN

477 N EL CAMINO REAL STE  
D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)  
944-5545

Provider Gender: Male

License number: A125279

NPI: 1043478902

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### PEDIATRIC ALLERGY / IMMUNOLOGY

### GREINER, ALEXANDER N

Provider ID: 205696

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL STE  
D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-6377

Fax: (760) 944-3927

After Hours Phone: (760)  
944-6377

Provider Gender: Male

License number: A77327

NPI: 1609801299

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, German, Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### HOFFMAN, HAROLD M

Provider ID: 206003

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL STE  
D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)  
944-5545

Provider Gender: Male

License number: A53101

NPI: 1326074261

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Rady Childrens Hospital San  
Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **LAUBACH, SUSAN S**

Provider ID: 205801  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (858) 966-6377  
Fax: (760) 944-3927  
After Hours Phone: (858)  
966-6377  
Provider Gender: Female  
License number: A114061  
NPI: 1366656209  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital,  
Childrens Hosp And Resrch Ctr  
At Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **PEDIATRIC CARDIOLOGY**

### **FAGAN, BRIAN T**

Provider ID: 205344

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545  
Provider Gender: Male  
License number: A82153  
NPI: 1740308550  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: San Gabriel  
Valley Med Ctr, California Hosp  
Med Ctr Los Angeles, Emanate  
Health Inter-Community Hospital,  
Rady Childrens Hospital San  
Diego, Huntington Memorial  
Hospital, Emanate Health Queen  
Of The Valley Hospital, Childrens  
Hosp And Resrch Ctr At  
Oakland, Childrens Hosp Of Los  
Angeles  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **HALEY, JESSICA E**

Provider ID: 205688  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545  
Provider Gender: Female  
License number: A125568  
NPI: 1023329885  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **HEGDE, SANJEET R**

Provider ID: 206077  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760)  
944-5545  
Provider Gender: Male  
License number: A112326  
NPI: 1306036884  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **SILVA SEPULVEDA, JOSE A**

*Provider ID:* 206299  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
 944-5545  
*Provider Gender:* Male  
*License number:* A120119  
*NPI:* 1417222472  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PEDIATRIC DERMATOLOGY**

#### **DOHIL, MAGDALENE A**

*Provider ID:* 205417  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
 944-5545  
*Provider Gender:* Female  
*License number:* A86265  
*NPI:* 1528139383  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Sharp  
 Memorial Hospital, Sharp Mary  
 Birch Hosp For Women And  
 Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PEDIATRIC ENDOCRINOLOGY**

#### **DEMETERCO BERGGREN, CARLA**

*Provider ID:* 206160

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
 944-5545  
*Provider Gender:* Female  
*License number:* A98629  
*NPI:* 1619130655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

#### **GOTTSCHALK, MICHAEL E**

*Provider ID:* 205776  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
 944-5545  
*Provider Gender:* Male  
*License number:* G55424  
*NPI:* 1033280888

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No

*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### NEWFIELD, RON S

*Provider ID:* 205371  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
 944-5545  
*Provider Gender:* Male  
*License number:* A73875  
*NPI:* 1679644421  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PEDIATRIC GASTROENTEROLOGY**

### NEWTON, KIMBERLY P

*Provider ID:* 205360  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
 944-5545  
*Provider Gender:* Female  
*License number:* A101980  
*NPI:* 1912071655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Naval Medical  
 Ctr Sd Rbe  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network  
**NEWTON, KIMBERLY P**  
*Provider ID:* 52263

*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
 944-5545  
*Provider Gender:* Female  
*License number:* A101980  
*NPI:* 1912071655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Naval Medical  
 Ctr Sd Rbe  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PEDIATRIC ORTHOPEDICS**

### WALLACE, CHARLES D

*Provider ID:* 205660  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (858) 966-6789

Fax: (760) 944-3927

After Hours Phone: (858)  
966-6789

Provider Gender: Male

License number: G67953

NPI: 1144229600

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Parkview Community Hospital  
Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **PEDIATRIC PULMONOLOGY**

#### **CERNELC KOHAN, MATEJKA**

Provider ID: 243043

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL STE  
D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)  
944-5545

Provider Gender: Female

License number: A116947

NPI: 1871752451

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Childrens

Hosp And Resrch Ctr At  
Oakland, Rady Childrens

Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **PEDIATRIC RHEUMATOLOGY**

#### **CHANG, JOHANNA C**

Provider ID: 246395

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

477 N EL CAMINO REAL STE  
D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-5545

Fax:

After Hours Phone: (760)  
944-5545

Provider Gender: Female

License number: A98479

NPI: 1821242199

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **PEDIATRICS**

#### **BAI-TONG, SHIYU S**

Provider ID: 283286

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

354 SANTA FE DR

ENCINITAS, CA 92024-5142

Phone: (760) 633-6120

Fax:

After Hours Phone: (760)  
633-6120

Provider Gender: Female

License number: A155419

NPI: 1528454188

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

#### **GOTTSCHALK, MICHAEL E**

Provider ID: 52048

Board Certified Specialty: No  
RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760) 944-5545  
Provider Gender: Male  
License number: G55424  
NPI: 1033280888  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### WELCH, MICHAEL J

Provider ID: 54278  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
Phone: (760) 944-5545  
Fax:  
After Hours Phone: (760)  
944-5545  
Provider Gender: Male  
License number: G34844  
NPI: 1699794222  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### PHYSICAL MEDICINE / REHABILITATION

### BELNAP, BRIAN D

Provider ID: 92105  
Board Certified Specialty: No  
WEST COAST PAIN  
SPECIALISTS  
4405 MANCHESTER AVE STE  
101  
ENCINITAS, CA 92024-4940  
Phone: (760) 650-4040  
Fax:  
After Hours Phone: (760)  
650-4040  
Provider Gender: Male  
License number: 20A10439  
NPI: 1457360448  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital Encinitas  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M 8:30AM-5PM, TU-TH

8AM-5PM, F 8AM-12PM, SA  
9AM-5PM  
Website: www.wcpaindoc.com  
Email:  
Medical Group(s):  
IPA:

### LEE, HAEWON

Provider ID: 256227  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
477 N EL CAMINO REAL STE  
C100  
ENCINITAS, CA 92024-1332  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A161567  
NPI: 1447661657  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Korean  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### PHYSICIANS ASSISTANT

### ASARO, AMANDA M

Provider ID: 260262  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### NETWORK

477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024-1374  
Phone: (858) 966-6789  
Fax: (760) 944-3927  
After Hours Phone: (858) 966-6789  
Provider Gender: Female  
License number: PA18493  
NPI: 1306961313  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### CLARK, YVONNE L

Provider ID: 260063  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL # 302  
ENCINITAS, CA 92024-1328  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760) 944-5545  
Provider Gender: Female  
License number: PA20447  
NPI: 1629302476  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### DICKINSON, ALLISON J

Provider ID: 260626  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024-1374  
Phone: (858) 966-6377  
Fax: (760) 944-3927  
After Hours Phone: (858) 966-6377  
Provider Gender: Female  
License number: PA17163  
NPI: 1972655389  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### DOMINGUEZ, KATHLEEN H

Provider ID: 270355  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE B105  
ENCINITAS, CA 92024-1330  
Phone: (760) 753-7143  
Fax: (760) 753-2155  
After Hours Phone: (760) 753-7143  
Provider Gender: Female  
License number: PA17714  
NPI: 1689784530  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### DOUGHERTY, CLARA, NPA

Provider ID: 269171  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
320 SANTA FE DR STE 108  
ENCINITAS, CA 92024-5141  
Phone: (760) 436-4558  
Fax:  
After Hours Phone: (760) 436-4558  
Provider Gender: Female  
License number: PA17439  
NPI: 1609987619

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DOUGHERTY, CLARA**

*Provider ID:* 56020  
*Board Certified Specialty:* No  
GENESIS HEALTHCARE PARTNERS PC  
320 SANTA FE DR STE 108  
ENCINITAS, CA 92024-5141  
*Phone:* (760) 436-4558  
*Fax:*  
*After Hours Phone:* (760) 436-4558  
*Provider Gender:* Female  
*License number:* PA17439  
*NPI:* 1609987619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **FLOCO, VIRGINIA A**

*Provider ID:* 260683  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
477 N EL CAMINO REAL # 302  
ENCINITAS, CA 92024-1328  
*Phone:* (760) 944-5545  
*Fax:*  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Female  
*License number:* PA20788  
*NPI:* 1982798112  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HIGGINS, JOSHUA B**

*Provider ID:* 287134  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
1505 ENCINITAS BLVD  
ENCINITAS, CA 92024-2933  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* PA20471  
*NPI:* 1861624181

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LAZAR, ANITA A**

*Provider ID:* 262301  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Female  
*License number:* PA55984  
*NPI:* 1609208198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

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*Medical Group(s):*  
*IPA: Rady Childrens Health Network*

**MCCAULEY, KRISTINA R**

*Provider ID: 262243*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
*477 N EL CAMINO REAL # 302 ENCINITAS, CA 92024-1328*  
*Phone: (760) 944-5545*  
*Fax: (760) 944-3927*  
*After Hours Phone: (760) 944-5545*  
*Provider Gender: Female*  
*License number: PA52100*  
*NPI: 1063819944*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: No*  
*Hospital Affiliation: Rady Childrens Hospital San Diego*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: 0/99*  
*American Sign Language (ASL): No*  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Rady Childrens Health Network*

**MUNCH, LINH D**

*Provider ID: 260089*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
*477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024-1374*

*Phone: (858) 966-6377*  
*Fax: (760) 944-3927*  
*After Hours Phone: (858) 966-6377*  
*Provider Gender: Female*  
*License number: PA14223*  
*NPI: 1679792725*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: No*  
*Hospital Affiliation: Rady Childrens Hospital San Diego*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: 0/18*  
*American Sign Language (ASL): No*  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Rady Childrens Health Network*

**NGUYEN, CECILIA**

*Provider ID: 289155*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
*477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024-1374*  
*Phone: (760) 944-5545*  
*Fax: (760) 944-3927*  
*After Hours Phone: (760) 944-5545*  
*Provider Gender: Female*  
*License number: PA57419*  
*NPI: 1629636816*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: No*  
*Hospital Affiliation: Rady Childrens Hospital San Diego*  
*Medi-Cal Open Panel: No*

*Min/Max Age: 0/18*  
*American Sign Language (ASL): No*  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Rady Childrens Health Network*

**PAIK, CHRISTINA N**

*Provider ID: 262431*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
*477 N EL CAMINO REAL # D392 ENCINITAS, CA 92024-1328*  
*Phone: (858) 966-6789*  
*Fax: (760) 944-3927*  
*After Hours Phone: (858) 966-6789*  
*Provider Gender: Female*  
*License number: PA21680*  
*NPI: 1174811475*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: No*  
*Hospital Affiliation: Rady Childrens Hospital San Diego*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: 0/18*  
*American Sign Language (ASL): No*  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Rady Childrens Health Network*

**SANCHEZ, RAQUEL**

*Provider ID: 262630*  
*Board Certified Specialty: No*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

**RADY CHILDRENS HEALTH NETWORK**  
477 N EL CAMINO REAL STE D302

ENCINITAS, CA 92024-1374

Phone: (858) 966-6377

Fax: (760) 944-3927

After Hours Phone: (858)

966-6377

Provider Gender: Female

License number: PA14357

NPI: 1356560650

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **SUTTON, BRIAN C**

Provider ID: 272241

Board Certified Specialty: No

UCSD MEDICAL GROUP

1200 GARDEN VIEW RD STE

200

ENCINITAS, CA 92024-2475

Phone: (760) 598-1776

Fax: (760) 598-5744

After Hours Phone: (760)

598-1776

Provider Gender: Male

License number: PA18573

NPI: 1629174727

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **VANETSKY, GARY E**

Provider ID: 108458

Board Certified Specialty: Yes

WEST DERMATOLOGY AND

SURG MED GRP

477 N EL CAMINO REAL STE

D308

ENCINITAS, CA 92024-1370

Phone: (760) 436-2300

Fax:

After Hours Phone: (760)

436-2300

Provider Gender: Male

License number: PA15456

NPI: 1417034489

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **VANETSKY, GARY E , NPA**

Provider ID: 269152

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

477 N EL CAMINO REAL STE

D308

ENCINITAS, CA 92024-1370

Phone: (760) 436-2300

Fax: (760) 436-5482

After Hours Phone: (760)

436-2300

Provider Gender: Male

License number: PA15456

NPI: 1417034489

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **VILLAPANDO, NORMA O**

Provider ID: 264058

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

477 N EL CAMINO REAL STE

D302

ENCINITAS, CA 92024-1374

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)

944-5545

Provider Gender: Female

License number: PA56098

NPI: 1376947960

Provider English Spoken: Yes

Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### PODIATRIST

#### DUSTIN, ADAM F

*Provider ID:* 275800

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

326 ENCINITAS BLVD STE 100

ENCINITAS, CA 92024-8703

*Phone:* (760) 436-5533

*Fax:* (760) 436-0611

*After Hours Phone:* (760)

436-5533

*Provider Gender:* Male

*License number:* DPM4254

*NPI:* 1043389026

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital Encinitas

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### RADIATION ONCOLOGY

#### MACEWAN, IAIN J

*Provider ID:* 205876

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

1200 GARDEN VIEW RD STE

210

ENCINITAS, CA 92024-2475

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A129079

*NPI:* 1326300401

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr, Ucsd La Jolla

John Sally Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,

Rady Childrens Health Network,

Ucsd Medical Group

#### RASH, DOMINIQUE L

*Provider ID:* 108346

*Board Certified Specialty:* No

UCSD RADIATION ONCOLOGY

1200 GARDEN VIEW RD STE

210

ENCINITAS, CA 92024-2475

*Phone:* (858) 246-0500

*Fax:*

*After Hours Phone:* (858)

246-0500

*Provider Gender:* Female

*License number:* A116999

*NPI:* 1699908640

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Methodist

Hosp Of Sacramento, Mercy

Hospital Of Folsom, Mercy

General Hospital, Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton, Scripps Green

Hospital, Tri City Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

#### ROSE, BRENT S

*Provider ID:* 113904

*Board Certified Specialty:* No

UCSD RADIATION ONCOLOGY

1200 GARDEN VIEW RD STE

210

ENCINITAS, CA 92024-2475

*Phone:* (858) 246-0500

*Fax:*

*After Hours Phone:* (858)

246-0500

*Provider Gender:* Male

*License number:* A142735

*NPI:* 1518250869

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### URBANIC, JAMES J

*Provider ID:* 87271

*Board Certified Specialty:* No  
UCSD RADIATION ONCOLOGY  
1200 GARDEN VIEW RD STE 210

ENCINITAS, CA 92024-2475

*Phone:* (858) 246-0500

*Fax:* (858) 246-0501

*After Hours Phone:* (858) 246-0500

*Provider Gender:* Male

*License number:* C131112

*NPI:* 1164607875

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **RADIOLOGY DIAGNOSTIC X-RAY**

### ALLEN, DERRICK R

*Provider ID:* 125985

*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC

477 N EL CAMINO REAL # 102

ENCINITAS, CA 92024-1328

*Phone:* (760) 452-7150

*Fax:* (760) 632-5389

*After Hours Phone:* (760) 452-7150

*Provider Gender:* Male

*License number:* A69840

*NPI:* 1215982970

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### ALLEN, DERRICK R , MD

*Provider ID:* 268358

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
477 N EL CAMINO REAL STE A102

ENCINITAS, CA 92024-1329

*Phone:* (760) 452-7150

*Fax:* (866) 558-4329

*After Hours Phone:* (760) 452-7150

*Provider Gender:* Male

*License number:* A69840

*NPI:* 1215982970

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### ANDERSON, GREGORY S

*Provider ID:* 125983

*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC

477 N EL CAMINO REAL # 102

ENCINITAS, CA 92024-1328

*Phone:* (760) 452-7150

*Fax:*

*After Hours Phone:* (760) 452-7150

*Provider Gender:* Male

*License number:* A90018

*NPI:* 1841467099

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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

### **BAKER, LORI L**

Provider ID: 125992  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760) 452-7150  
Provider Gender: Female  
License number: G62517  
NPI: 1063465219  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BORSO, MAYA G**

Provider ID: 126005

Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760) 452-7150  
Provider Gender: Female  
License number: A97134  
NPI: 1548473507  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BUCKLEY, DAVID W**

Provider ID: 243264  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
477 N EL CAMINO REAL STE A102  
ENCINITAS, CA 92024-1329  
Phone: (760) 452-7150  
Fax: (866) 558-4329  
After Hours Phone: (760) 452-7150  
Provider Gender: Male  
License number: G57383  
NPI: 1982657060  
Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **CHOU, ERIC T**

Provider ID: 126011  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760) 452-7150  
Provider Gender: Male  
License number: A96095  
NPI: 1689627838  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:

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## D. Specialist Provider Directory

*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **COOPER, JAMES A**

*Provider ID: 126040*  
*Board Certified Specialty: No*  
*IHS RADIOLOGY MEDICAL GROUP INC*  
*477 N EL CAMINO REAL # 102*  
*ENCINITAS, CA 92024-1328*  
*Phone: (760) 452-7150*  
*Fax: (760) 632-5389*  
*After Hours Phone: (760) 452-7150*  
*Provider Gender: Male*  
*License number: A62473*  
*NPI: 1497708622*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*  
*American Sign Language (ASL): No*  
*♿ Accessibility: W*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **DOEMENY, JOHN M**

*Provider ID: 126047*

*Board Certified Specialty: No*  
*IHS RADIOLOGY MEDICAL GROUP INC*  
*477 N EL CAMINO REAL # 102*  
*ENCINITAS, CA 92024-1328*  
*Phone: (760) 452-7150*  
*Fax: (760) 632-5389*  
*After Hours Phone: (760) 452-7150*  
*Provider Gender: Male*  
*License number: G50925*  
*NPI: 1841243912*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*  
*American Sign Language (ASL): No*  
*♿ Accessibility: W*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **FIROOZANIA, NILOFAR**

*Provider ID: 126169*  
*Board Certified Specialty: No*  
*IHS RADIOLOGY MEDICAL GROUP INC*  
*477 N EL CAMINO REAL # 102*  
*ENCINITAS, CA 92024-1328*  
*Phone: (760) 452-7150*  
*Fax:*  
*After Hours Phone: (760) 452-7150*  
*Provider Gender: Female*  
*License number: A109806*  
*NPI: 1962521419*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*

*Cultural Competency: No*  
*Hospital Affiliation: Redlands Community Hosp, Barstow Community Hospital, Kindred Hospital Riverside, Victor Valley Global Med Ctr, Alvarado Hospital Llc*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*  
*American Sign Language (ASL): No*  
*♿ Accessibility: W*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **FRANKE, MARK A**

*Provider ID: 126053*  
*Board Certified Specialty: No*  
*IHS RADIOLOGY MEDICAL GROUP INC*  
*477 N EL CAMINO REAL # 102*  
*ENCINITAS, CA 92024-1328*  
*Phone: (760) 452-7150*  
*Fax:*  
*After Hours Phone: (760) 452-7150*  
*Provider Gender: Male*  
*License number: A118792*  
*NPI: 1114246329*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*  
*American Sign Language (ASL): No*  
*♿ Accessibility: W*  
*Hours: M-SA 9AM-5PM*

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## D. Specialist Provider Directory

Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **HARMAN, SCOTT A**

Provider ID: 126066  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760) 452-7150  
Provider Gender: Male  
License number: G57284  
NPI: 1124071311  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado Hospital Llc  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **JOHNSON, JOHN O**

Provider ID: 126077  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328

Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760) 452-7150  
Provider Gender: Male  
License number: G59632  
NPI: 1073565792  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **LIZERBRAM, ERIC K**

Provider ID: 126091  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760) 452-7150  
Provider Gender: Male  
License number: G74959  
NPI: 1598718926  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: No

Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **LUBISICH, JOHN P**

Provider ID: 126097  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760) 452-7150  
Provider Gender: Male  
License number: G77575  
NPI: 1194863902  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **MOFFIT, BRIAN J**

Provider ID: 126118  
Board Certified Specialty: No

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## D. Specialist Provider Directory

IHS RADIOLOGY MEDICAL  
GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760)  
452-7150  
Provider Gender: Male  
License number: G51551  
NPI: 1508817305  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**OLOUGHLIN, BRIAN J**  
Provider ID: 126124  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax:  
After Hours Phone: (760)  
452-7150  
Provider Gender: Male  
License number: A120064  
NPI: 1972709087  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital Encinitas,  
Scripps Green Hospital, Santa  
Monica UCLA Med Ctr, Alvarado  
Hospital Llc  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**OSHAUGHNESSY, LOUISE S**  
Provider ID: 126130  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760)  
452-7150  
Provider Gender: Female  
License number: G48800  
NPI: 1285685925  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc, Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA:

**SCHECHTER, MARK S**  
Provider ID: 126136  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760)  
452-7150  
Provider Gender: Male  
License number: G42390  
NPI: 1942253018  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, El Centro Regional  
Medical Center, Selma  
Community Hospital, Adventist  
Med Ctr Reedley, Scripps Mercy  
Hospital Chula Vista, Adventist  
Medical Center  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**SCHWARTZBERG, ROSS E**  
Provider ID: 126143  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC

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## D. Specialist Provider Directory

477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760) 452-7150  
Provider Gender: Male  
License number: G72997  
NPI: 1215976766  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SNYDER, WILLIAM C**

Provider ID: 126150  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (866) 558-4329  
After Hours Phone: (760) 452-7150  
Provider Gender: Male  
License number: A65059  
NPI: 1477505162  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc  
Medi-Cal Open Panel: No

Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SPOTO, GARY P**

Provider ID: 126156  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760) 452-7150  
Provider Gender: Male  
License number: G58131  
NPI: 1659332062  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas,  
Scripps Green Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **TENA, ROWENA G**

Provider ID: 126162  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760) 452-7150  
Provider Gender: Female  
License number: A69607  
NPI: 1629029335  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista, Vibra Hospital Of  
San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **TOBIN, MICHAEL L**

Provider ID: 126215  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
477 N EL CAMINO REAL # 102  
ENCINITAS, CA 92024-1328  
Phone: (760) 452-7150  
Fax: (760) 632-5389  
After Hours Phone: (760) 452-7150  
Provider Gender: Male  
License number: A45908

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## D. Specialist Provider Directory

NPI: 1730132150

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Scripps Mercy Hospital  
Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### TSUKADA, GLENN H

Provider ID: 126200

Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC

477 N EL CAMINO REAL # 102

ENCINITAS, CA 92024-1328

Phone: (760) 452-7150

Fax: (760) 632-5389

After Hours Phone: (760)  
452-7150

Provider Gender: Male

License number: A60235

NPI: 1710938394

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Grossmont

Hospital, Scripps Mercy Hospital,

Ucsd Medical Ctr, Scripps Mercy

Hospital Chula Vista, Scripps

Memorial Hospital Encinitas,

Scripps Green Hospital, Alvarado

Hospital Llc, Pomerado Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### ZINK BRODY, GORDON C

Provider ID: 126193

Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC

477 N EL CAMINO REAL # 102

ENCINITAS, CA 92024-1328

Phone: (760) 452-7150

Fax: (760) 632-5389

After Hours Phone: (760)  
452-7150

Provider Gender: Male

License number: G68636

NPI: 1689610362

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Scripps

Memorial Hospital Encinitas,

Scripps Green Hospital, Alvarado

Hospital Llc, Oak Valley Dist

Hosp

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

## RADIOLOGY

### DOEMENY, JOHN M

Provider ID: 269750

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

477 N EL CAMINO REAL STE  
A102

ENCINITAS, CA 92024-1329

Phone: (760) 452-7150

Fax: (866) 558-4329

After Hours Phone: (760)  
452-7150

Provider Gender: Male

License number: G50925

NPI: 1841243912

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Scripps Mercy Hospital

Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### FRANKE, MARK A

Provider ID: 269635

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

477 N EL CAMINO REAL STE  
A102

ENCINITAS, CA 92024-1329

Phone: (760) 452-7150

Fax: (866) 558-4329

After Hours Phone: (760)  
452-7150

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* A118792  
*NPI:* 1114246329  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Santa Monica  
 Ucla Med Ctr, Ronald Reagan  
 Ucla Med Ctr, Alvarado Hospital  
 Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MOFFIT, BRIAN J**

*Provider ID:* 269524  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 A102  
 ENCINITAS, CA 92024-1329  
*Phone:* (760) 452-7150  
*Fax:* (866) 558-4329  
*After Hours Phone:* (760)  
 452-7150  
*Provider Gender:* Male  
*License number:* G51551  
*NPI:* 1508817305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*

No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**SCHWARTZBERG, ROSS E**  
*Provider ID:* 245629  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL STE  
 A102  
 ENCINITAS, CA 92024-1329  
*Phone:* (760) 452-7150  
*Fax:*  
*After Hours Phone:* (760)  
 452-7150  
*Provider Gender:* Male  
*License number:* G72997  
*NPI:* 1215976766  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
 Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **TENA, ROWENA G , MD**

*Provider ID:* 269824  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 477 N EL CAMINO REAL # 102  
 ENCINITAS, CA 92024-1328

*Phone:* (760) 452-7150  
*Fax:* (866) 558-4329  
*After Hours Phone:* (760)  
 452-7150  
*Provider Gender:* Female  
*License number:* A69607  
*NPI:* 1629029335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Vibra Hospital Of  
 San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

## **RHEUMATOLOGY**

### **REDDY, DANA A**

*Provider ID:* 262364  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 230 2ND ST STE 102  
 ENCINITAS, CA 92024-3275  
*Phone:* (619) 427-1721  
*Fax:* (619) 427-1235  
*After Hours Phone:* (619)  
 427-1721  
*Provider Gender:* Female  
*License number:* A115598  
*NPI:* 1144538778  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Imperial Health Holdings Medical Group-Sd

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **SURGERY GENERAL**

**ARMANI, AVA**

*Provider ID:* 282143

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

1200 GARDEN VIEW RD STE 200

ENCINITAS, CA 92024-2475

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A118231

*NPI:* 1861759383

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Medical Ctr At

Ucsf, Ucsf Medical Center At

Mission Bay, Ucsf Medical

Center At Mount Zion, Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

**COSMAN, BARD C**

*Provider ID:* 63746

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

1200 GARDEN VIEW RD STE 200

ENCINITAS, CA 92024-2475

*Phone:* (760) 944-0223

*Fax:*

*After Hours Phone:* (760)

944-0223

*Provider Gender:* Male

*License number:* G66321

*NPI:* 1477513810

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

**JACOBSEN, GARTH R**

*Provider ID:* 201730

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

1200 GARDEN VIEW RD

ENCINITAS, CA 92024-2477

*Phone:* (858) 657-8860

*Fax:*

*After Hours Phone:* (858)

657-8860

*Provider Gender:* Male

*License number:* A99668

*NPI:* 1265649966

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

### **SURGERY COLON SURGERY**

**PARRY, LISA A**

*Provider ID:* 278552

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

1200 GARDEN VIEW RD STE

200

ENCINITAS, CA 92024-2475

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A131297

*NPI:* 1235369067

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### WALLACE, ANNE M

*Provider ID:* 64488  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
1200 GARDEN VIEW RD STE  
200  
ENCINITAS, CA 92024-2475  
*Phone:* (760) 944-0223  
*Fax:*  
*After Hours Phone:* (760)  
944-0223  
*Provider Gender:* Female  
*License number:* G73000  
*NPI:* 1699732941  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### YOO, FRANK K , MD

*Provider ID:* 257374  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
477 N EL CAMINO REAL STE  
D200  
ENCINITAS, CA 92024-1375  
*Phone:* (760) 452-3340  
*Fax:* (760) 452-3344  
*After Hours Phone:* (760)  
452-3340  
*Provider Gender:* Male  
*License number:* G86513  
*NPI:* 1295774545  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Korean, Spanish, Telugu,  
Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas, Tri  
City Medical Ctr, Pomerado  
Hospital, Alvarado Hospital Llc,  
Paradise Valley Hospital,  
Southwest Healthcare System  
Wildomar, Southwest Healthcare  
System Murrieta, Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### CHANG, DOUGLAS G

*Provider ID:* 104611  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
1200 GARDEN VIEW RD STE  
200  
ENCINITAS, CA 92024-2475  
*Phone:* (858) 657-8200  
*Fax:*  
*After Hours Phone:* (858)  
657-8200  
*Provider Gender:* Male  
*License number:* A77281  
*NPI:* 1962450031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
German  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### COVEY, DANA C

*Provider ID:* 83309  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
1200 GARDEN VIEW RD STE  
200  
ENCINITAS, CA 92024-2475  
*Phone:* (760) 944-0223  
*Fax:*  
*After Hours Phone:* (760)  
944-0223  
*Provider Gender:* Male  
*License number:* G89432

## SURGERY ORTHOPEDIC

## SURGERY NEUROLOGICAL

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1780651794  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### VITALE, KENNETH C

Provider ID: 104654  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE 200  
 ENCINITAS, CA 92024-2475  
 Phone: (760) 536-7670  
 Fax:  
 After Hours Phone: (760) 536-7670  
 Provider Gender: Male  
 License number: C132964  
 NPI: 1730176868  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA:  
**WALLACE, CHARLES D**  
 Provider ID: 52696  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED FNDTN  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
 Phone: (760) 944-5545  
 Fax:  
 After Hours Phone: (760) 944-5545  
 Provider Gender: Male  
 License number: G67953  
 NPI: 1144229600

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### ZLOMISLIC, VINKO

Provider ID: 84071  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 1200 GARDEN VIEW RD STE 200  
 ENCINITAS, CA 92024-2475

Phone: (760) 944-0223  
 Fax: (858) 657-8235  
 After Hours Phone: (760) 944-0223  
 Provider Gender: Male  
 License number: A112819  
 NPI: 1346351509  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Serbo-Croatian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

## SURGERY PEDIATRIC

### FAIRBANKS, TIMOTHY J

Provider ID: 205497  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760) 944-5545  
 Provider Gender: Male  
 License number: A80244  
 NPI: 1407010556  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Sharp  
Memorial Hospital, Scripps  
Memorial Hospital, Childrens  
Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **KLING, KAREN M**

*Provider ID:* 206128  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760)  
944-5545  
*Provider Gender:* Female  
*License number:* A53583  
*NPI:* 1982775144  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Sharp Mary  
Birch Hosp For Women And  
Newborns, National Naval Med  
Ctr, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*

No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **SURGERY PLASTIC**

### **REID, CHRISTOPHER M**

*Provider ID:* 238130  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
1200 GARDEN VIEW RD  
ENCINITAS, CA 92024-2477  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A122947  
*NPI:* 1982964276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **UROLOGY**

### **BUTLER, PHILIP A , MD**

*Provider ID:* 269433  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
320 SANTA FE DR STE 305  
ENCINITAS, CA 92024-5140  
*Phone:* (760) 436-4558  
*Fax:* (858) 429-7926  
*After Hours Phone:* (760)  
436-4558  
*Provider Gender:* Male  
*License number:* G47129  
*NPI:* 1184665911  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BUTLER, PHILIP A**

*Provider ID:* 55907  
*Board Certified Specialty:* No  
GENESIS HEALTHCARE  
PARTNERS PC  
320 SANTA FE DR STE 108  
ENCINITAS, CA 92024-5141  
*Phone:* (760) 436-4558  
*Fax:*  
*After Hours Phone:* (760)  
436-4558  
*Provider Gender:* Male  
*License number:* G47129  
*NPI:* 1184665911  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CHIANG, GEORGE**

*Provider ID:* 205942  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
*Phone:* (760) 944-5545  
*Fax:* (760) 944-3927  
*After Hours Phone:* (760) 944-5545  
*Provider Gender:* Male  
*License number:* A98687  
*NPI:* 1093773954  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Parkview Community Hospital Medical Center, Northern Inyo Hosp  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **COHEN, EDWARD S , MD**

*Provider ID:* 269340  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 320 SANTA FE DR STE 305  
 ENCINITAS, CA 92024-5140  
*Phone:* (760) 436-4558  
*Fax:* (858) 429-7926  
*After Hours Phone:* (760) 436-4558  
*Provider Gender:* Male  
*License number:* G56844  
*NPI:* 1093756827  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **COHEN, EDWARD S**

*Provider ID:* 56014  
*Board Certified Specialty:* No  
 GENESIS HEALTHCARE PARTNERS PC  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024-5141

*Phone:* (760) 436-4558  
*Fax:*  
*After Hours Phone:* (760) 436-4558  
*Provider Gender:* Male  
*License number:* G56844  
*NPI:* 1093756827  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **JUMA, SAAD, MD**

*Provider ID:* 244006  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024-5141  
*Phone:* (760) 436-4558  
*Fax:* (858) 429-7926  
*After Hours Phone:* (760) 436-4558  
*Provider Gender:* Male  
*License number:* A42398  
*NPI:* 1013931930  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Tri City Medical Ctr, Scripps Memorial

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## D. Specialist Provider Directory

Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### JUMA, SAAD

Provider ID: 40234  
 Board Certified Specialty: No  
 GENESIS HEALTHCARE  
 PARTNERS PC  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024-5141  
 Phone: (760) 753-8373  
 Fax:  
 After Hours Phone: (760)  
 753-8373  
 Provider Gender: Male  
 License number: A42398  
 NPI: 1013931930  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R, T  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### NAITOH, JOHN, MD

Provider ID: 269477  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 320 SANTA FE DR STE 305  
 ENCINITAS, CA 92024-5140  
 Phone: (760) 436-4558  
 Fax:  
 After Hours Phone: (760)  
 436-4558  
 Provider Gender: Male  
 License number: G82079  
 NPI: 1629010509  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital Encinitas,  
 Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### NAITOH, JOHN

Provider ID: 55261  
 Board Certified Specialty: No  
 GENESIS HEALTHCARE  
 PARTNERS PC  
 320 SANTA FE DR STE 305  
 ENCINITAS, CA 92024-5140  
 Phone: (760) 436-4558  
 Fax: (858) 429-7925  
 After Hours Phone: (760)  
 436-4558  
 Provider Gender: Male  
 License number: G82079  
 NPI: 1629010509  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital Encinitas,  
 Scripps Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

## ESCONDIDO

### ALLERGY IMMUNOLOGY

### LAUBACH, SUSAN S

Provider ID: 277885  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760)  
 755-7600  
 Provider Gender: Female  
 License number: A114061  
 NPI: 1366656209  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### WELCH, MICHAEL J

Provider ID: 277878  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760) 755-7600  
 Provider Gender: Male  
 License number: G34844  
 NPI: 1699794222  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### ANESTHESIOLOGY PAIN MANAGEMENT

### COHEN, ZACHARY C , MD

Provider ID: 268178  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
 Phone: (442) 281-5000  
 Fax:  
 After Hours Phone: (442) 281-5000  
 Provider Gender: Male  
 License number: A146733  
 NPI: 1598021982  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### ANESTHESIOLOGY

### KHATIBI, NIKAN H

Provider ID: 239611  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 160 N DATE ST  
 ESCONDIDO, CA 92025-3406  
 Phone: (888) 873-6220  
 Fax: (888) 873-6220  
 After Hours Phone: (888) 873-6220  
 Provider Gender: Male  
 License number: 20A11914  
 NPI: 1326363300  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Riverside Community Hosp, Parkview Community Hospital Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### CARDIOLOGY

### ACHEATEL, ROGER J , MD

Provider ID: 269351  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1955 CITRACADO PKWY STE 300  
 ESCONDIDO, CA 92029-4113  
 Phone: (760) 743-0546  
 Fax: (760) 743-8005  
 After Hours Phone: (760) 743-0546  
 Provider Gender: Male  
 License number: G45947  
 NPI: 1730182619  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado Hospital, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BAYAT, HAMED**

*Provider ID:* 257491  
*Board Certified Specialty:* No  
**BLUE SHIELD PROMISE HEALTH PLAN DIRECT**  
 1955 CITRACADO PKWY STE 300  
 ESCONDIDO, CA 92029-4113  
*Phone:* (760) 743-0546  
*Fax:* (760) 743-8837  
*After Hours Phone:* (760) 743-0546  
*Provider Gender:* Male  
*License number:* A61356  
*NPI:* 1356344196  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*Ⓜ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### **BAYAT, HAMED, MD**

*Provider ID:* 53687  
*Board Certified Specialty:* No  
**ARCH HEALTH PARTNERS**

1955 CITRACADO PKWY STE 300  
 ESCONDIDO, CA 92029-4113  
*Phone:* (760) 743-0546  
*Fax:* (760) 743-8837  
*After Hours Phone:* (760) 743-0546  
*Provider Gender:* Male  
*License number:* A61356  
*NPI:* 1356344196  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Ⓜ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### **CHEN, ANDREW K , MD**

*Provider ID:* 269314  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 1955 CITRACADO PKWY STE 300  
 ESCONDIDO, CA 92029-4113  
*Phone:* (760) 743-0546  
*Fax:* (760) 743-8837  
*After Hours Phone:* (760) 743-0546  
*Provider Gender:* Male  
*License number:* A120866  
*NPI:* 1134357007

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Palomar Health Downtown Campus, Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Ⓜ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DAVIS, CHRISTOPHER K**

*Provider ID:* 277811  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 294-9260  
*Provider Gender:* Male  
*License number:* A100260  
*NPI:* 1760691950  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

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## D. Specialist Provider Directory

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><i>IPA:</i> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><i>Phone:</i> (760) 743-0546<br/> <i>Fax:</i> (760) 743-8837<br/> <i>After Hours Phone:</i> (760) 743-0546<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G25365<br/> <i>NPI:</i> 1891798658<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Palomar Health Downtown Campus, Pomerado Hospital, Palomar Medical Center<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No</p>                                                                      |
| <p><b>FAGAN, BRIAN T</b><br/> <i>Provider ID:</i> 277840<br/> <i>Board Certified Specialty:</i> No<br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/>           2125 CITRACADO PKWY # 100<br/>           ESCONDIDO, CA 92029-4159<br/> <i>Phone:</i> (760) 294-9260<br/> <i>Fax:</i> (760) 294-9274<br/> <i>After Hours Phone:</i> (760) 294-9260<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A82153<br/> <i>NPI:</i> 1740308550<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> San Gabriel Valley Med Ctr, California Hosp Med Ctr Los Angeles, Emanate Health Inter-Community Hospital, Rady Childrens Hospital San Diego, Huntington Memorial Hospital, Emanate Health Queen Of The Valley Hospital, Childrens Hosp And Resrch Ctr At Oakland, Childrens Hosp Of Los Angeles<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/>           ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i></p> | <p><b>GILBERT, CHRISTOPHER R , MD</b><br/> <i>Provider ID:</i> 63549<br/> <i>Board Certified Specialty:</i> No<br/> <b>COMMUNITY CARE IPA LLC</b><br/>           1955 CITRACADO PKWY STE 300<br/>           ESCONDIDO, CA 92029-4113<br/> <i>Phone:</i> (760) 743-0546<br/> <i>Fax:</i> (760) 743-8837<br/> <i>After Hours Phone:</i> (760) 743-0546<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A35403<br/> <i>NPI:</i> 1487657243<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Palomar Health Downtown Campus, Palomar Medical Center, Pomerado Hospital<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/>           ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc</p> | <p><b>HALEY, JESSICA E</b><br/> <i>Provider ID:</i> 277867<br/> <i>Board Certified Specialty:</i> No<br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/>           2125 CITRACADO PKWY # 100<br/>           ESCONDIDO, CA 92029-4159<br/> <i>Phone:</i> (760) 294-9260<br/> <i>Fax:</i> (760) 294-9274<br/> <i>After Hours Phone:</i> (760) 294-9260<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A125568<br/> <i>NPI:</i> 1023329885<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>GORWIT, JEFFREY I , MD</b><br/> <i>Provider ID:</i> 63540<br/> <i>Board Certified Specialty:</i> No<br/> <b>COMMUNITY CARE IPA LLC</b><br/>           1955 CITRACADO PKWY STE 300<br/>           ESCONDIDO, CA 92029-4113</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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## D. Specialist Provider Directory

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*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HEGDE, SANJEET R**

*Provider ID:* 277893  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 294-9260  
*Provider Gender:* Male  
*License number:* A112326  
*NPI:* 1306036884  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **LEE, YOUNG E**

*Provider ID:* 269316

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1955 CITRACADO PKWY STE 300  
ESCONDIDO, CA 92029-4113  
*Phone:* (760) 743-0546  
*Fax:* (760) 743-8837  
*After Hours Phone:* (760) 743-0546  
*Provider Gender:* Male  
*License number:* A130275  
*NPI:* 1285833764  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**MALEK, MIKHAIL R , MD**  
*Provider ID:* 269307  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1955 CITRACADO PKWY STE 300  
ESCONDIDO, CA 92029-4113  
*Phone:* (760) 743-0546  
*Fax:* (760) 743-8837  
*After Hours Phone:* (760) 743-0546  
*Provider Gender:* Male  
*License number:* A50952  
*NPI:* 1467455212  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic

*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NARAYAN, HARI K**

*Provider ID:* 277846  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 294-9260  
*Provider Gender:* Male  
*License number:* A144821  
*NPI:* 1376705707  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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## D. Specialist Provider Directory

### **SAWHNEY, NAVINDER S , MD**

Provider ID: 112701

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1955 CITRACADO PKWY STE  
300

ESCONDIDO, CA 92029-4113

Phone: (760) 743-0546

Fax: (760) 743-8837

After Hours Phone: (760)  
743-0546

Provider Gender: Male

License number: A86378

NPI: 1619174133

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Palomar

Health Downtown Campus,

Pomerado Hospital, Palomar

Medical Center, Scripps

Memorial Hospital, Scripps

Green Hospital, Ucsd Medical

Ctr, Sharp Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SERRY, ROD D , MD**

Provider ID: 54469

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1955 CITRACADO PKWY STE  
300

ESCONDIDO, CA 92029-4113

Phone: (760) 743-0546

Fax: (760) 743-8837

After Hours Phone: (760)  
743-0546

Provider Gender: Male

License number: A76061

NPI: 1912945130

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Portuguese, Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **CERTIFIED NURSE PRACTITIONER**

### **BARMACK, KIMBERLY M , NPA**

Provider ID: 269270

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1955 CITRACADO PKWY STE  
200

ESCONDIDO, CA 92029-4112

Phone: (760) 743-4789

Fax: (760) 743-4779

After Hours Phone: (760)

743-4789

Provider Gender: Female

License number: NP20705

NPI: 1881018067

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **DICKINSON, NATASHA A**

Provider ID: 283660

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY # 200

ESCONDIDO, CA 92029-4159

Phone: (858) 966-8801

Fax: (858) 966-8511

After Hours Phone: (858)  
966-8801

Provider Gender: Female

License number: NP17677

NPI: 1073845327

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **DINNALL, CHRISTINA M**

Provider ID: 289132

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
2185 CITRACADO PKWY  
ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-3193  
*Fax:* (442) 281-3197  
*After Hours Phone:* (442) 281-3193  
*Provider Gender:* Female  
*License number:* NP95005438  
*NPI:* 1831632843  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HAASS, ADRIANNA M**

*Provider ID:* 261044  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
625 CITRACADO PKWY STE 200  
ESCONDIDO, CA 92025-6428  
*Phone:* (760) 746-2641  
*Fax:* (760) 740-2178  
*After Hours Phone:* (760) 746-2641  
*Provider Gender:* Female  
*License number:* NP95005120  
*NPI:* 1225588130

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HEAD, KRISTIN N**

*Provider ID:* 277866  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 294-9260  
*Provider Gender:* Female  
*License number:* NP20264  
*NPI:* 1699078923  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KROCHMAL, RACHEL E**

*Provider ID:* 276935  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
488 E VALLEY PKWY STE 400  
ESCONDIDO, CA 92025-3378  
*Phone:* (760) 658-6101  
*Fax:* (760) 658-6106  
*After Hours Phone:* (760) 658-6101  
*Provider Gender:* Female  
*License number:* NP457272  
*NPI:* 1326117920  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KROCHMAL, RACHEL E**

*Provider ID:* 276936  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
1955 CITRACADO PKWY STE 302  
ESCONDIDO, CA 92029-4113

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

Phone: (760) 233-1896  
 Fax: (760) 233-1899  
 After Hours Phone: (760) 233-1896  
 Provider Gender: Female  
 License number: NP457272  
 NPI: 1326117920  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### LEVY, SHARON B

Provider ID: 277876  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760) 755-7600  
 Provider Gender: Female  
 License number: NP95003383  
 NPI: 1316396807  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### LILLY, ANNA M

Provider ID: 289233  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
 Phone: (442) 281-3193  
 Fax: (442) 281-3197  
 After Hours Phone: (442) 281-3193  
 Provider Gender: Female  
 License number: NP95009518  
 NPI: 1831596667  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Medical Center, Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### LIPMAN, RACHEL E

Provider ID: 265114  
 Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK  
 625 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92025-6428  
 Phone: (760) 746-2641  
 Fax: (760) 740-2178  
 After Hours Phone: (760) 746-2641  
 Provider Gender: Female  
 License number: NP95000707  
 NPI: 1871933879  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### MANCHESTER, KAREN L

Provider ID: 276926  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 488 E VALLEY PKWY STE 400  
 ESCONDIDO, CA 92025-3378  
 Phone: (760) 658-6101  
 Fax: (760) 658-6106  
 After Hours Phone: (760) 658-6101  
 Provider Gender: Female  
 License number: NP20883  
 NPI: 1801225941  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

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## D. Specialist Provider Directory

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MANCHESTER, KAREN L**

*Provider ID:* 276927  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 1955 CITRACADO PKWY STE 302  
 ESCONDIDO, CA 92029-4113  
*Phone:* (760) 233-1896  
*Fax:* (760) 233-1899  
*After Hours Phone:* (760) 233-1896  
*Provider Gender:* Female  
*License number:* NP20883  
*NPI:* 1801225941

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MEYERS, JUDITH S , NPA**

*Provider ID:* 274695  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1955 CITRACADO PKWY STE 300  
 ESCONDIDO, CA 92029-4113  
*Phone:* (760) 743-4789  
*Fax:* (760) 743-8005  
*After Hours Phone:* (760) 743-4789  
*Provider Gender:* Female  
*License number:* NP95010314  
*NPI:* 1538637194

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MIRANDA, BRIDGET A**

*Provider ID:* 277845  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 294-9260  
*Provider Gender:* Female  
*License number:* NP95006082  
*NPI:* 1225548159  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Northern Inyo Hosp  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MITRUKA, ANNE F , NPA**

*Provider ID:* 269427  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1955 CITRACADO PKWY STE 300  
 ESCONDIDO, CA 92029-4113  
*Phone:* (760) 743-0546  
*Fax:*  
*After Hours Phone:* (760) 743-0546  
*Provider Gender:* Female  
*License number:* NP13563  
*NPI:* 1083795843

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MURRAY, CARLA M , NPA**

*Provider ID:* 242749

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1509 E VALLEY PKWY  
ESCONDIDO, CA 92027-2315  
*Phone:* (760) 520-8100  
*Fax:*  
*After Hours Phone:* (760)  
520-8100  
*Provider Gender:* Female  
*License number:* NP12682  
*NPI:* 1346453503  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PIDDING, APRYL D**

*Provider ID:* 269252  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
625 CITRACADO PKWY STE  
110  
ESCONDIDO, CA 92025-6428  
*Phone:* (760) 747-8935  
*Fax:* (760) 466-0078  
*After Hours Phone:* (760)  
747-8935  
*Provider Gender:* Female  
*License number:* NP20027  
*NPI:* 1518259936  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **QUACH, LINDA L**

*Provider ID:* 286020  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
2185 CITRACADO PKWY  
ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-3193  
*Fax:* (442) 281-3197  
*After Hours Phone:* (442)  
281-3193  
*Provider Gender:* Female  
*License number:* NP95013206  
*NPI:* 1275053811  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* The Mount  
Sinai Hosp, Rady Childrens  
Hospital San Diego, Palomar  
Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **RAY, PEGGY L**

*Provider ID:* 276880

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
488 E VALLEY PKWY STE 400  
ESCONDIDO, CA 92025-3378  
*Phone:* (760) 658-6101  
*Fax:* (760) 658-6106  
*After Hours Phone:* (760)  
658-6101  
*Provider Gender:* Female  
*License number:* NP95004962  
*NPI:* 1326583998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **RAY, PEGGY L**

*Provider ID:* 276881  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
1955 CITRACADO PKWY STE  
302  
ESCONDIDO, CA 92029-4113  
*Phone:* (760) 233-1896  
*Fax:* (760) 233-1899  
*After Hours Phone:* (760)  
233-1896  
*Provider Gender:* Female  
*License number:* NP95004962  
*NPI:* 1326583998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **RUDISILL, PAMELA J**

*Provider ID:* 276954  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
488 E VALLEY PKWY STE 400  
ESCONDIDO, CA 92025-3378  
*Phone:* (760) 658-6101  
*Fax:* (760) 658-6106  
*After Hours Phone:* (760) 658-6101  
*Provider Gender:* Female  
*License number:* NP21448  
*NPI:* 1871608018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **RUDISILL, PAMELA J**

*Provider ID:* 276955  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
1955 CITRACADO PKWY STE 302  
ESCONDIDO, CA 92029-4113  
*Phone:* (760) 233-1896  
*Fax:* (760) 233-1899  
*After Hours Phone:* (760) 233-1896  
*Provider Gender:* Female  
*License number:* NP21448  
*NPI:* 1871608018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SCOTT, MARYLOU**

*Provider ID:* 277892  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159  
*Phone:* (760) 480-8770  
*Fax:* (760) 480-8811  
*After Hours Phone:* (760) 480-8770  
*Provider Gender:* Female  
*License number:* NP10261  
*NPI:* 1023223252  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SPAULDING, ENJOLI B**

*Provider ID:* 129202  
*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED GRP INC  
631 E GRAND AVE  
ESCONDIDO, CA 92025-4402  
*Phone:* (760) 294-1660  
*Fax:*  
*After Hours Phone:* (760) 294-1660  
*Provider Gender:* Female  
*License number:* NP21947  
*NPI:* 1174828099  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical

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## D. Specialist Provider Directory

Group-Sd

### **SPAULDING, ENJOLI B**

Provider ID: 262456  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
631 E GRAND AVE  
ESCONDIDO, CA 92025-4402  
Phone: (760) 294-1660  
Fax: (760) 745-5016  
After Hours Phone: (760)  
294-1660  
Provider Gender: Female  
License number: NP21947  
NPI: 1174828099  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **SPAULDING, ENJOLI B , NPA**

Provider ID: 269259  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
631 E GRAND AVE  
ESCONDIDO, CA 92025-4402  
Phone: (760) 294-1660  
Fax: (760) 745-5016  
After Hours Phone: (760)  
294-1660  
Provider Gender: Female  
License number: NP21947

NPI: 1174828099  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **STEARNS, PHILIP H**

Provider ID: 277882  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159  
Phone: (760) 480-8770  
Fax: (760) 480-8811  
After Hours Phone: (760)  
480-8770  
Provider Gender: Male  
License number: NP11899  
NPI: 1609900810  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:

Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **VALLES, ELIZABETH A**

Provider ID: 277847  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY # 200  
ESCONDIDO, CA 92029-4159  
Phone: (858) 966-8801  
Fax: (858) 966-8511  
After Hours Phone: (858)  
966-8801  
Provider Gender: Female  
License number: NP95002921  
NPI: 1609235589  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

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## DERMATOLOGY

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### **DOHIL, MAGDALENE A**

Provider ID: 277243  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159

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## D. Specialist Provider Directory

*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760) 755-7600  
*Provider Gender:* Female  
*License number:* A86265  
*NPI:* 1528139383  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**SCHAIRER, DAVID O**  
*Provider ID:* 277850  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760) 755-7600  
*Provider Gender:* Male  
*License number:* A148597  
*NPI:* 1619311164  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**SPRAGUE, JESSICA M**  
*Provider ID:* 277894  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760) 755-7600  
*Provider Gender:* Female  
*License number:* A134345  
*NPI:* 1437594884  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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### EMERGENCY MEDICINE

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**KEARNEY, LAUREN K**  
*Provider ID:* 277832  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 739-1543  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 739-1543  
*Provider Gender:* Female  
*License number:* G83666  
*NPI:* 1740296268  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**RILEY-HAGAN, MARGARET**  
*Provider ID:* 277817  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159

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## D. Specialist Provider Directory

*Phone:* (760) 739-1543  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 739-1543  
*Provider Gender:* Female  
*License number:* A49609  
*NPI:* 1548352388  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### ROSE, OLGA D

*Provider ID:* 205955  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025-6428  
*Phone:* (760) 739-1543  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 739-1543  
*Provider Gender:* Female  
*License number:* A143536  
*NPI:* 1740560044  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### VAIDYA, KAMALA

*Provider ID:* 205812  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025-6428  
*Phone:* (760) 739-1543  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 739-1543  
*Provider Gender:* Female  
*License number:* A124814  
*NPI:* 1083840920  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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### ENDOCRINOLOGY METABOLISM DIABETES

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### AIKEN, MARGOT J

*Provider ID:* 106005  
*Board Certified Specialty:* No  
 ADVANCED METABOLIC CARE AND RESEARCH INC  
 625 CITRACADO PKWY STE 108  
 ESCONDIDO, CA 92025-6428  
*Phone:* (760) 743-1431  
*Fax:*  
*After Hours Phone:* (760) 743-1431  
*Provider Gender:* Female  
*License number:* A40833  
*NPI:* 1952476236  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:* amcrclinic.com  
*Email:*  
*Medical Group(s):*  
*IPA:*

### BAILEY, TIMOTHY S

*Provider ID:* 106006  
*Board Certified Specialty:* No  
 ADVANCED METABOLIC CARE AND RESEARCH INC

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

625 CITRACADO PKWY STE 108  
ESCONDIDO, CA 92025-6428  
Phone: (760) 743-1431  
Fax: (760) 294-2902  
After Hours Phone: (760) 743-1431  
Provider Gender: Male  
License number: G60763  
NPI: 1194800052  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website: amcrclinic.com  
Email:  
Medical Group(s):  
IPA:

### GOTTESMAN BOWEN, BETHANY L

Provider ID: 285962  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159  
Phone: (760) 294-9260  
Fax: (760) 294-9274  
After Hours Phone: (760) 294-9260  
Provider Gender: Female  
License number: A156739  
NPI: 1164849899  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### FAMILY PRACTICE SPORTS MEDICINE

#### KAUFMAN, ELIZABETH A

Provider ID: 285906  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159  
Phone: (760) 480-8770  
Fax: (760) 480-8811  
After Hours Phone: (760) 480-8770  
Provider Gender: Female  
License number: A135037  
NPI: 1942644679  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Green Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:

Medical Group(s):  
IPA: Rady Childrens Health Network

### FAMILY PRACTICE

#### SCHULTZ, JAMES H

Provider ID: 24795  
Board Certified Specialty: No  
NEIGHBORHOOD HEALTHCARE ESCONDIDO  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax:  
After Hours Phone: (760) 520-8100  
Provider Gender: Male  
License number: G61829  
NPI: 1356376164  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Farsi, Greek, Spanish  
Cultural Competency: No  
Hospital Affiliation: Southwest  
Healthcare System Wildomar,  
Southwest Healthcare System  
Murrieta, Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-F 8AM-5PM, SA 8AM-12PM  
Website: www.ihpsocal.org  
Email:  
Medical Group(s): Neighborhood  
Healthcare Escondido  
IPA:

### GASTROENTEROLOGY

#### CHELIMILLA, HARITHA R , MD

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

**Provider ID:** 269204  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**735 E OHIO AVE STE 204**  
**ESCONDIDO, CA 92025-3437**  
**Phone:** (760) 294-7600  
**Fax:** (760) 294-7603  
**After Hours Phone:** (760) 294-7600  
**Provider Gender:** Female  
**License number:** A124727  
**NPI:** 1528235892  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Hindi, Telugu  
**Cultural Competency:** No  
**Hospital Affiliation:** Hemet Global Medical Center, Palomar Medical Center  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **CHOI, LILLIAN J**

**Provider ID:** 277813  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**2125 CITRACADO PKWY # 100**  
**ESCONDIDO, CA 92029-4159**  
**Phone:** (760) 294-9260  
**Fax:** (760) 294-9274  
**After Hours Phone:** (760) 294-9260  
**Provider Gender:** Female  
**License number:** A90646  
**NPI:** 1831350453  
**Provider English Spoken:** Yes

**Provider Language(s) Spoken:** Korean  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego, Ucsd Medical Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Rady Childrens Health Network

### **GARA, NAVEEN, MD**

**Provider ID:** 269145  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**661 E PENNSYLVANIA AVE**  
**ESCONDIDO, CA 92025-3003**  
**Phone:** (760) 690-2800  
**Fax:** (760) 690-2801  
**After Hours Phone:** (760) 690-2800  
**Provider Gender:** Male  
**License number:** A149265  
**NPI:** 1942406533  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Hindi, Telugu  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd La Jolla John Sally Thornton, Palomar Health Downtown Campus, Palomar Medical Center  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM

**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **GARCIA, MARY ABIGAIL S**

**Provider ID:** 277804  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**2125 CITRACADO PKWY # 100**  
**ESCONDIDO, CA 92029-4159**  
**Phone:** (760) 294-9260  
**Fax:** (760) 294-9274  
**After Hours Phone:** (760) 294-9260  
**Provider Gender:** Female  
**License number:** A89980  
**NPI:** 1386805877  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Tagalog  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Rady Childrens Health Network

### **HOM, XENIA B**

**Provider ID:** 277854  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**2125 CITRACADO PKWY # 100**  
**ESCONDIDO, CA 92029-4159**

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## D. Specialist Provider Directory

*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 294-9260  
*Provider Gender:* Female  
*License number:* G86642  
*NPI:* 1982775748  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese (Family), Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**SCHWARZ, KATHLEEN B**  
*Provider ID:* 283175  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 294-9260  
*Provider Gender:* Female  
*License number:* G152263  
*NPI:* 1265465918  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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### HEARING AID DEALER / SUPPLIER

---

**ANDERSON, ELAINE M , MD**  
*Provider ID:* 268690  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 330 W FELICITA AVE STE A4  
 ESCONDIDO, CA 92025-6531  
*Phone:* (760) 489-1323  
*Fax:* (760) 489-0975  
*After Hours Phone:* (760) 489-1323  
*Provider Gender:* Female  
*License number:* HA7100  
*NPI:* 1063558856  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**DANDURAND, JOHN M , MD**

*Provider ID:* 269783  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 330 W FELICITA AVE STE A4  
 ESCONDIDO, CA 92025-6531  
*Phone:* (760) 489-1323  
*Fax:* (760) 489-0975  
*After Hours Phone:* (760) 489-1323  
*Provider Gender:* Male  
*License number:* HA2056  
*NPI:* 1497901680  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

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### INTERNAL MEDICINE CRITICAL CARE MEDICINE

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**HIRSCH, GREGORY L , MD**  
*Provider ID:* 269143  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 488 E VALLEY PKWY STE 211  
 ESCONDIDO, CA 92025-3370  
*Phone:* (760) 489-1458  
*Fax:* (760) 489-1246  
*After Hours Phone:* (760) 489-1458  
*Provider Gender:* Male  
*License number:* G40467  
*NPI:* 1639287071  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Palomar

Medical Center, Pomerado

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, R, T

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **OTOSHI, JAMES S , MD**

*Provider ID:* 269095

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

488 E VALLEY PKWY STE 201

ESCONDIDO, CA 92025-3398

*Phone:* (760) 489-1458

*Fax:* (760) 489-1246

*After Hours Phone:* (760)

489-1458

*Provider Gender:* Male

*License number:* G27763

*NPI:* 1679681027

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Palomar

Health Downtown Campus,

Palomar Medical Center

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **INTERNAL MEDICINE**

#### **CHEN, MARGARET K**

*Provider ID:* 24685

*Board Certified Specialty:* No

NEIGHBORHOOD

HEALTHCARE ESCONDIDO

460 N ELM ST

ESCONDIDO, CA 92025-3002

*Phone:* (760) 520-8100

*Fax:*

*After Hours Phone:* (760)

520-8100

*Provider Gender:* Female

*License number:* A61751

*NPI:* 1659305084

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Greek, Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

8AM-12PM

*Website:* www.ihsocal.org

*Email:*

*Medical Group(s):* Neighborhood

Healthcare Escondido

*IPA:*

#### **GREENSTEIN, JOSHUA K**

*Provider ID:* 53809

*Board Certified Specialty:* No

BALBOA NEPHROLOGY MED

GRP INC

631 E GRAND AVE

ESCONDIDO, CA 92025-4402

*Phone:* (760) 294-1660

*Fax:* (760) 745-5016

*After Hours Phone:* (760)

294-1660

*Provider Gender:* Male

*License number:* A68100

*NPI:* 1104881457

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Pomerado

Hospital, Palomar Medical

Center

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

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

9AM-5PM

*Website:* bnmg.org

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

#### **KHAWAR, OSMAN S**

*Provider ID:* 53715

*Board Certified Specialty:* No

BALBOA NEPHROLOGY MED

GRP INC

631 E GRAND AVE

ESCONDIDO, CA 92025-4402

*Phone:* (760) 294-1660

*Fax:* (760) 745-5016

*After Hours Phone:* (760)

294-1660

*Provider Gender:* Male

*License number:* A92165

*NPI:* 1598813644

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Urdu

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital, Tri City Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:* bnmg.org  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TRESTMAN, KENNETH G**  
*Provider ID:* 287047  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2125 CITRACADO PKWY # 230  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 489-1458  
*Fax:* (760) 489-1246  
*After Hours Phone:* (760) 489-1458  
*Provider Gender:* Male  
*License number:* G69663  
*NPI:* 1346358793  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MATERNAL AND FETAL MEDICINE**

**ADAMCZAK, JOANNA E**  
*Provider ID:* 287120  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A116982  
*NPI:* 1447428420  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**ADAMI, REBECCA R**  
*Provider ID:* 287130  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH

NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A149389  
*NPI:* 1992149447  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**CASELE, HOLLY L**  
*Provider ID:* 287072  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* G87630  
*NPI:* 1255348744  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**CATANZARITE, VALERIAN A**  
*Provider ID:* 287062  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* G46026  
*NPI:* 1174694939  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System

Murrieta, Grossmont Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**MCCULLOUGH, DEIRDRE M**  
*Provider ID:* 287115  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* C159758  
*NPI:* 1639153018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**RICHARDSON, ALVIE C**  
*Provider ID:* 287094  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* C160063  
*NPI:* 1154305977  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**SCHWENDEMANN, WADE D**  
*Provider ID:* 287082  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

ESCONDIDO, CA 92029-4159  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* A109228  
*NPI:* 1477563302  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **TARSA, MARYAM**

*Provider ID:* 285855  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 2125 CITRACADO PKWY # 210  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 739-2921  
*Fax:*  
*After Hours Phone:* (760) 739-2921  
*Provider Gender:* Female  
*License number:* A69894  
*NPI:* 1295768638  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Eisenhower Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TITH, TEVY**

*Provider ID:* 287054  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A103521  
*NPI:* 1588816086  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch

Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WESTERMANN, MELISSA L**

*Provider ID:* 287086  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A130149  
*NPI:* 1760730758  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*

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## D. Specialist Provider Directory

| No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> <p><b>WILLIAMS, KRISTIN M</b><br/> <i>Provider ID:</i> 287112<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 2125 CITRACADO PKWY # 200<br/> ESCONDIDO, CA 92029-4159<br/> <i>Phone:</i> (858) 966-6710<br/> <i>Fax:</i> (858) 966-6711<br/> <i>After Hours Phone:</i> (858) 966-6710<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A72985<br/> <i>NPI:</i> 1992847131<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health</p> | <p><b>NEONATAL / PERINATAL MEDICINE</b></p> <p><b>FATAYERJI, NABIL I</b><br/> <i>Provider ID:</i> 205750<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 2185 CITRACADO PKWY<br/> ESCONDIDO, CA 92029-4159<br/> <i>Phone:</i> (442) 281-2850<br/> <i>Fax:</i> (442) 281-2999<br/> <i>After Hours Phone:</i> (442) 281-2850<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A63224<br/> <i>NPI:</i> 1649341405<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Arabic<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Palomar Health Downtown Campus, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health</p> | <p><b>GOLEMBESKI, DAVID J</b><br/> <i>Provider ID:</i> 205893<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 2185 CITRACADO PKWY<br/> ESCONDIDO, CA 92029-4159<br/> <i>Phone:</i> (442) 281-2850<br/> <i>Fax:</i> (442) 281-2999<br/> <i>After Hours Phone:</i> (442) 281-2850<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G63111<br/> <i>NPI:</i> 1376614131<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Palomar Health Downtown Campus, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> <p><b>LE, CRYSTAL N</b><br/> <i>Provider ID:</i> 283707<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS HEALTH</p> |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### NETWORK

2185 CITRACADO PKWY  
ESCONDIDO, CA 92029-4159  
Phone: (442) 281-3193  
Fax: (442) 281-3197  
After Hours Phone: (442) 281-3193  
Provider Gender: Female  
License number: A97634  
NPI: 1003028416  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Southwest Healthcare System  
Wildomar, Southwest Healthcare  
System Murrieta, Scripps  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### MOYER, LAUREL B

Provider ID: 205400  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2185 CITRACADO PKWY  
ESCONDIDO, CA 92029-4159  
Phone: (442) 281-3193  
Fax: (442) 281-3197  
After Hours Phone: (442) 281-3193  
Provider Gender: Female  
License number: C144070

NPI: 1598970378  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Mercy Hospital, Scripps  
Mercy Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### SAUER, CHARLES W

Provider ID: 206163  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2185 CITRACADO PKWY  
ESCONDIDO, CA 92029-4159  
Phone: (442) 281-2850  
Fax: (442) 281-2999  
After Hours Phone: (442) 281-2850  
Provider Gender: Male  
License number: 20A9535  
NPI: 1538388988  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital,  
Palomar Health Downtown  
Campus, Southwest Healthcare  
System Murrieta, Scripps  
Memorial Hospital Encinitas,  
Palomar Medical Center, Scripps

Mercy Hospital Chula Vista,  
Pomerado Hospital, Southwest  
Healthcare System Wildomar  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/0  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### SUTTNER, DENISE M

Provider ID: 206137  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2185 CITRACADO PKWY  
ESCONDIDO, CA 92029-4159  
Phone: (442) 281-2850  
Fax: (442) 281-2999  
After Hours Phone: (442) 281-2850  
Provider Gender: Female  
License number: A52313  
NPI: 1457433799  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital Encinitas,  
Southwest Healthcare System  
Wildomar, Southwest Healthcare  
System Murrieta, Scripps  
Memorial Hospital, Scripps  
Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/0  
American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/> <b>Accessibility:</b><br/> <b>Hours:</b> M-SA 9AM-5PM<br/> <b>Website:</b><br/> <b>Email:</b><br/> <b>Medical Group(s):</b><br/> <b>IPA:</b> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>Provider ID:</b> 262222<br/> <b>Board Certified Specialty:</b> No<br/> <b>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD</b><br/> <b>631 E GRAND AVE</b><br/> <b>ESCONDIDO, CA 92025-4402</b><br/> <b>Phone:</b> (760) 294-1660<br/> <b>Fax:</b> (760) 745-5016<br/> <b>After Hours Phone:</b> (760) 294-1660<br/> <b>Provider Gender:</b> Male<br/> <b>License number:</b> A68100<br/> <b>NPI:</b> 1104881457<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b> Spanish<br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Pomerado Hospital, Palomar Medical Center<br/> <b>Medi-Cal Open Panel:</b> Yes<br/> <b>Min/Max Age:</b> None<br/> <b>American Sign Language (ASL):</b> No<br/> <b>Accessibility:</b><br/> <b>Hours:</b> M-SA 9AM-5PM<br/> <b>Website:</b><br/> <b>Email:</b><br/> <b>Medical Group(s):</b><br/> <b>IPA:</b> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>                      | <p><b>License number:</b> A68100<br/> <b>NPI:</b> 1104881457<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b> Spanish<br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Pomerado Hospital, Palomar Medical Center<br/> <b>Medi-Cal Open Panel:</b> Yes<br/> <b>Min/Max Age:</b> None<br/> <b>American Sign Language (ASL):</b> No<br/> <b>Accessibility:</b><br/> <b>Hours:</b> M-SA 9AM-5PM<br/> <b>Website:</b><br/> <b>Email:</b><br/> <b>Medical Group(s):</b><br/> <b>IPA:</b> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>                                                                                                                       |
| <p><b>SWEENEY, NATHALY M</b><br/> <b>Provider ID:</b> 283801<br/> <b>Board Certified Specialty:</b> No<br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/> <b>2185 CITRACADO PKWY</b><br/> <b>ESCONDIDO, CA 92029-4159</b><br/> <b>Phone:</b> (442) 281-3193<br/> <b>Fax:</b> (442) 281-3197<br/> <b>After Hours Phone:</b> (442) 281-3193<br/> <b>Provider Gender:</b> Female<br/> <b>License number:</b> A110761<br/> <b>NPI:</b> 1164572632<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b><br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Ucsd Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego<br/> <b>Medi-Cal Open Panel:</b> Yes<br/> <b>Min/Max Age:</b> 0/18<br/> <b>American Sign Language (ASL):</b> No<br/> <b>Accessibility:</b><br/> <b>Hours:</b> M-SA 9AM-5PM<br/> <b>Website:</b><br/> <b>Email:</b><br/> <b>Medical Group(s):</b><br/> <b>IPA:</b> Rady Childrens Health Network</p> | <p><b>Provider ID:</b> 283801<br/> <b>Board Certified Specialty:</b> No<br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/> <b>2185 CITRACADO PKWY</b><br/> <b>ESCONDIDO, CA 92029-4159</b><br/> <b>Phone:</b> (442) 281-3193<br/> <b>Fax:</b> (442) 281-3197<br/> <b>After Hours Phone:</b> (442) 281-3193<br/> <b>Provider Gender:</b> Female<br/> <b>License number:</b> A110761<br/> <b>NPI:</b> 1164572632<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b><br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Ucsd Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego<br/> <b>Medi-Cal Open Panel:</b> Yes<br/> <b>Min/Max Age:</b> 0/18<br/> <b>American Sign Language (ASL):</b> No<br/> <b>Accessibility:</b><br/> <b>Hours:</b> M-SA 9AM-5PM<br/> <b>Website:</b><br/> <b>Email:</b><br/> <b>Medical Group(s):</b><br/> <b>IPA:</b> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> | <p><b>HEBREO, JOSEPH D</b><br/> <b>Provider ID:</b> 108435<br/> <b>Board Certified Specialty:</b> No<br/> <b>BALBOA NEPHROLOGY MED GRP INC</b><br/> <b>631 E GRAND AVE</b><br/> <b>ESCONDIDO, CA 92025-4402</b><br/> <b>Phone:</b> (760) 294-1660<br/> <b>Fax:</b> (760) 745-5016<br/> <b>After Hours Phone:</b> (760) 294-1660<br/> <b>Provider Gender:</b> Male<br/> <b>License number:</b> A93436<br/> <b>NPI:</b> 1801868286<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b> Spanish, Tagalog<br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Palomar Medical Center, Temecula Valley Hospital Inc<br/> <b>Medi-Cal Open Panel:</b> No<br/> <b>Min/Max Age:</b> None</p> |
| <p><b>GREENSTEIN, JOSHUA K</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>GREENSTEIN, JOSHUA K , MD</b><br/> <b>Provider ID:</b> 53809<br/> <b>Board Certified Specialty:</b> No<br/> <b>BALBOA NEPHROLOGY MED GRP INC</b><br/> <b>631 E GRAND AVE</b><br/> <b>ESCONDIDO, CA 92025-4402</b><br/> <b>Phone:</b> (760) 294-1660<br/> <b>Fax:</b> (760) 745-5016<br/> <b>After Hours Phone:</b> (760) 294-1660<br/> <b>Provider Gender:</b> Male</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>HEBREO, JOSEPH D</b><br/> <b>Provider ID:</b> 108435<br/> <b>Board Certified Specialty:</b> No<br/> <b>BALBOA NEPHROLOGY MED GRP INC</b><br/> <b>631 E GRAND AVE</b><br/> <b>ESCONDIDO, CA 92025-4402</b><br/> <b>Phone:</b> (760) 294-1660<br/> <b>Fax:</b> (760) 745-5016<br/> <b>After Hours Phone:</b> (760) 294-1660<br/> <b>Provider Gender:</b> Male<br/> <b>License number:</b> A93436<br/> <b>NPI:</b> 1801868286<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b> Spanish, Tagalog<br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Palomar Medical Center, Temecula Valley Hospital Inc<br/> <b>Medi-Cal Open Panel:</b> No<br/> <b>Min/Max Age:</b> None</p> |
| <p><b>NEPHROLOGY</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>GREENSTEIN, JOSHUA K</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>GREENSTEIN, JOSHUA K , MD</b><br/> <b>Provider ID:</b> 53809<br/> <b>Board Certified Specialty:</b> No<br/> <b>BALBOA NEPHROLOGY MED GRP INC</b><br/> <b>631 E GRAND AVE</b><br/> <b>ESCONDIDO, CA 92025-4402</b><br/> <b>Phone:</b> (760) 294-1660<br/> <b>Fax:</b> (760) 745-5016<br/> <b>After Hours Phone:</b> (760) 294-1660<br/> <b>Provider Gender:</b> Male</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>HEBREO, JOSEPH D</b><br/> <b>Provider ID:</b> 108435<br/> <b>Board Certified Specialty:</b> No<br/> <b>BALBOA NEPHROLOGY MED GRP INC</b><br/> <b>631 E GRAND AVE</b><br/> <b>ESCONDIDO, CA 92025-4402</b><br/> <b>Phone:</b> (760) 294-1660<br/> <b>Fax:</b> (760) 745-5016<br/> <b>After Hours Phone:</b> (760) 294-1660<br/> <b>Provider Gender:</b> Male<br/> <b>License number:</b> A93436<br/> <b>NPI:</b> 1801868286<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b> Spanish, Tagalog<br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Palomar Medical Center, Temecula Valley Hospital Inc<br/> <b>Medi-Cal Open Panel:</b> No<br/> <b>Min/Max Age:</b> None</p> |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

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

9AM-5PM

*Website:* bnmg.org

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **HEBREO, JOSEPH D , MD**

*Provider ID:* 108435

*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC

631 E GRAND AVE

ESCONDIDO, CA 92025-4402

*Phone:* (760) 294-1660

*Fax:* (760) 745-5016

*After Hours Phone:* (760)  
294-1660

*Provider Gender:* Male

*License number:* A93436

*NPI:* 1801868286

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Palomar  
Medical Center, Temecula Valley  
Hospital Inc

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **HEBREO, JOSEPH D**

*Provider ID:* 262130

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

631 E GRAND AVE

ESCONDIDO, CA 92025-4402

*Phone:* (760) 294-1660

*Fax:* (760) 745-5016

*After Hours Phone:* (760)  
294-1660

*Provider Gender:* Male

*License number:* A93436

*NPI:* 1801868286

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Palomar  
Medical Center, Temecula Valley  
Hospital Inc

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **KAYAL, ANAS**

*Provider ID:* 262156

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

631 E GRAND AVE

ESCONDIDO, CA 92025-4402

*Phone:* (760) 294-1660

*Fax:* (760) 745-5016

*After Hours Phone:* (760)  
294-1660

*Provider Gender:* Male

*License number:* A112450

*NPI:* 1851376917

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Arabic

*Cultural Competency:* No

*Hospital Affiliation:* Tri City  
Medical Ctr, Palomar Medical  
Center, Temecula Valley Hospital  
Inc, Scripps Memorial Hospital  
Encinitas

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Imperial Health Holdings  
Medical Group-Sd

### **KHAWAR, OSMAN S**

*Provider ID:* 262354

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

631 E GRAND AVE

ESCONDIDO, CA 92025-4402

*Phone:* (760) 294-1660

*Fax:* (760) 745-5016

*After Hours Phone:* (760)

294-1660

*Provider Gender:* Male

*License number:* A92165

*NPI:* 1598813644

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish, Urdu

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## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital, Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **KHAWAR, OSMAN S , MD**

*Provider ID:* 53715  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
*Phone:* (760) 294-1660  
*Fax:* (760) 745-5016  
*After Hours Phone:* (760) 294-1660  
*Provider Gender:* Male  
*License number:* A92165  
*NPI:* 1598813644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital, Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **NEYAZ, MOHAMMED D**

*Provider ID:* 108420  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
*Phone:* (760) 294-1660  
*Fax:* (760) 745-5016  
*After Hours Phone:* (760) 294-1660  
*Provider Gender:* Male  
*License number:* 20A13534  
*NPI:* 1245459973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **NEYAZ, MOHAMMED D**

*Provider ID:* 108420  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 631 E GRAND AVE

ESCONDIDO, CA 92025-4402  
*Phone:* (760) 294-1660  
*Fax:* (760) 745-5016  
*After Hours Phone:* (760) 294-1660  
*Provider Gender:* Male  
*License number:* 20A13534  
*NPI:* 1245459973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:* bnmg.org  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **NEYAZ, MOHAMMED D**

*Provider ID:* 262135  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
*Phone:* (760) 294-1660  
*Fax:* (760) 745-5016  
*After Hours Phone:* (760) 294-1660  
*Provider Gender:* Male  
*License number:* 20A13534  
*NPI:* 1245459973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Spanish, Urdu

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SHAPIRO, MARK H**

*Provider ID:* 262182  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
*Phone:* (760) 294-1660  
*Fax:* (760) 745-5016  
*After Hours Phone:* (760) 294-1660  
*Provider Gender:* Male  
*License number:* G65280  
*NPI:* 1912962275  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Swahili  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Tri City Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SHAPIRO, MARK H**

*Provider ID:* 54458  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 631 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
*Phone:* (760) 294-1660  
*Fax:* (760) 745-5016  
*After Hours Phone:* (760) 294-1660  
*Provider Gender:* Male  
*License number:* G65280  
*NPI:* 1912962275  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Swahili  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Tri City Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:* bnmg.org  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **NEUROLOGY CHILD**

### **HAAS, RICHARD H**

*Provider ID:* 205621  
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK  
 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025-6428  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 294-9260  
*Provider Gender:* Male  
*License number:* A38555  
*NPI:* 1700801867  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **NESPECA, MARK P**

*Provider ID:* 277823  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:*  
*After Hours Phone:* (760) 294-9260  
*Provider Gender:* Male  
*License number:* G65509

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1942371703  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**SAHAGIAN, MICHELLE L**  
 Provider ID: 206076  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 625 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92025-6428  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 294-9260  
 Provider Gender: Female  
 License number: A80990  
 NPI: 1275604035  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**SATTAR, SHIFTEH**  
 Provider ID: 206180  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 625 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92025-6428  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 294-9260  
 Provider Gender: Female  
 License number: A103904  
 NPI: 1750407300  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No

♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### NEUROLOGY

**DELANEY, MICHAEL W , MD**  
 Provider ID: 269104  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

1955 CITRACADO PKWY STE  
 102  
 ESCONDIDO, CA 92029-4111  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760)  
 631-3000  
 Provider Gender: Male  
 License number: C146015  
 NPI: 1710157920  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Pomerado  
 Hospital, Scripps Memorial  
 Hospital Encinitas, Tri City  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/200  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**GOLD, JEFFREY J**  
 Provider ID: 277870  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 294-9260  
 Provider Gender: Male  
 License number: A111541  
 NPI: 1568773984  
 Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**JINDAL, ANUJA V**  
*Provider ID:* 277838  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760)  
 294-9260  
*Provider Gender:* Female  
*License number:* A149444  
*NPI:* 1194046581  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network  
**KIM MCMANUS, OLIVIA S**  
*Provider ID:* 277873  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760)  
 294-9260  
*Provider Gender:* Female  
*License number:* A120194  
*NPI:* 1174870067

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* University Of  
 California Irvine Med Ctr,  
 Childrens Hospital Of Orange  
 County, Rady Childrens Hospital  
 San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**LAWLER, ABIGAIL C , MD**  
*Provider ID:* 125131  
*Board Certified Specialty:* No  
 THE NEUROLOGY CTR  
 1955 CITRACADO PKWY STE  
 102  
 ESCONDIDO, CA 92029-4111

*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760)  
 631-3000  
*Provider Gender:* Female  
*License number:* A152080  
*NPI:* 1568789741  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital Encinitas, Tri  
 City Medical Ctr, Pomerado  
 Hospital, Palomar Medical  
 Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**NELSON, JAMES E**  
*Provider ID:* 277849  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760)  
 294-9260  
*Provider Gender:* Male  
*License number:* C55868  
*NPI:* 1568434546  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Valley

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Childrens Hospital, Ucsd Medical  
Ctr, Rady Childrens Hospital San  
Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **OH, IRENE J , MD**

*Provider ID:* 76600

*Board Certified Specialty:* No

THE NEUROLOGY CTR

1955 CITRACADO PKWY STE  
102

ESCONDIDO, CA 92029-4111

*Phone:* (760) 631-3000

*Fax:* (760) 631-3016

*After Hours Phone:* (760)  
631-3000

*Provider Gender:* Female

*License number:* A106450

*NPI:* 1306089008

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

Medical Ctr, Scripps Memorial  
Hospital Encinitas, Pomerado  
Hospital, Palomar Medical  
Center

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **PADUGA, REMIA S**

*Provider ID:* 285940

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

1955 CITRACADO PKWY STE  
102

ESCONDIDO, CA 92029-4111

*Phone:* (760) 631-3000

*Fax:* (760) 631-3016

*After Hours Phone:* (760)  
631-3000

*Provider Gender:* Female

*License number:* A113451

*NPI:* 1194933853

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital Encinitas, Tri  
City Medical Ctr, Pomerado  
Hospital, Palomar Medical  
Center

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **PHAM, ALISE K**

*Provider ID:* 285920

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

1955 CITRACADO PKWY STE  
102

ESCONDIDO, CA 92029-4111

*Phone:* (760) 631-3000

*Fax:* (760) 361-3016

*After Hours Phone:* (760)  
631-3000

*Provider Gender:* Female

*License number:* 20A18259

*NPI:* 1184011363

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

Medical Ctr, Pomerado Hospital,  
Palomar Medical Center, Scripps  
Memorial Hospital Encinitas

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **QUESNELL, TARA A**

*Provider ID:* 109398

*Board Certified Specialty:* No

NORTH COUNTY NEUROLOGY

ASSOCS MED GRP

1955 CITRACADO PKWY STE  
102

ESCONDIDO, CA 92029-4111

*Phone:* (760) 631-3000

*Fax:*

*After Hours Phone:* (760)  
631-3000

*Provider Gender:* Female

*License number:* 20A13609

*NPI:* 1619288172

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

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## D. Specialist Provider Directory

Medical Ctr, Scripps Memorial  
Hospital Encinitas, Palomar  
Medical Center, Pomerado  
Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **QUESNELL, TARA A**

*Provider ID:* 109398  
*Board Certified Specialty:* No  
NORTH COUNTY NEUROLOGY  
ASSOCS MED GRP  
1955 CITRACADO PKWY STE  
102  
ESCONDIDO, CA 92029-4111  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760)  
631-3000  
*Provider Gender:* Female  
*License number:* 20A13609  
*NPI:* 1619288172  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
Medical Ctr, Scripps Memorial  
Hospital Encinitas, Palomar  
Medical Center, Pomerado  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**ROSENBERG, JAY H**  
*Provider ID:* 94232  
*Board Certified Specialty:* No  
THE NEUROLOGY CTR  
1955 CITRACADO PKWY STE  
102  
ESCONDIDO, CA 92029-4111  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760)  
631-3000

*Provider Gender:* Male  
*License number:* G17059  
*NPI:* 1609804848  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
Medical Ctr, Scripps Memorial  
Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SHAPIRO, MARK H**

*Provider ID:* 284030  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
631 E GRAND AVE  
ESCONDIDO, CA 92025-4402

*Phone:* (760) 294-1660  
*Fax:* (760) 745-5016  
*After Hours Phone:* (760)  
294-1660  
*Provider Gender:* Male  
*License number:* G65280  
*NPI:* 1912962275  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Swahili  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar  
Medical Center, Tri City Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **TRAUNER, DORIS A**

*Provider ID:* 205503  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
625 CITRACADO PKWY STE  
100  
ESCONDIDO, CA 92025-6428  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760)  
294-9260  
*Provider Gender:* Female  
*License number:* G25519  
*NPI:* 1124051420  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish

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## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**WANG, CHUNYANG T , MD**  
*Provider ID:* 84403  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1955 CITRACADO PKWY STE  
 102  
 ESCONDIDO, CA 92029-4111  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760)  
 631-3000  
*Provider Gender:* Female  
*License number:* A105660  
*NPI:* 1386890770  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital Encinitas, Tri  
 City Medical Ctr, Pomerado  
 Hospital, Scripps Memorial  
 Hospital, Palomar Medical  
 Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**ZIMBRIC, MICHAEL R**  
*Provider ID:* 277891  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760)  
 294-9260  
*Provider Gender:* Male  
*License number:* A95660  
*NPI:* 1487819546  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **OBSTETRICS / GYNECOLOGY**

**BABKINA, NATALIA**  
*Provider ID:* 277174  
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH  
 NETWORK  
 1955 CITRACADO PKWY STE  
 302  
 ESCONDIDO, CA 92029-4113  
*Phone:* (760) 233-1896  
*Fax:* (760) 233-1899  
*After Hours Phone:* (760)  
 233-1896  
*Provider Gender:* Female  
*License number:* A121142  
*NPI:* 1396066635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Pioneers  
 Memorial Hospital, El Centro  
 Regional Medical Center,  
 Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**BABKINA, NATALIA**  
*Provider ID:* 277175  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 488 E VALLEY PKWY STE 400  
 ESCONDIDO, CA 92025-3378  
*Phone:* (760) 658-6101  
*Fax:* (760) 658-6106  
*After Hours Phone:* (760)  
 658-6101  
*Provider Gender:* Female  
*License number:* A121142

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## D. Specialist Provider Directory

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*NPI:* 1396066635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Pioneers Memorial Hospital, El Centro Regional Medical Center, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CHIARAPPA, ASHLEY M**

*Provider ID:* 269149  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
488 E VALLEY PKWY STE 310  
ESCONDIDO, CA 92025-3373  
*Phone:* (760) 745-7060  
*Fax:* (760) 294-7784  
*After Hours Phone:* (760) 745-7060  
*Provider Gender:* Female  
*License number:* A164036  
*NPI:* 1760983092  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CIZEK, STEPHANIE M**

*Provider ID:* 269235  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
347 W MISSION AVE  
ESCONDIDO, CA 92025-1729  
*Phone:* (415) 833-9183  
*Fax:*  
*After Hours Phone:* (415) 833-9183  
*Provider Gender:* Female  
*License number:* A135224  
*NPI:* 1346582921  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CIZMAR, BRANISLAV**

*Provider ID:* 278908  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
488 E VALLEY PKWY STE 400  
ESCONDIDO, CA 92025-3378

*Phone:* (760) 658-6101  
*Fax:* (760) 658-6106  
*After Hours Phone:* (760) 658-6101  
*Provider Gender:* Male  
*License number:* A80606  
*NPI:* 1679554372  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Italian, Slovak, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Palomar Health Downtown Campus, Tri City Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CIZMAR, BRANISLAV**

*Provider ID:* 278909  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
1955 CITRACADO PKWY STE 302  
ESCONDIDO, CA 92029-4113  
*Phone:* (760) 233-1896  
*Fax:* (760) 233-1899  
*After Hours Phone:* (760) 233-1896  
*Provider Gender:* Male  
*License number:* A80606  
*NPI:* 1679554372  
*Provider English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider Language(s) Spoken:* Italian, Slovak, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Palomar Health Downtown Campus, Tri City Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HINSHAW, PAUL W**

*Provider ID:* 277040  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 1955 CITRACADO PKWY STE 302  
 ESCONDIDO, CA 92029-4113  
*Phone:* (760) 233-1896  
*Fax:* (760) 233-1899  
*After Hours Phone:* (760) 233-1896  
*Provider Gender:* Male  
*License number:* 20A13379  
*NPI:* 1215170717  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Palomar Health Downtown Campus  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*

No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network

### **HINSHAW, PAUL W**

*Provider ID:* 277041  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 488 E VALLEY PKWY STE 400  
 ESCONDIDO, CA 92025-3378  
*Phone:* (760) 658-6101  
*Fax:* (760) 658-6106  
*After Hours Phone:* (760) 658-6101  
*Provider Gender:* Male  
*License number:* 20A13379  
*NPI:* 1215170717  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Palomar Health Downtown Campus  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network

### **HINSHAW, PAUL W**

*Provider ID:* 285628  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC

1955 CITRACADO PKWY STE 302  
 ESCONDIDO, CA 92029-4113  
*Phone:* (760) 233-1896  
*Fax:* (760) 233-1899  
*After Hours Phone:* (760) 233-1896  
*Provider Gender:* Male  
*License number:* 20A13379  
*NPI:* 1215170717  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network

### **HINSHAW, PAUL W**

*Provider ID:* 285629  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 488 E VALLEY PKWY STE 400  
 ESCONDIDO, CA 92025-3378  
*Phone:* (760) 658-6101  
*Fax:* (760) 658-6106  
*After Hours Phone:* (760) 658-6101  
*Provider Gender:* Male  
*License number:* 20A13379  
*NPI:* 1215170717  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL): No  
♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Rady Childrens Health Network

### **HUSKEY, DANA E**

Provider ID: 276945

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

1955 CITRACADO PKWY STE  
302

ESCONDIDO, CA 92029-4113

Phone: (760) 233-1896

Fax: (760) 233-1899

After Hours Phone: (760)  
233-1896

Provider Gender: Female

License number: A99128

NPI: 1538146337

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Sharp Mary

Birch Hosp For Women And

Newborns, Palomar Medical

Center, Palomar Health

Downtown Campus, Pomerado

Hospital, Sierra Vista Regional

Med Ctr, Rady Childrens Hospital

San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/99

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **HUSKEY, DANA E**

Provider ID: 276946

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

488 E VALLEY PKWY STE 400

ESCONDIDO, CA 92025-3378

Phone: (760) 658-6101

Fax: (760) 658-6106

After Hours Phone: (760)  
658-6101

Provider Gender: Female

License number: A99128

NPI: 1538146337

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Sharp Mary

Birch Hosp For Women And

Newborns, Palomar Medical

Center, Palomar Health

Downtown Campus, Pomerado

Hospital, Sierra Vista Regional

Med Ctr, Rady Childrens Hospital

San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/99

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **LAMALE-SMITH, LEAH M**

Provider ID: 285518

Board Certified Specialty: No

UCSD MEDICAL GROUP

2125 CITRACADO PKWY # 210

ESCONDIDO, CA 92029-4159

Phone: (760) 739-2921

Fax: (760) 739-3162

After Hours Phone: (760)

739-2921

Provider Gender: Female

License number: A135831

NPI: 1396904876

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **LEON, JOSUE D**

Provider ID: 205798

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

488 E VALLEY PKWY STE 400

ESCONDIDO, CA 92025-3378

Phone: (760) 658-6101

Fax:

After Hours Phone: (760)

658-6101

Provider Gender: Male

License number: A80635

NPI: 1497799092

Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**ADAMS, MONA N**  
*Provider ID:* 277880  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760) 755-7600  
*Provider Gender:* Female  
*License number:* OPT14457  
*NPI:* 1942564521  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760) 755-7600  
*Provider Gender:* Female  
*License number:* A90890  
*NPI:* 1871664631  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### OPHTHALMOLOGY

**ABBOUD, JEAN-PAUL J**  
*Provider ID:* 214190  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 625 CITRACADO PKWY STE 206  
 ESCONDIDO, CA 92025-6428  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760) 755-7600  
*Provider Gender:* Male  
*License number:* A124825  
*NPI:* 1760776728  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes

*Provider Gender:* Female  
*License number:* OPT14457  
*NPI:* 1942564521  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**BANSAL, PREETI**  
*Provider ID:* 277883  
*Board Certified Specialty:* No

**BHATIA, SHAGUN K**  
*Provider ID:* 277877  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760) 755-7600

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## D. Specialist Provider Directory

*Provider Gender:* Female  
*License number:* A154902  
*NPI:* 1104237353  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**BINDER, NICHOLAS R , MD**  
*Provider ID:* 268756  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 830 W VALLEY PKWY STE 300  
 ESCONDIDO, CA 92025-2529  
*Phone:* (760) 743-5872  
*Fax:* (760) 743-5879  
*After Hours Phone:* (760)  
 743-5872  
*Provider Gender:* Male  
*License number:* A124698  
*NPI:* 1306076716  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Grossmont  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

**BOKOSKY, JOHN E**  
*Provider ID:* 54001  
*Board Certified Specialty:* No  
 EYE CARE OF SAN DIEGO  
 MED OFFICE  
 700 W EL NORTE PKWY  
 ESCONDIDO, CA 92026-3923  
*Phone:* (760) 738-7800  
*Fax:* (619) 296-4622  
*After Hours Phone:* (760)  
 738-7800  
*Provider Gender:* Male  
*License number:* G51651  
*NPI:* 1245215748  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**CHOPLIN, NEIL T**  
*Provider ID:* 54049  
*Board Certified Specialty:* No  
 EYE CARE OF SAN DIEGO

MED OFFICE  
 700 W EL NORTE PKWY  
 ESCONDIDO, CA 92026-3923  
*Phone:* (760) 738-7800  
*Fax:* (619) 296-4622  
*After Hours Phone:* (760)  
 738-7800  
*Provider Gender:* Male  
*License number:* G57042  
*NPI:* 1144205642  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**MCGRRAW, JOSEPH P , MD**  
*Provider ID:* 269705  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 830 W VALLEY PKWY STE 300  
 ESCONDIDO, CA 92025-2529  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800)  
 898-2020  
*Provider Gender:* Male  
*License number:* A155228  
*NPI:* 1588624852  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **MILLER, DOUGLAS G**

Provider ID: 262446  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 830 W VALLEY PKWY STE 300  
 ESCONDIDO, CA 92025-2529  
 Phone: (760) 743-5872  
 Fax: (760) 743-5879  
 After Hours Phone: (760) 743-5872  
 Provider Gender: Male  
 License number: G52627  
 NPI: 1982636031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MILLER, DOUGLAS G , MD**

Provider ID: 268956

Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 830 W VALLEY PKWY STE 300  
 ESCONDIDO, CA 92025-2529  
 Phone: (760) 743-5872  
 Fax: (760) 743-5879  
 After Hours Phone: (760) 743-5872  
 Provider Gender: Male  
 License number: G52627  
 NPI: 1982636031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MOLL, ANGELA M**

Provider ID: 205895  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 625 CITRACADO PKWY STE 206  
 ESCONDIDO, CA 92025-6428  
 Phone: (760) 755-7600  
 Fax:  
 After Hours Phone: (760) 755-7600  
 Provider Gender: Female  
 License number: A105472  
 NPI: 1861648602  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **MOLL, ANGELA M**

Provider ID: 277824  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760) 755-7600  
 Provider Gender: Female  
 License number: A105472  
 NPI: 1861648602  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital,

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## D. Specialist Provider Directory

Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MORRISON-REYES, JOSHUA A**

*Provider ID:* 107935  
*Board Certified Specialty:* No  
 WEST COAST EYE CARE ASSOCS MED GRP  
 830 W VALLEY PKWY STE 300  
 ESCONDIDO, CA 92025-2529  
*Phone:* (760) 743-5872  
*Fax:* (760) 743-5879  
*After Hours Phone:* (760) 743-5872  
*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MORRISON-REYES, JOSHUA A , MD**

*Provider ID:* 269179  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 830 W VALLEY PKWY STE 300  
 ESCONDIDO, CA 92025-2529  
*Phone:* (760) 743-5872  
*Fax:* (760) 743-5879  
*After Hours Phone:* (760) 743-5872  
*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MORTON, ASA D**

*Provider ID:* 54311  
*Board Certified Specialty:* No  
 EYE CARE OF SAN DIEGO  
 MED OFFICE

700 W EL NORTE PKWY  
 ESCONDIDO, CA 92026-3923  
*Phone:* (760) 738-7800  
*Fax:* (619) 296-4622  
*After Hours Phone:* (760) 738-7800  
*Provider Gender:* Male  
*License number:* G68919  
*NPI:* 1780669283  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MOVAGHAR, MANSOOR**

*Provider ID:* 277833  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760) 755-7600  
*Provider Gender:* Male  
*License number:* A100897  
*NPI:* 1497792220  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

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## D. Specialist Provider Directory

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **OHALLORAN, HENRY S**

*Provider ID:* 277869

*Board Certified Specialty:* No

*RADY CHILDRENS HEALTH NETWORK*

*2125 CITRACADO PKWY # 200 ESCONDIDO, CA 92029-4159*

*Phone:* (760) 755-7600

*Fax:* (760) 755-7699

*After Hours Phone:* (760)

755-7600

*Provider Gender:* Male

*License number:* A73282

*NPI:* 1235287947

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **PANSARA, MEGHA L**

*Provider ID:* 286603

*Board Certified Specialty:* No

*RADY CHILDRENS HEALTH NETWORK*

*2125 CITRACADO PKWY # 200*

*ESCONDIDO, CA 92029-4159*

*Phone:* (760) 755-7600

*Fax:* (760) 755-7699

*After Hours Phone:* (760)

755-7600

*Provider Gender:* Female

*License number:* A143429

*NPI:* 1184983728

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Gujarati, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Palomar

Medical Center, Pomerado

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **PATEL, GITANE**

*Provider ID:* 262319

*Board Certified Specialty:* No

*IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD*

*830 W VALLEY PKWY STE 300*

*ESCONDIDO, CA 92025-2529*

*Phone:* (760) 743-5872

*Fax:*

*After Hours Phone:* (760)

743-5872

*Provider Gender:* Male

*License number:* A108603

*NPI:* 1710171434

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic, Gujarati, Spanish,

Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont

Hospital, Paradise Valley

Hospital, Scripps Memorial

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PATEL, GITANE, MD**

*Provider ID:* 268741

*Board Certified Specialty:* No

*COMMUNITY CARE IPA LLC*

*830 W VALLEY PKWY STE 300*

*ESCONDIDO, CA 92025-2529*

*Phone:* (760) 743-5872

*Fax:*

*After Hours Phone:* (760)

743-5872

*Provider Gender:* Male

*License number:* A108603

*NPI:* 1710171434

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic, Gujarati, Spanish,

Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont

Hospital, Paradise Valley

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## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Hospital, Scripps Memorial Hospital<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>MEDICAL GROUP-SD<br/>             830 W VALLEY PKWY STE 300<br/>             ESCONDIDO, CA 92025-2529<br/> <i>Phone:</i> (800) 898-2020<br/> <i>Fax:</i> (844) 897-3788<br/> <i>After Hours Phone:</i> (800) 898-2020<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A115965<br/> <i>NPI:</i> 1982872552<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish, Tagalog, Telugu, Vietnamese<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> |
| <p><b>PATEL, SARJAN H</b><br/> <i>Provider ID:</i> 262407<br/> <i>Board Certified Specialty:</i> No<br/>             IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD<br/>             830 W VALLEY PKWY STE 300<br/>             ESCONDIDO, CA 92025-2529<br/> <i>Phone:</i> (800) 898-2020<br/> <i>Fax:</i> (844) 897-3788<br/> <i>After Hours Phone:</i> (800) 898-2020<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A114976<br/> <i>NPI:</i> 1316199326<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Gujarati, Hindi, Spanish, Tagalog, Vietnamese<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i></p> | <p><b>PATEL, SARJAN H , MD</b><br/> <i>Provider ID:</i> 268802<br/> <i>Board Certified Specialty:</i> No<br/>             COMMUNITY CARE IPA LLC<br/>             830 W VALLEY PKWY STE 300<br/>             ESCONDIDO, CA 92025-2529<br/> <i>Phone:</i> (800) 898-2020<br/> <i>Fax:</i> (844) 897-3788<br/> <i>After Hours Phone:</i> (800) 898-2020<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A114976<br/> <i>NPI:</i> 1316199326<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Gujarati, Hindi, Spanish, Tagalog, Vietnamese<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> | <p><b>PRABHU, SUJATA P , MD</b><br/> <i>Provider ID:</i> 268920<br/> <i>Board Certified Specialty:</i> No<br/>             COMMUNITY CARE IPA LLC<br/>             830 W VALLEY PKWY STE 300<br/>             ESCONDIDO, CA 92025-2529<br/> <i>Phone:</i> (800) 898-2020<br/> <i>Fax:</i> (844) 897-3788<br/> <i>After Hours Phone:</i> (800) 898-2020<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A115965</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>PRABHU, SUJATA P</b><br/> <i>Provider ID:</i> 262393<br/> <i>Board Certified Specialty:</i> No<br/>             IMPERIAL HEALTH HOLDINGS</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>PRABHU, SUJATA P</b><br/> <i>Provider ID:</i> 262393<br/> <i>Board Certified Specialty:</i> No<br/>             IMPERIAL HEALTH HOLDINGS</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1982872552  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog, Telugu, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### SCHER, COLIN A

Provider ID: 277862  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760) 755-7600  
 Provider Gender: Male  
 License number: A42700  
 NPI: 1396816153  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Palomar Medical Center,

Grossmont Hospital, Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### OTOLARYNGOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY

### BLISS, MORGAN R

Provider ID: 206084  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 625 CITRACADO PKWY STE 206  
 ESCONDIDO, CA 92025-6428  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760) 755-7600  
 Provider Gender: Female  
 License number: A134647  
 NPI: 1760707657  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### NATION, JAVAN J

Provider ID: 277844  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 200  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760) 755-7600  
 Provider Gender: Male  
 License number: A125279  
 NPI: 1043478902  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### OTOLARYNGOLOGY

### BLISS, MORGAN R

Provider ID: 277537  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

2125 CITRACADO PKWY # 200  
ESCONDIDO, CA 92029-4159  
Phone: (760) 755-7600  
Fax: (760) 755-7699  
After Hours Phone: (760) 755-7600  
Provider Gender: Female  
License number: A134647  
NPI: 1760707657  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

**FITZGERALD, PATRICK J , MD**  
Provider ID: 269266  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1955 CITRACADO PKWY STE  
200  
ESCONDIDO, CA 92029-4112  
Phone: (858) 485-7870  
Fax: (858) 485-6473  
After Hours Phone: (858)  
485-7870  
Provider Gender: Male  
License number: G80210  
NPI: 1790882728  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr, Palomar Health

Downtown Campus, Pomerado  
Hospital, Palomar Medical  
Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**FRIESEN, TZYYNONG L**  
Provider ID: 277853  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY # 200  
ESCONDIDO, CA 92029-4159  
Phone: (760) 755-7600  
Fax: (760) 755-7699  
After Hours Phone: (760)  
755-7600  
Provider Gender: Female  
License number: A152327  
NPI: 1952740177  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

**JIANG, WEN A**

Provider ID: 277860  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY # 200  
ESCONDIDO, CA 92029-4159  
Phone: (760) 755-7600  
Fax: (760) 755-7699  
After Hours Phone: (760)  
755-7600  
Provider Gender: Female  
License number: A99198  
NPI: 1659305753  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Mandarin  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

**LEUIN, SHELBY C**  
Provider ID: 206110  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
625 CITRACADO PKWY STE  
206  
ESCONDIDO, CA 92025-6428  
Phone: (760) 755-7600  
Fax: (760) 755-7699  
After Hours Phone: (760)  
755-7600  
Provider Gender: Female  
License number: A112930

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1124230909

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### SILVA SEPULVEDA, JOSE A

Provider ID: 206298

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

625 CITRACADO PKWY STE  
100

ESCONDIDO, CA 92025-6428

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)

294-9260

Provider Gender: Male

License number: A120119

NPI: 1417222472

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### SUN, HEATHER Y

Provider ID: 206145

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

625 CITRACADO PKWY STE  
100

ESCONDIDO, CA 92025-6428

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)

294-9260

Provider Gender: Female

License number: A107943

NPI: 1811173883

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### PEDIATRIC CARDIOLOGY

#### HALEY, JESSICA E

Provider ID: 205689

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

625 CITRACADO PKWY STE  
100

ESCONDIDO, CA 92025-6428

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)

294-9260

Provider Gender: Female

License number: A125568

NPI: 1023329885

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

### PEDIATRIC DERMATOLOGY

#### BARRIO, VICTORIA R

Provider ID: 277856

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY # 100

ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)

755-7600

Provider Gender: Female

License number: A91617

NPI: 1598836355

Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital, Ucsd  
Medical Ctr

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **BOIKO, SUSAN**

*Provider ID:* 277158  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:* (760)  
755-7600  
*Provider Gender:* Female  
*License number:* G41069  
*NPI:* 1053488981  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PEDIATRIC INFECTIOUS DISEASES**

### **CHRISTMAN, JAMESINA C**

*Provider ID:* 277821  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159  
*Phone:* (760) 739-1543  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760)  
739-1543  
*Provider Gender:* Female  
*License number:* A93574  
*NPI:* 1538372032  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens  
Hosp Of Los Angeles, Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/19  
*American Sign Language (ASL):*  
No

*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PEDIATRIC ORTHOPEDICS**

### **UPASANI, VIDYADHAR V**

*Provider ID:* 205918  
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH  
NETWORK  
625 CITRACADO PKWY STE  
100  
ESCONDIDO, CA 92025-6428  
*Phone:* (855) 966-6789  
*Fax:*

*After Hours Phone:* (855)  
966-6789  
*Provider Gender:* Male  
*License number:* A97603  
*NPI:* 1548417652  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No

*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PEDIATRIC PULMONOLOGY**

### **DUONG, THU A**

*Provider ID:* 277857  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159  
*Phone:* (760) 739-1543  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760)  
739-1543  
*Provider Gender:* Female  
*License number:* A127187  
*NPI:* 1326309881

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PEDIATRIC RHEUMATOLOGY**

#### **CHIRASEVEENUPRAPUND, PETER**

*Provider ID:* 277906  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760)  
 294-9260  
*Provider Gender:* Male  
*License number:* A68277  
*NPI:* 1467518209  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PEDIATRICS**

#### **AJAYI, TOLUWALASE A**

*Provider ID:* 205718  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-2850  
*Fax:* (442) 281-2999  
*After Hours Phone:* (442)  
 281-2850  
*Provider Gender:* Female  
*License number:* A121454  
*NPI:* 1316175912  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Rady Childrens  
 Hospital San Diego, Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Green Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

#### **CAMERON, MELISSA A**

*Provider ID:* 116006  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-2850  
*Fax:*  
*After Hours Phone:* (442)  
 281-2850  
*Provider Gender:* Female  
*License number:* A125249  
*NPI:* 1902983752  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Palomar Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

#### **CAMERON, MELISSA A**

*Provider ID:* 205966  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-2850  
*Fax:* (442) 281-2999  
*After Hours Phone:* (442)  
 281-2850

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Female  
*License number:* A125249  
*NPI:* 1902983752  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Palomar Health Downtown  
 Campus, Palomar Medical  
 Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### DE LA ROSA, IVONNE E

*Provider ID:* 206029  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-2850  
*Fax:* (442) 281-2999  
*After Hours Phone:* (442)  
 281-2850  
*Provider Gender:* Female  
*License number:* A49734  
*NPI:* 1174695795  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital Encinitas,  
 Scripps Memorial Hospital, Sharp  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego, El

Centro Regional Medical Center,  
 Valley Childrens Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### FATAYERJI, NABIL I

*Provider ID:* 52508  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-2850  
*Fax:*  
*After Hours Phone:* (442)  
 281-2850  
*Provider Gender:* Male  
*License number:* A63224  
*NPI:* 1649341405  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Pomerado Hospital, Southwest  
 Healthcare System Wildomar,  
 Southwest Healthcare System  
 Murrieta, Palomar Medical  
 Center, Scripps Memorial  
 Hospital, Scripps Mercy Hospital,  
 Scripps Mercy Hospital Chula  
 Vista, Scripps Memorial Hospital  
 Encinitas, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### GOLEMBESKI, DAVID J

*Provider ID:* 52528  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-2850  
*Fax:*  
*After Hours Phone:* (442)  
 281-2850  
*Provider Gender:* Male  
*License number:* G63111  
*NPI:* 1376614131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital  
 Encinitas, Pomerado Hospital,  
 Southwest Healthcare System  
 Wildomar, Southwest Healthcare  
 System Murrieta, Palomar  
 Medical Center, Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MOYER, LAUREL B**

*Provider ID:* 116076  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-2850

*Fax:*  
*After Hours Phone:* (442) 281-2850  
*Provider Gender:* Female  
*License number:* C144070  
*NPI:* 1598970378  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PARKER, PAUL C**

*Provider ID:* 205757  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2185 CITRACADO PKWY

ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-2850  
*Fax:* (442) 281-2999  
*After Hours Phone:* (442) 281-2850  
*Provider Gender:* Male  
*License number:* A54747  
*NPI:* 1841202710  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Marian Regional Medical Center, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SAUER, CHARLES W**

*Provider ID:* 52544  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
*Phone:* (442) 281-2850  
*Fax:*  
*After Hours Phone:* (442) 281-2850  
*Provider Gender:* Male  
*License number:* 20A9535  
*NPI:* 1538388988  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Pomerado Hospital, Scripps Memorial Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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### **PHYSICAL MEDICINE / REHABILITATION**

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### **RYAN, KYLE**

*Provider ID:* 275660  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 625 CITRACADO PKWY  
 ESCONDIDO, CA 92025-6428  
*Phone:* (760) 294-9260  
*Fax:* (760) 294-9274  
*After Hours Phone:* (760) 294-9260  
*Provider Gender:* Male  
*License number:* A170177  
*NPI:* 1447645742  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/25  
*American Sign Language (ASL):*

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## D. Specialist Provider Directory

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>COMMUNITY CARE IPA LLC<br/> 1955 CITRACADO PKWY STE 102<br/> ESCONDIDO, CA 92029-4111<br/> <i>Phone:</i> (760) 631-3000<br/> <i>Fax:</i> (760) 631-3016<br/> <i>After Hours Phone:</i> (760) 631-3000<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> PA58612<br/> <i>NPI:</i> 1386260842<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Tri City Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 18/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc</p> | <p><i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>PHYSICIANS ASSISTANT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>ASARO, AMANDA M</b><br/> <i>Provider ID:</i> 277871<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 2125 CITRACADO PKWY # 100<br/> ESCONDIDO, CA 92029-4159<br/> <i>Phone:</i> (760) 480-8770<br/> <i>Fax:</i> (760) 480-8811<br/> <i>After Hours Phone:</i> (760) 480-8770<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> PA18493<br/> <i>NPI:</i> 1306961313<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> | <p><b>CHATFIELD, ALEXANDRA J</b><br/> <i>Provider ID:</i> 276716<br/> <i>Board Certified Specialty:</i> No<br/> COMMUNITY CARE IPA LLC<br/> 1955 CITRACADO PKWY STE 200<br/> ESCONDIDO, CA 92029-4112<br/> <i>Phone:</i> (760) 743-4789<br/> <i>Fax:</i> (858) 673-5187<br/> <i>After Hours Phone:</i> (760) 743-4789<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> PA57107<br/> <i>NPI:</i> 1215584628<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i></p>                                                                                                                                                                                                    | <p><b>DICKINSON, ALLISON J</b><br/> <i>Provider ID:</i> 277863<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 2125 CITRACADO PKWY # 100<br/> ESCONDIDO, CA 92029-4159<br/> <i>Phone:</i> (760) 480-8770<br/> <i>Fax:</i> (760) 480-8811<br/> <i>After Hours Phone:</i> (760) 480-8770<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> PA17163<br/> <i>NPI:</i> 1972655389<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> |
| <p><b>BURNEY, MELISSA A</b><br/> <i>Provider ID:</i> 285891<br/> <i>Board Certified Specialty:</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>FLOCO, VIRGINIA A</b><br/> <i>Provider ID:</i> 277864<br/> <i>Board Certified Specialty:</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

### **RADY CHILDRENS HEALTH NETWORK**

2125 CITRACADO PKWY # 200  
ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

License number: PA20788

NPI: 1982798112

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **LAZAR, ANITA A**

Provider ID: 277805

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY # 200  
ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

License number: PA55984

NPI: 1609208198

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **MCCAULEY, KRISTINA R**

Provider ID: 277875

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY # 200  
ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

License number: PA52100

NPI: 1063819944

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **MUNCH, LINH D**

Provider ID: 277843

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159

Phone: (760) 480-8770

Fax: (760) 480-8811

After Hours Phone: (760)  
480-8770

Provider Gender: Female

License number: PA14223

NPI: 1679792725

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **NGUYEN, CECILIA**

Provider ID: 289158

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Provider Gender: Female

License number: PA57419

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1629636816  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**PAIK, CHRISTINA N**  
 Provider ID: 277803  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 480-8770  
 Fax: (760) 480-8811  
 After Hours Phone: (760)  
 480-8770  
 Provider Gender: Female  
 License number: PA21680  
 NPI: 1174811475  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Rady Childrens Health  
 Network  
**ROSS, ANNE T**  
 Provider ID: 269221  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
 Phone: (760) 737-2035  
 Fax: (760) 520-8314  
 After Hours Phone: (760)  
 737-2035  
 Provider Gender: Female  
 License number: PA53359  
 NPI: 1447334883  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**SANCHEZ, RAQUEL**  
 Provider ID: 277886  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 480-8770  
 Fax: (760) 480-8811  
 After Hours Phone: (760)  
 480-8770  
 Provider Gender: Female  
 License number: PA14357

NPI: 1356560650  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**VILLAPANDO, NORMA O**  
 Provider ID: 277904  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760)  
 755-7600  
 Provider Gender: Female  
 License number: PA56098  
 NPI: 1376947960  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IPA: Rady Childrens Health Network

### PODIATRIST

#### FARMER, STEVEN G

Provider ID: 268975  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
Phone: (760) 737-6900  
Fax: (360) 462-2748  
After Hours Phone: (760) 737-6900  
Provider Gender: Male  
License number: DPM2895  
NPI: 1215087770  
Provider English Spoken: Yes  
Provider Language(s) Spoken: German, Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility: P, EB, IB, E, R  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

#### NEGRON, RICARDO J , MD

Provider ID: 274646  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604

Phone: (760) 520-8200  
Fax: (360) 462-2749  
After Hours Phone: (760) 520-8200  
Provider Gender: Male  
License number: DPM5260  
NPI: 1932548393  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Providence St Joseph Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### PULMONARY DISEASES

#### BENDER, FRANK D

Provider ID: 257558  
Board Certified Specialty: No  
BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
488 E VALLEY PKWY STE 211  
ESCONDIDO, CA 92025-3370  
Phone: (760) 489-1458  
Fax: (760) 489-1246  
After Hours Phone: (760) 489-1458  
Provider Gender: Male  
License number: G33933  
NPI: 1912015363  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Palomar Medical Center, Pomerado

Hospital, Palomar Health Downtown Campus  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

#### BENDER, FRANK D , MD

Provider ID: 53988  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
488 E VALLEY PKWY STE 211  
ESCONDIDO, CA 92025-3370  
Phone: (760) 489-1458  
Fax: (760) 489-1246  
After Hours Phone: (760) 489-1458  
Provider Gender: Male  
License number: G33933  
NPI: 1912015363  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Palomar Medical Center, Pomerado Hospital, Palomar Health Downtown Campus  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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IPA: Blue Shield Promise Health  
Plan Direct, Community Care Ipa  
Llc

### **HIRSCH, GREGORY L**

Provider ID: 286970  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
488 E VALLEY PKWY STE 201  
ESCONDIDO, CA 92025-3398  
Phone: (760) 489-1458  
Fax: (760) 489-1246  
After Hours Phone: (760)  
489-1458  
Provider Gender: Male  
License number: G40467  
NPI: 1639287071  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Palomar  
Medical Center, Pomerado  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **POPPER, STEVEN T , MD**

Provider ID: 204438  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
488 E VALLEY PKWY STE 211  
ESCONDIDO, CA 92025-3370  
Phone: (760) 489-1458  
Fax: (760) 489-1246  
After Hours Phone: (760)  
489-1458

Provider Gender: Male  
License number: A127156  
NPI: 1679849012  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Palomar  
Medical Center, Kaiser  
Foundation Hospital Bellflower,  
Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **POPPER, STEVEN T**

Provider ID: 276725  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
488 E VALLEY PKWY STE 201  
ESCONDIDO, CA 92025-3398  
Phone: (760) 489-1458  
Fax: (760) 489-1246  
After Hours Phone: (760)  
489-1458  
Provider Gender: Male  
License number: A127156  
NPI: 1679849012  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Palomar  
Medical Center, Kaiser  
Foundation Hospital Bellflower,  
Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **QUAN, MICHELE G**

Provider ID: 287097  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2125 CITRACADO PKWY # 230  
ESCONDIDO, CA 92029-4159  
Phone: (760) 489-1458  
Fax: (760) 489-1246  
After Hours Phone: (760)  
489-1458  
Provider Gender: Female  
License number: A152133  
NPI: 1629462882  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Redlands  
Community Hosp  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

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### **RADIATION ONCOLOGY**

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### **COLEMAN, LORI A , MD**

Provider ID: 221090  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2125 CITRACADO PKWY # 110

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## D. Specialist Provider Directory

ESCONDIDO, CA 92029-4159  
*Phone:* (760) 735-7800  
*Fax:* (760) 735-7810  
*After Hours Phone:* (760) 735-7800  
*Provider Gender:* Female  
*License number:* G78635  
*NPI:* 1053348920  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**DEWITT, KELLY D , MD**  
*Provider ID:* 220044  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2125 CITRACADO PKWY # 110  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 739-3371  
*Fax:*  
*After Hours Phone:* (760) 739-3371  
*Provider Gender:* Female  
*License number:* A74873  
*NPI:* 1184668741  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Palomar

Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**FULLER, DONALD B , MD**  
*Provider ID:* 269237  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 701 E GRAND AVE STE 200  
 ESCONDIDO, CA 92025-4466  
*Phone:* (760) 839-7370  
*Fax:* (858) 429-7938  
*After Hours Phone:* (760) 839-7370  
*Provider Gender:* Male  
*License number:* G62532  
*NPI:* 1285632711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Memorial Hospital, Scripps Green Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**IJAZ, TAHIR, MD**  
*Provider ID:* 269244  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 701 E GRAND AVE STE 200  
 ESCONDIDO, CA 92025-4466  
*Phone:* (760) 839-7370  
*Fax:* (858) 429-7938  
*After Hours Phone:* (760) 839-7370  
*Provider Gender:* Male  
*License number:* A52748  
*NPI:* 1225036742  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* St Agnes Medical Center, Alvarado Hospital Llc, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**JABBARI, SIAVASH, MD**  
*Provider ID:* 268786  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2125 CITRACADO PKWY # 110

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

ESCONDIDO, CA 92029-4159  
 Phone: (760) 739-3371  
 Fax: (760) 739-3779  
 After Hours Phone: (760) 739-3371  
 Provider Gender: Male  
 License number: A99269  
 NPI: 1720314107  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**PEJAVAR, SUNANDA M , MD**  
 Provider ID: 221076  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2125 CITRACADO PKWY # 110  
 ESCONDIDO, CA 92029-4159  
 Phone: (760) 739-3371  
 Fax:  
 After Hours Phone: (760) 739-3371  
 Provider Gender: Female  
 License number: A103733  
 NPI: 1912232513  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Kannada, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont

Hospital, Sharp Memorial  
 Hospital, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 19/100  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**SHIRAZI, REZA, MD**  
 Provider ID: 269248  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 701 E GRAND AVE STE 200  
 ESCONDIDO, CA 92025-4466  
 Phone: (760) 839-7370  
 Fax: (858) 429-7938  
 After Hours Phone: (760) 839-7370  
 Provider Gender: Male  
 License number: A95800  
 NPI: 1336175272  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Persian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Green Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:

Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc  
**SHIRAZI, REZA**  
 Provider ID: 54453  
 Board Certified Specialty: No  
 GENESIS HEALTHCARE PARTNERS PC  
 701 E GRAND AVE STE 200  
 ESCONDIDO, CA 92025-4466  
 Phone: (760) 839-7370  
 Fax:  
 After Hours Phone: (760) 839-7370  
 Provider Gender: Male  
 License number: A95800  
 NPI: 1336175272  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Persian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Green Hospital, Sharp Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-F 8AM-4PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

### **UHL, BARRY M , MD**

*Provider ID:* 243529  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 2125 CITRACADO PKWY # 110  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 739-3371  
*Fax:* (760) 739-3779  
*After Hours Phone:* (760) 739-3371  
*Provider Gender:* Male  
*License number:* A71969  
*NPI:* 1811936693  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **VOLPP, PAUL B , MD**

*Provider ID:* 221103  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 2125 CITRACADO PKWY # 110  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 735-7800  
*Fax:* (760) 735-7810  
*After Hours Phone:* (760) 735-7800  
*Provider Gender:* Male  
*License number:* A86307

*NPI:* 1225186232  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **WEINSTEIN, GEOFFREY D , MD**

*Provider ID:* 220041  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 2125 CITRACADO PKWY # 110  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 739-3371  
*Fax:*  
*After Hours Phone:* (760) 739-3371  
*Provider Gender:* Male  
*License number:* A54109  
*NPI:* 1841233947  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):*

No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **RADIOLOGY DIAGNOSTIC X-RAY**

### **NALBANDIAN, ALLEN B**

*Provider ID:* 29148  
*Board Certified Specialty:* No  
**VALLEY RADIOLOGY CONSULTANTS MED GRP INC**  
 255 N ELM ST STE 102  
 ESCONDIDO, CA 92025-3431  
*Phone:* (760) 739-5400  
*Fax:*  
*After Hours Phone:* (760) 739-5400  
*Provider Gender:* Male  
*License number:* A54742  
*NPI:* 1619938099  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 7AM-9PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SUNG, RAYMOND Y**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider ID:* 123332  
*Board Certified Specialty:* No  
**VALLEY RADIOLOGY**  
**CONSULTANTS MED GRP INC**  
 255 N ELM ST STE 102  
 ESCONDIDO, CA 92025-3431  
*Phone:* (760) 739-5400  
*Fax:*  
*After Hours Phone:* (760)  
 739-5400  
*Provider Gender:* Male  
*License number:* A63965  
*NPI:* 1023079365  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado  
 Hospital, Scripps Green Hospital,  
 Palomar Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 7AM-9PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### RADIOLOGY

#### VAKILIAN, SIAVOSH

*Provider ID:* 283206  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 701 E GRAND AVE STE 200  
 ESCONDIDO, CA 92025-4466  
*Phone:* (760) 839-7370  
*Fax:* (858) 429-7938  
*After Hours Phone:* (760)  
 839-7370  
*Provider Gender:* Male  
*License number:* A133482

*NPI:* 1427456151  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pioneers  
 Memorial Hospital, El Centro  
 Regional Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### REGISTERED PHYSICAL THERAPIST

#### CULLISON, KALEB B

*Provider ID:* 269216  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 255 N ELM ST STE 202  
 ESCONDIDO, CA 92025-3431  
*Phone:* (760) 504-0223  
*Fax:* (760) 504-0224  
*After Hours Phone:* (760)  
 504-0223  
*Provider Gender:* Male  
*License number:* PT38863  
*NPI:* 1326306762  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

#### MC GEE, JACQUELINE M

*Provider ID:* 252473  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 1815 E VALLEY PKWY STE 5  
 ESCONDIDO, CA 92027-2550  
*Phone:* (760) 434-6100  
*Fax:* (760) 434-4583  
*After Hours Phone:* (760)  
 434-6100  
*Provider Gender:* Female  
*License number:* PT294790  
*NPI:* 1194217133  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 8/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

#### MEISTER, SARAH

*Provider ID:* 269213  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 1815 E VALLEY PKWY STE 5  
 ESCONDIDO, CA 92027-2550  
*Phone:* (760) 434-6100  
*Fax:* (760) 434-4583  
*After Hours Phone:* (760)  
 434-6100  
*Provider Gender:* Female  
*License number:* PT291898

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**NPI:** 1376091561

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **PARKER, CORY**

*Provider ID:* 269227

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

1815 E VALLEY PKWY STE 5

ESCONDIDO, CA 92027-2550

*Phone:* (760) 434-6100

*Fax:* (760) 434-4583

*After Hours Phone:* (760)

434-6100

*Provider Gender:* Male

*License number:* PT296440

*NPI:* 1194288126

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **RHEUMATOLOGY**

### **RAO, SOUMYA G , MD**

*Provider ID:* 269101

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

488 E VALLEY PKWY STE 211

ESCONDIDO, CA 92025-3370

*Phone:* (858) 675-3150

*Fax:* (858) 924-1775

*After Hours Phone:* (858)

675-3150

*Provider Gender:* Female

*License number:* A99911

*NPI:* 1033388616

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Hindi, Kannada, Russian,

Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Sharp Chula

Vista Med Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **SHEETS, ROBERT M**

*Provider ID:* 277890

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

2125 CITRACADO PKWY # 100

ESCONDIDO, CA 92029-4159

*Phone:* (760) 294-9260

*Fax:* (760) 294-9274

*After Hours Phone:* (760)

294-9260

*Provider Gender:* Male

*License number:* G31567

**NPI:** 1013088772

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **SURGERY CARDIOVASCULAR**

### **LIN, YUAN H , MD**

*Provider ID:* 241290

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

1955 CITRACADO PKWY STE

300

ESCONDIDO, CA 92029-4113

*Phone:* (619) 823-3146

*Fax:* (619) 554-8500

*After Hours Phone:* (619)

823-3146

*Provider Gender:* Male

*License number:* A43050

*NPI:* 1487650412

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Cantonese, Mandarin, Yue

Chinese

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula

Vista Med Ctr, Grossmont

Hospital, Palomar Health

Downtown Campus

*Medi-Cal Open Panel:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ONAITIS, MARK**

Provider ID: 210299  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 2185 CITRACADO PKWY  
 ESCONDIDO, CA 92029-4159  
 Phone: (442) 281-5000  
 Fax:  
 After Hours Phone: (442)  
 281-5000  
 Provider Gender: Male  
 License number: C144886  
 NPI: 1841310638  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr, Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SURGERY GENERAL** **VASCULAR**

**BULKIN, ANATOLY J , MD**  
 Provider ID: 51838

Board Certified Specialty: No  
 SURGICAL ASSOCS OF SAN  
 DIEGO PROF CORP  
 625 CITRACADO PKWY STE  
 203  
 ESCONDIDO, CA 92025-6428  
 Phone: (760) 739-7666  
 Fax: (760) 739-7633  
 After Hours Phone: (760)  
 739-7666  
 Provider Gender: Male  
 License number: G79826  
 NPI: 1275593154  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Russian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Health Downtown Campus,  
 Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **CHANG, ALEXANDER T , MD**

Provider ID: 75855  
 Board Certified Specialty: No  
 SURGICAL ASSOCS OF SAN  
 DIEGO PROF CORP  
 625 CITRACADO PKWY STE  
 203  
 ESCONDIDO, CA 92025-6428  
 Phone: (760) 739-7666  
 Fax: (760) 739-7633  
 After Hours Phone: (760)  
 739-7666  
 Provider Gender: Male  
 License number: A123245

NPI: 1376860056  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Korean  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Health Downtown Campus,  
 Pomerado Hospital, Palomar  
 Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **NEMCEFF, DENNIS, MD**

Provider ID: 246553  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 625 CITRACADO PKWY STE  
 203  
 ESCONDIDO, CA 92025-6428  
 Phone: (760) 739-7666  
 Fax: (760) 739-7633  
 After Hours Phone: (760)  
 739-7666  
 Provider Gender: Male  
 License number: A123910  
 NPI: 1427371228  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Russian  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SURGERY GENERAL**

#### **CHANG, ALEXANDER T**

Provider ID: 75855  
Board Certified Specialty: No  
SURGICAL ASSOCS OF SAN  
DIEGO PROF CORP  
625 CITRACADO PKWY STE  
203  
ESCONDIDO, CA 92025-6428  
Phone: (760) 739-7666  
Fax:  
After Hours Phone: (760)  
739-7666  
Provider Gender: Male  
License number: A123245  
NPI: 1376860056  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Korean  
Cultural Competency: No  
Hospital Affiliation: Pomerado  
Hospital, Palomar Medical  
Center  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 7AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### **GROVE, JAY R , MD**

Provider ID: 245226

Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
2185 CITRACADO PKWY  
ESCONDIDO, CA 92029-4159  
Phone: (760) 300-3647  
Fax:  
After Hours Phone: (760)  
300-3647  
Provider Gender: Male  
License number: A60426  
NPI: 1912971334  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Pomerado  
Hospital, Palomar Medical  
Center, Tri City Medical Ctr,  
Palomar Health Downtown  
Campus, Scripps Memorial  
Hospital Encinitas, Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SURGERY HAND**

#### **PATEL, ARUSH A , MD**

Provider ID: 77773  
Board Certified Specialty: No  
ARCH HEALTH PARTNERS  
1955 CITRACADO PKWY STE  
200  
ESCONDIDO, CA 92029-4112

Phone: (760) 743-4789  
Fax: (760) 743-4779  
After Hours Phone: (760)  
743-4789  
Provider Gender: Male  
License number: A105982  
NPI: 1487892352  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Palomar  
Health Downtown Campus,  
Pomerado Hospital, Palomar  
Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SURGERY NEUROLOGICAL**

#### **NGUYEN, ANDREW D**

Provider ID: 244140  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
1955 CITRACADO PKWY STE  
102  
ESCONDIDO, CA 92029-4111  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A91563  
NPI: 1720216542  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish, Vietnamese  
Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Palomar Health Downtown Campus, Ucsd Medical Ctr, Palomar Medical Center

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **STERN, MARK S , MD**

*Provider ID:* 243486

*Board Certified Specialty:* Yes  
COMMUNITY CARE IPA LLC  
705 E OHIO AVE

ESCONDIDO, CA 92025-3418

*Phone:* (760) 489-9490

*Fax:* (760) 489-7638

*After Hours Phone:* (760)

489-9490

*Provider Gender:* Male

*License number:* G47596

*NPI:* 1649282765

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center, Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **SURGERY ORTHOPEDIC**

### **ANDERSON, JUSTIN**

*Provider ID:* 289122

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159

*Phone:* (760) 480-8770

*Fax:* (760) 480-8811

*After Hours Phone:* (760)  
480-8770

*Provider Gender:* Male

*License number:* PA60229

*NPI:* 1366105074

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Alvarado Hosp Med Ctr, Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **BARBA, DANIEL, MD**

*Provider ID:* 77895

*Board Certified Specialty:* Yes  
COMMUNITY CARE IPA LLC  
1955 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029-4112

*Phone:* (760) 743-4789

*Fax:* (760) 743-4779

*After Hours Phone:* (760)  
743-4789

*Provider Gender:* Male

*License number:* A119351

*NPI:* 1407128580

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **CHAMBERS, HENRY G**

*Provider ID:* 277814

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

2125 CITRACADO PKWY # 100  
ESCONDIDO, CA 92029-4159

*Phone:* (760) 480-8770

*Fax:* (760) 480-8811

*After Hours Phone:* (760)  
480-8770

*Provider Gender:* Male

*License number:* A44985

*NPI:* 1205907060

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **EDMONDS, ERIC W**

*Provider ID:* 277831  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 480-8770  
*Fax:* (760) 480-8811  
*After Hours Phone:* (760) 480-8770  
*Provider Gender:* Male  
*License number:* A86165  
*NPI:* 1013048412  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KIMBALL, MICHAEL P , MD**

*Provider ID:* 122878

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 457 N ELM ST  
 ESCONDIDO, CA 92025-3001  
*Phone:* (858) 455-6460  
*Fax:* (858) 455-5362  
*After Hours Phone:* (858) 455-6460  
*Provider Gender:* Male  
*License number:* G76060  
*NPI:* 1588648653  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **KNUTSON, THOMAS R , MD**

*Provider ID:* 31099  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1955 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029-4112  
*Phone:* (760) 743-4789  
*Fax:* (760) 743-4779  
*After Hours Phone:* (760) 743-4789  
*Provider Gender:* Male  
*License number:* G50268

*NPI:* 1962409938  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **OWSLEY, KEVIN C , MD**

*Provider ID:* 269326  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1955 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029-4112  
*Phone:* (858) 485-0050  
*Fax:* (858) 485-5071  
*After Hours Phone:* (858) 485-0050  
*Provider Gender:* Male  
*License number:* A98739  
*NPI:* 1992714406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Pomerado Hospital, Marina Del Rey Hospital, Palomar Medical Center, Adventist Health White Memorial  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PENNOCK, ANDREW T**

*Provider ID:* 277874  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 480-8770  
*Fax:* (760) 480-8811  
*After Hours Phone:* (760) 480-8770  
*Provider Gender:* Male  
*License number:* A90049  
*NPI:* 1619151685  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No

☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **SHARP, LORRA M , MD**

*Provider ID:* 243552  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC

1955 CITRACADO PKWY STE  
 200  
 ESCONDIDO, CA 92029-4112  
*Phone:* (760) 743-4789  
*Fax:* (858) 673-5187  
*After Hours Phone:* (760)  
 743-4789  
*Provider Gender:* Female  
*License number:* A117353  
*NPI:* 1689689176  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomona  
 Valley Hosp Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **WALLACE, CHARLES D**

*Provider ID:* 277829  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 480-8770  
*Fax:* (760) 480-8811  
*After Hours Phone:* (760)  
 480-8770  
*Provider Gender:* Male  
*License number:* G67953  
*NPI:* 1144229600  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
 Parkview Community Hospital  
 Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **YASZAY, BURT**

*Provider ID:* 277839  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 2125 CITRACADO PKWY # 100  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 480-8770  
*Fax:* (760) 480-8811  
*After Hours Phone:* (760)  
 480-8770  
*Provider Gender:* Male  
*License number:* A100336  
*NPI:* 1770798647  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

### Network

#### SURGERY PEDIATRIC

##### **KLING, KAREN M**

*Provider ID:* 206130

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

625 CITRACADO PKWY STE  
206

ESCONDIDO, CA 92025-6428

*Phone:* (760) 755-7600

*Fax:* (760) 755-7699

*After Hours Phone:* (760)  
755-7600

*Provider Gender:* Female

*License number:* A53583

*NPI:* 1982775144

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr, Sharp Mary

Birch Hosp For Women And

Newborns, National Naval Med

Ctr, Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

#### UROLOGY

##### **CHIANG, GEORGE**

*Provider ID:* 277830

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH  
NETWORK

2125 CITRACADO PKWY # 100

ESCONDIDO, CA 92029-4159

*Phone:* (760) 739-1543

*Fax:* (760) 294-9274

*After Hours Phone:* (760)

739-1543

*Provider Gender:* Male

*License number:* A98687

*NPI:* 1093773954

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Parkview Community Hospital

Medical Center, Northern Inyo

Hosp

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

##### **COHEN, EDWARD S , MD**

*Provider ID:* 269341

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

1955 CITRACADO PKWY STE

302

ESCONDIDO, CA 92029-4113

*Phone:* (760) 743-5111

*Fax:*

*After Hours Phone:* (760)

743-5111

*Provider Gender:* Male

*License number:* G56844

*NPI:* 1093756827

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital Encinitas,

Scripps Memorial Hospital, Ucsd

Medical Ctr, Scripps Mercy

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

#### FALLBROOK

#### DERMATOLOGY

##### **ROSS, ANDREW L , MD**

*Provider ID:* 269334

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

1309 S MISSION RD STE A

FALLBROOK, CA 92028-4168

*Phone:* (760) 728-7546

*Fax:* (760) 723-6208

*After Hours Phone:* (760)

728-7546

*Provider Gender:* Male

*License number:* A140430

*NPI:* 1700140738

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SAMADY, JOSEPH A , MD**

Provider ID: 269328  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1309 S MISSION RD STE A  
 FALLBROOK, CA 92028-4168  
 Phone: (760) 728-7546  
 Fax: (760) 723-6208  
 After Hours Phone: (760)  
 728-7546  
 Provider Gender: Male  
 License number: A71411  
 NPI: 1013954908  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **NEPHROLOGY**

### **HEBREO, JOSEPH D**

Provider ID: 262131  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 591 E ELDER ST STE C  
 FALLBROOK, CA 92028-5001

Phone: (760) 967-9900  
 Fax: (760) 745-5016  
 After Hours Phone: (760)  
 967-9900  
 Provider Gender: Male  
 License number: A93436  
 NPI: 1801868286  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Temecula Valley  
 Hospital Inc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **PHYSICIANS ASSISTANT**

### **GORDON, BENJAMIN S**

Provider ID: 261023  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 1107 S MISSION RD  
 FALLBROOK, CA 92028-3224  
 Phone: (760) 451-0070  
 Fax: (760) 451-1499  
 After Hours Phone: (760)  
 451-0070  
 Provider Gender: Male  
 License number: PA17205  
 NPI: 1821184078  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SERING, MALIA A , NPA**

Provider ID: 269279  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1309 S MISSION RD STE A  
 FALLBROOK, CA 92028-4168  
 Phone: (760) 728-7546  
 Fax: (760) 723-6208  
 After Hours Phone: (760)  
 728-7546  
 Provider Gender: Female  
 License number: PA19459  
 NPI: 1013198720  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **REGISTERED PHYSICAL THERAPIST**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### KAPLAN, CHRISTOPHER C

Provider ID: 269187  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
521 E ELDER ST STE 106  
FALLBROOK, CA 92028-3082  
Phone: (760) 723-8337  
Fax: (760) 723-8337  
After Hours Phone: (760) 723-8337  
Provider Gender: Male  
License number: PT292488  
NPI: 1144764820  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

#### IMPERIAL BEACH

#### REGISTERED PHYSICAL THERAPIST

### KARANDE, PRACHI

Provider ID: 287101  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932-1246  
Phone: (619) 482-3000  
Fax: (619) 482-3001  
After Hours Phone: (619) 482-3000  
Provider Gender: Female

License number: PT300083  
NPI: 1699357525  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### NOVENCIDO, ANDREW

Provider ID: 286783  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932-1246  
Phone: (619) 482-3000  
Fax: (619) 482-3001  
After Hours Phone: (619) 482-3000  
Provider Gender: Male  
License number: PT295915  
NPI: 1447723937  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### SHEFFIELD, TIFFANY

Provider ID: 255403  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA  
91932-1246  
Phone: (619) 482-3000  
Fax:  
After Hours Phone: (619) 482-3000  
Provider Gender: Female  
License number: PT296953  
NPI: 1134774342  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

#### LA JOLLA

#### CERTIFIED NURSE PRACTITIONER

### NORTON, SARAH E

Provider ID: 207058  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Female  
*License number:* NP95010335  
*NPI:* 1730659756  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### FAMILY PRACTICE

#### CHEN, ALICE I

*Provider ID:* 207166  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* 20A16077  
*NPI:* 1265810337  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### NEONATAL / PERINATAL MEDICINE

#### KO, KIMBERLY J

*Provider ID:* 214507  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Female  
*License number:* A77120  
*NPI:* 1437448917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### OBSTETRICS / GYNECOLOGY

#### RIVAS, RENEE N

*Provider ID:* 284296  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 9333 GENESEE AVE, STE 340  
 LA JOLLA, CA 92037  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A173043  
*NPI:* 1295263861  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### LA MESA

### HEMATOLOGY / ONCOLOGY

#### BATRA, REEMA, MD

*Provider ID:* 58612  
*Board Certified Specialty:* No  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR, DO NOT USE  
 LA MESA, CA 91942  
*Phone:* (619) 644-3030  
*Fax:* (619) 644-3638  
*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Female  
*License number:* A118846

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1629286505  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Mandarin  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **BODKIN, DAVID J , MD**

Provider ID: 44084  
 Board Certified Specialty: Yes  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR, DO NOT USE  
 LA MESA, CA 91942  
 Phone: (619) 644-3030  
 Fax: (619) 644-3638  
 After Hours Phone: (619) 644-3030  
 Provider Gender: Male  
 License number: G62107  
 NPI: 1134280605  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, French, Hindi, Korean, Mandarin, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ZU, KAI**

Provider ID: 43199  
 Board Certified Specialty: No  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR, DO NOT USE  
 LA MESA, CA 91942  
 Phone: (619) 644-3030  
 Fax:  
 After Hours Phone: (619) 644-3030  
 Provider Gender: Male  
 License number: A74842  
 NPI: 1164583639  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

♿ Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ZU, KAI, MD**

Provider ID: 43199  
 Board Certified Specialty: No  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC

5555 GROSSMONT CENTER DR, DO NOT USE  
 LA MESA, CA 91942  
 Phone: (619) 644-3030  
 Fax: (619) 644-3638  
 After Hours Phone: (619) 644-3030  
 Provider Gender: Male  
 License number: A74842  
 NPI: 1164583639  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

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### **INTERNAL MEDICINE**

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### **BODKIN, DAVID J**

Provider ID: 44084  
 Board Certified Specialty: No  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR, DO NOT USE  
 LA MESA, CA 91942  
 Phone: (619) 644-3030  
 Fax: (619) 644-3638  
 After Hours Phone: (619) 644-3030  
 Provider Gender: Male  
 License number: G62107  
 NPI: 1134280605  
 Provider English Spoken: Yes

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## D. Specialist Provider Directory

*Provider Language(s) Spoken:* Arabic, French, Hindi, Korean, Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### ONCOLOGY MEDICAL

#### BATRA, REEMA

*Provider ID:* 58612  
*Board Certified Specialty:* No  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR, DO NOT USE  
 LA MESA, CA 91942  
*Phone:* (619) 644-3030  
*Fax:*  
*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Female  
*License number:* A118846  
*NPI:* 1629286505  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
*Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**MEDIC, IGOR**  
*Provider ID:* 119509  
*Board Certified Specialty:* No  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR, DO NOT USE  
 LA MESA, CA 91942  
*Phone:* (619) 644-3030  
*Fax:*

*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Male  
*License number:* A146970  
*NPI:* 1154618593  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Serbian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### PHYSICIANS ASSISTANT

#### ELO, KRISTIN M

*Provider ID:* 55181  
*Board Certified Specialty:* No  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR, DO NOT USE  
 LA MESA, CA 91942  
*Phone:* (619) 644-3030  
*Fax:*  
*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Female  
*License number:* PA19305  
*NPI:* 1164664306  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

#### WRAY, AMY G

*Provider ID:* 118286  
*Board Certified Specialty:* No  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR, DO NOT USE  
 LA MESA, CA 91942  
*Phone:* (619) 644-3030  
*Fax:*  
*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Female  
*License number:* PA17578

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1396762076  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

♿ Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### RADIATION ONCOLOGY

#### UHL, BARRY M , MD

Provider ID: 204684  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER  
 DR, DO NOT USE  
 LA MESA, CA 91942  
 Phone: (619) 740-4500  
 Fax: (619) 740-8499  
 After Hours Phone: (619)  
 740-4500  
 Provider Gender: Male  
 License number: A71969  
 NPI: 1811936693  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Sharp Chula  
 Vista Med Ctr, Sharp Memorial  
 Hospital, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 19/100  
 American Sign Language (ASL):  
 No

♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### RADIOLOGY

#### VIETS, RYAN B

Provider ID: 268951  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER  
 DR, DO NOT USE  
 LA MESA, CA 91942  
 Phone: (619) 740-5100  
 Fax: (619) 740-5150  
 After Hours Phone: (619)  
 740-5100  
 Provider Gender: Male  
 License number: A125809  
 NPI: 1568617108  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Tri City Medical Ctr,  
 Scripps Green Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### UROLOGY

#### DATO, PAUL E , MD

Provider ID: 269142  
 Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
 655 EUCLID AVE, STE 301  
 LA MESA, CA 91942  
 Phone: (619) 697-2456  
 Fax: (858) 429-7930  
 After Hours Phone: (619)  
 697-2456  
 Provider Gender: Male  
 License number: A43540  
 NPI: 1588632715  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Sharp Grossmont  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### LA JOLLA

### ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY

#### HONG, KIMBERLY N

Provider ID: 246312  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL  
 1  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Female  
*License number:* A156242  
*NPI:* 1346515442  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**SILVA ENCISO, JORGE E**  
*Provider ID:* 120489  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* A117426  
*NPI:* 1639404031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Pioneers Memorial Hospital, El Centro Regional Medical Center, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### ALLERGY IMMUNOLOGY

**BROIDE, DAVID H**  
*Provider ID:* 65132  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8322  
*Fax:* (858) 657-8723  
*After Hours Phone:* (858) 657-8322  
*Provider Gender:* Male  
*License number:* A38964  
*NPI:* 1760422992  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**DOHERTY, TAYLOR A**  
*Provider ID:* 65163  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

*Phone:* (858) 657-8322  
*Fax:* (858) 657-8723  
*After Hours Phone:* (858) 657-8322  
*Provider Gender:* Male  
*License number:* A86650  
*NPI:* 1225015845  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**HOFFMAN, HAROLD M**  
*Provider ID:* 65192  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 1A  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8000  
*Fax:*  
*After Hours Phone:* (858) 657-8000  
*Provider Gender:* Male  
*License number:* A53101  
*NPI:* 1326074261  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **SMITH, TUKISA D**

Provider ID: 255602  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-5350  
Fax:  
After Hours Phone: (858) 657-5350  
Provider Gender: Female  
License number: A165499  
NPI: 1205194198  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **WASSERMAN, STEPHEN I**

Provider ID: 65321  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (619) 543-2347  
Fax:  
After Hours Phone: (619) 543-2347  
Provider Gender: Male  
License number: A23431  
NPI: 1588612154  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **ZURAW, BRUCE L**

Provider ID: 65331  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8723  
Fax:  
After Hours Phone: (858) 657-8723  
Provider Gender: Male  
License number: G47065  
NPI: 1780634261  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Green Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

---

### **ANESTHESIOLOGY PAIN MANAGEMENT**

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### **CASTELLANOS, JOEL**

Provider ID: 243554  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A154199  
NPI: 1700296514  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

---

### **ANESTHESIOLOGY**

---

### **OSWALD, JESSICA C**

Provider ID: 239601  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A130925  
 NPI: 1427315118  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### TRIVEDI, SURAJ S

Provider ID: 246750  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A122196  
 NPI: 1699057885  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### TZENG, ERIC

Provider ID: 284578  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A153819  
 NPI: 1801258264  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

## CARDIOLOGY

### AIZIN, VITALI

Provider ID: 124981  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD  
 9834 GENESEE AVE STE 101  
 LA JOLLA, CA 92037-1214  
 Phone: (858) 430-8455  
 Fax: (858) 433-6946  
 After Hours Phone: (858) 430-8455  
 Provider Gender: Male  
 License number: A82761  
 NPI: 1366545733  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd

### AL KHIAMI, BELAL O

Provider ID: 127143  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (858) 657-8530  
 Fax:  
 After Hours Phone: (858) 657-8530  
 Provider Gender: Male  
 License number: A141418  
 NPI: 1861623506

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Pioneers Memorial Hospital, El Centro Regional Medical Center, Loma Linda University Med Ctr Murrieta, Temecula Valley Hospital Inc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **AL KHIAMI, BELAL O**

*Provider ID:* 275993  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* A141418  
*NPI:* 1861623506  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Pioneers Memorial Hospital, El Centro Regional Medical Center, Loma Linda

University Med Ctr Murrieta, Temecula Valley Hospital Inc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **COTTER, BRUNO R**

*Provider ID:* 65154  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 1D  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* A67069  
*NPI:* 1205886389  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, German  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*  
**GREENBERG, BARRY H**  
*Provider ID:* 65180  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 1D  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* G29316  
*NPI:* 1093773137  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HOFFMAYER, KURT S**

*Provider ID:* 110437  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* A98256  
*NPI:* 1841322195  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KIM, PAUL J**

*Provider ID:* 120632

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR FL 1

LA JOLLA, CA 92037-1337

*Phone:* (858) 657-8530

*Fax:*

*After Hours Phone:* (858) 657-8530

*Provider Gender:* Male

*License number:* A109213

*NPI:* 1417104837

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **KIM, PAUL J**

*Provider ID:* 210202

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR FL 1

LA JOLLA, CA 92037-1337

*Phone:* (858) 657-8530

*Fax:*

*After Hours Phone:* (858)

657-8530

*Provider Gender:* Male

*License number:* A109213

*NPI:* 1417104837

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **KIM, PAUL J**

*Provider ID:* 244997

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A109213

*NPI:* 1417104837

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MIZZELL, ANNA M**

*Provider ID:* 214021

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR FL 1

LA JOLLA, CA 92037-1337

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A112810

*NPI:* 1851561021

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IPA: Ucsd Medical Group

### **MIZZELL, ANNA M**

Provider ID: 83365

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

Fax:

After Hours Phone: (858)

657-7000

Provider Gender: Female

License number: A112810

NPI: 1851561021

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **MIZZELL, ANNA M**

Provider ID: 84119

Board Certified Specialty: No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR FL

1

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A112810

NPI: 1851561021

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **NAREZKINA, ANNA D**

Provider ID: 110162

Board Certified Specialty: No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR FL

1

LA JOLLA, CA 92037-1337

Phone: (858) 657-8530

Fax: (858) 657-8814

After Hours Phone: (858)

657-8530

Provider Gender: Female

License number: A113210

NPI: 1891958773

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton, Pioneers Memorial

Hospital, El Centro Regional

Medical Center

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **PHREANER, NICHOLAS J**

Provider ID: 224864

Board Certified Specialty: No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR FL

1

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A126789

NPI: 1023373040

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **TAUB, PAM R**

Provider ID: 277681

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A89612  
*NPI:* 1346355161  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TAUB, PAM R**

*Provider ID:* 277682  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A89612  
*NPI:* 1346355161  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **UREY, MARCUS A**

*Provider ID:* 120573  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* A148944  
*NPI:* 1972820058  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **WALTERS, DANIEL**

*Provider ID:* 240403  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A129565  
*NPI:* 1659665461  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **WETTERSTEN, NICHOLAS W**

*Provider ID:* 210604  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-8630  
*Fax:* (858) 657-8814  
*After Hours Phone:* (858) 657-8630  
*Provider Gender:* Male  
*License number:* A122511  
*NPI:* 1063701068  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### CARDIOVASCULAR DISEASE

**ADLER, ERIC D**  
*Provider ID:* 64793  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8530  
*Fax:* (858) 657-8021  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* A116525  
*NPI:* 1477699601  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**ADLER, ERIC D**  
*Provider ID:* 65369  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:* (858) 657-8021  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A116525  
*NPI:* 1477699601  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**BAHADORANI, JOHN N**  
*Provider ID:* 101235  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* A123767  
*NPI:* 1780883082

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**BARNARD, DENISE D**  
*Provider ID:* 65123  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 1D  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8530  
*Fax:* (858) 657-8021  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Female  
*License number:* G65241  
*NPI:* 1669497731  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **BEN YEHUDA, ORI**

Provider ID: 65125  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 1D  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8530  
 Fax:  
 After Hours Phone: (858)  
 657-8530  
 Provider Gender: Male  
 License number: A51936  
 NPI: 1508912387  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **BERMAN, BRETT J**

Provider ID: 101016  
 Board Certified Specialty: No  
 INTEGRATIVE  
 CARDIOVASCULAR CENTER  
 OF LA JOLLA  
 9834 GENESEE AVE STE 101  
 LA JOLLA, CA 92037-1214  
 Phone: (858) 430-8455  
 Fax: (858) 433-6943  
 After Hours Phone: (858)  
 430-8455  
 Provider Gender: Female  
 License number: A78854  
 NPI: 1457446684  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital, Ucsd Medical Ctr,  
 Scripps Memorial Hospital,  
 Scripps Mercy Hospital Chula  
 Vista, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc, Imperial Health Holdings  
 Medical Group-Sd

### **DANIELS, LORI B**

Provider ID: 65157  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 1D  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8530  
 Fax:  
 After Hours Phone: (858)  
 657-8530  
 Provider Gender: Female  
 License number: A74503  
 NPI: 1295755080  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W

Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **DEMARIA, ANTHONY N**

Provider ID: 65160  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 1D  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8530  
 Fax:  
 After Hours Phone: (858)  
 657-8530  
 Provider Gender: Male  
 License number: G20471  
 NPI: 1124043948  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **FELD, GREGORY K**

Provider ID: 70155  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL  
 1  
 LA JOLLA, CA 92037-1337  
 Phone: (858) 657-8530  
 Fax:  
 After Hours Phone: (858)  
 657-8530

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

---

*Provider Gender:* Male  
*License number:* G37258  
*NPI:* 1720003924  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KRUMMEN, DAVID E**

*Provider ID:* 65223  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # 1D  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858)  
657-8530  
*Provider Gender:* Male  
*License number:* A81261  
*NPI:* 1235152885  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*  
**MAHMUD, EHTISHAM**  
*Provider ID:* 65244  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # 1D  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858)  
657-8530  
*Provider Gender:* Male  
*License number:* G75925  
*NPI:* 1730112335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PATEL, MITUL P**

*Provider ID:* 65009  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
657-7000

*Provider Gender:* Male  
*License number:* A95406  
*NPI:* 1457572448  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Gujarati, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PATEL, MITUL P**

*Provider ID:* 65376  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL  
1  
LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A95406  
*NPI:* 1457572448  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Gujarati, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

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## D. Specialist Provider Directory

♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **TSIMIKAS, SOTIRIOS**

Provider ID: 65312  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # 1D  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8530  
Fax:  
After Hours Phone: (858)  
657-8530  
Provider Gender: Male  
License number: G73170  
NPI: 1629124417  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CERTIFIED NURSE PRACTITIONER**

### **AGYEMANG, ALBERTA A**

Provider ID: 265130  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # 2B  
LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: NP95002195  
NPI: 1023400082  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **AGYEMANG, ALBERTA A**

Provider ID: 265131  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037-1732  
Phone: (858) 657-8000  
Fax: (858) 657-8387  
After Hours Phone: (858)  
657-8000  
Provider Gender: Female  
License number: NP95002195  
NPI: 1023400082  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **ATTIA, JILL M**

Provider ID: 83197  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-2124  
Fax: (858) 534-4813  
After Hours Phone: (858)  
822-2124  
Provider Gender: Female  
License number: NP16882  
NPI: 1275598591  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **ATTIA, JILL M**

Provider ID: 83198  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

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## D. Specialist Provider Directory

---

Phone: (858) 822-2124

Fax: (858) 534-4813

After Hours Phone: (858)  
822-2124

Provider Gender: Female

License number: NP16882

NPI: 1275598591

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BALL, KELLY R**

Provider ID: 125572

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

Fax:

After Hours Phone: (858)

657-7000

Provider Gender: Female

License number: NP95004819

NPI: 1902343833

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BAMEL, KASEY C**

Provider ID: 126321

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6100

Fax:

After Hours Phone: (858)

822-6100

Provider Gender: Female

License number: NP95004824

NPI: 1487106886

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BELL, KAREN L**

Provider ID: 83215

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6040

Fax: (858) 822-1669

After Hours Phone: (858)

822-6040

Provider Gender: Female

License number: NP349853

NPI: 1982632758

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BILENKAYA, IRINA**

Provider ID: 83241

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8322

Fax: (858) 657-8269

After Hours Phone: (858)

657-8322

Provider Gender: Female

License number: NP15880

NPI: 1801030267

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian, Ukrainian

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

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## D. Specialist Provider Directory

|                                     |                               |                                    |
|-------------------------------------|-------------------------------|------------------------------------|
| IPA:                                | Provider English Spoken: Yes  | Board Certified Specialty: No      |
| <b>BOTTA, LAUREN M</b>              | Provider Language(s) Spoken:  | UCSD MEDICAL GROUP                 |
| Provider ID: 256368                 | Cultural Competency: No       | 8910 VILLA LA JOLLA DR # 200       |
| Board Certified Specialty: No       | Hospital Affiliation:         | LA JOLLA, CA 92037-1701            |
| UCSD MEDICAL GROUP                  | Medi-Cal Open Panel: Yes      | Phone: (800) 926-8273              |
| 9300 CAMPUS POINT DR                | Min/Max Age: 0/999            | Fax:                               |
| LA JOLLA, CA 92037-1300             | American Sign Language (ASL): | After Hours Phone: (800)           |
| Phone: (800) 926-8273               | No                            | 926-8273                           |
| Fax:                                | Accessibility:                | Provider Gender: Female            |
| After Hours Phone: (800)            | Hours: M-SA 9AM-5PM           | License number: NP95004366         |
| 926-8273                            | Website:                      | NPI: 1851749253                    |
| Provider Gender: Female             | Email:                        | Provider English Spoken: Yes       |
| License number: NP95012577          | Medical Group(s):             | Provider Language(s) Spoken:       |
| NPI: 1730726563                     | IPA: Ucsd Medical Group       | Cultural Competency: No            |
| Provider English Spoken: Yes        | <b>BRADY, KATELYN A</b>       | Hospital Affiliation: Ucsd Medical |
| Provider Language(s) Spoken:        | Provider ID: 209017           | Ctr, Ucsd La Jolla John Sally      |
| Cultural Competency: No             | Board Certified Specialty: No | Thornton                           |
| Hospital Affiliation: Ucsd La Jolla | UCSD MEDICAL GROUP            | Medi-Cal Open Panel: Yes           |
| John Sally Thornton, Ucsd           | 9300 CAMPUS POINT DR          | Min/Max Age: 0/999                 |
| Medical Ctr                         | LA JOLLA, CA 92037-1300       | American Sign Language (ASL):      |
| Medi-Cal Open Panel: Yes            | Phone: (800) 926-8273         | No                                 |
| Min/Max Age: 0/999                  | Fax:                          | Accessibility:                     |
| American Sign Language (ASL):       | After Hours Phone: (800)      | Hours: M-SA 9AM-5PM                |
| No                                  | 926-8273                      | Website:                           |
| Accessibility:                      | Provider Gender: Female       | Email:                             |
| Hours: M-SA 9AM-5PM                 | License number: NP95004809    | Medical Group(s):                  |
| Website:                            | NPI: 1952797540               | IPA: Ucsd Medical Group            |
| Email:                              | Provider English Spoken: Yes  | <b>BYRNE, JENNIFER M</b>           |
| Medical Group(s):                   | Provider Language(s) Spoken:  | Provider ID: 113432                |
| IPA: Ucsd Medical Group             | Cultural Competency: No       | Board Certified Specialty: No      |
| <b>BOUTELLE, AMY L</b>              | Hospital Affiliation:         | UCSD MEDICAL GROUP                 |
| Provider ID: 243485                 | Medi-Cal Open Panel: Yes      | 3855 HEALTH SCIENCES DR            |
| Board Certified Specialty: No       | Min/Max Age: 0/999            | LA JOLLA, CA 92093-1503            |
| UCSD MEDICAL GROUP                  | American Sign Language (ASL): | Phone: (858) 822-6600              |
| 8910 VILLA LA JOLLA DR # 200        | No                            | Fax: (958) 822-6395                |
| LA JOLLA, CA 92037-1701             | Accessibility:                | After Hours Phone: (858)           |
| Phone: (800) 926-8273               | Hours: M-SA 9AM-5PM           | 822-6600                           |
| Fax:                                | Website:                      | Provider Gender: Female            |
| After Hours Phone: (800)            | Email:                        | License number: NP23295            |
| 926-8273                            | Medical Group(s):             | NPI: 1568804326                    |
| Provider Gender: Female             | IPA: Ucsd Medical Group       | Provider English Spoken: Yes       |
| License number: NP9500140           | <b>BUENROSTRO, CHRISTINA</b>  | Provider Language(s) Spoken:       |
| NPI: 1609117704                     | Provider ID: 243717           | Cultural Competency: No            |
|                                     |                               | Hospital Affiliation: Ucsd Medical |

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## D. Specialist Provider Directory

Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### CAIN, JULIA M

Provider ID: 83251  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6100  
 Fax: (858) 822-6277  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Female  
 License number: NP18867  
 NPI: 1457593808  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### CAPOZZI, JENNIFER E

Provider ID: 241030  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP11056  
 NPI: 1336258276  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### CASTANO, NEREMIAH J

Provider ID: 83257  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6100  
 Fax: (858) 822-6188  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Male  
 License number: NP18985  
 NPI: 1437190071  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### CHRISTIANSON, ELIZABETH S

Provider ID: 247329  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 100  
 LA JOLLA, CA 92037-1701  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP95002903  
 NPI: 1750722666  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, University Of California Irvine Med Ctr, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### CIASCHI, CYNTHIA M

Provider ID: 110389  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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LA JOLLA, CA 92093-1503

Phone: (858) 822-3115

Fax: (858) 822-1669

After Hours Phone: (858)

822-3115

Provider Gender: Female

License number: NP5263

NPI: 1750391512

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **COLLINS, CYNTHIA M**

Provider ID: 83300

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 543-6303

Fax: (619) 543-5717

After Hours Phone: (619)

543-6303

Provider Gender: Female

License number: NP17358

NPI: 1780869164

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CONNOR, CAROLINE L**

Provider ID: 279834

Board Certified Specialty: No

UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR # 200

LA JOLLA, CA 92037-1701

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP13032

NPI: 1609081710

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **CONNOR, CAROLINE L**

Provider ID: 83304

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8745

Fax:

After Hours Phone: (858)

657-8745

Provider Gender: Female

License number: NP13032

NPI: 1609081710

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **CRAMER, ARLENE**

Provider ID: 116535

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 534-7079

Fax: (858) 822-1186

After Hours Phone: (858)

534-7079

Provider Gender: Female

License number: NP14879

NPI: 1083815575

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CZYPULL, MONICA**

*Provider ID:* 284662  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9850 GENESEE AVE STE 320  
LA JOLLA, CA 92037-1208  
*Phone:* (858) 554-1212  
*Fax:* (858) 795-1195  
*After Hours Phone:* (858)  
554-1212  
*Provider Gender:* Female  
*License number:* NP95016815  
*NPI:* 1831784842  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DAVIES, SUMMER R**

*Provider ID:* 238922  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7600  
*Fax:*  
*After Hours Phone:* (858)  
657-7600

*Provider Gender:* Female  
*License number:* NP21519  
*NPI:* 1679850671  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DAVIES, SUMMER R**

*Provider ID:* 253691  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
8910 VILLA LA JOLLA DR # 100  
LA JOLLA, CA 92037-1701  
*Phone:* (858) 249-6800  
*Fax:* (858) 657-6420  
*After Hours Phone:* (858)  
249-6800  
*Provider Gender:* Female  
*License number:* NP21519  
*NPI:* 1679850671  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DELA VINA, JANELLE P**

*Provider ID:* 125314  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8322  
*Fax:*  
*After Hours Phone:* (858)  
657-8322  
*Provider Gender:* Female  
*License number:* NP17592  
*NPI:* 1821232778  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DEUTSCH, ELIANA J**

*Provider ID:* 121229  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
8910 VILLA LA JOLLA DR # 200  
LA JOLLA, CA 92037-1701  
*Phone:* (858) 657-8745  
*Fax:*  
*After Hours Phone:* (858)  
657-8745  
*Provider Gender:* Female  
*License number:* NP19666

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1770807000

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **DIMAIRA, FRANCESCA**

Provider ID: 245579

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP95011770

NPI: 1346670718

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **DIMAIRA, FRANCESCA**

Provider ID: 245580

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP95011770

NPI: 1346670718

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **DOVE, JANET H**

Provider ID: 83368

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8322

Fax:

After Hours Phone: (858)

657-8322

Provider Gender: Female

License number: NP8210

NPI: 1982860664

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **DRCAR, THAO T**

Provider ID: 83373

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-5257

Fax: (858) 657-7107

After Hours Phone: (858)

657-5257

Provider Gender: Female

License number: NP14165

NPI: 1710958798

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **DRISCOLL, KARRIE**

Provider ID: 110193

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6277  
*Fax:* (858) 228-1731  
*After Hours Phone:* (858) 822-6277  
*Provider Gender:* Female  
*License number:* NP22651  
*NPI:* 1396085098  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DRISCOLL, KARRIE**

*Provider ID:* 286376  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6277  
*Fax:* (858) 228-1731  
*After Hours Phone:* (858) 822-6277  
*Provider Gender:* Female  
*License number:* NP22651  
*NPI:* 1396085098  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DUONG, MICHELLE T**

*Provider ID:* 126862  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6600  
*Fax:*  
*After Hours Phone:* (858) 822-6600  
*Provider Gender:* Female  
*License number:* NP95004623  
*NPI:* 1659821080  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ELAMPARO, KAYE L , NPA**

*Provider ID:* 258928  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 9834 GENESEE AVE # 560  
 LA JOLLA, CA 92037-1223

*Phone:* (858) 552-1710  
*Fax:* (858) 429-4009  
*After Hours Phone:* (858) 552-1710  
*Provider Gender:* Female  
*License number:* NP20795  
*NPI:* 1851673610  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Alvarado Hosp Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ELMORE, DUDLEY G**

*Provider ID:* 83411  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:* (619) 543-7785  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Male  
*License number:* NP18199  
*NPI:* 1568620375  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ESPEJO, MARISSA C**

*Provider ID:* 121412  
*Board Certified Specialty:* No  
UCSD RADIOLOGY AT LA JOLLA  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-0320  
*Fax:*  
*After Hours Phone:* (619) 471-0320  
*Provider Gender:* Female  
*License number:* NP20343  
*NPI:* 1508112590  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **FEELY, HOMIRA**

*Provider ID:* 83426  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6040  
*Fax:*  
*After Hours Phone:* (858) 822-6040  
*Provider Gender:* Female  
*License number:* NP19711  
*NPI:* 1972839975  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **FRIEBEN, CODY J**

*Provider ID:* 244096  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* NP95008175  
*NPI:* 1992179162  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GARCIA, DAVID**

*Provider ID:* 83446  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-6222  
*Fax:* (619) 543-7785  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* NP9111  
*NPI:* 1851544480  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GARTH, MELISSA A**

*Provider ID:* 268991  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

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## D. Specialist Provider Directory

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP95011870  
NPI: 1689232977  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **GARTH, MELISSA A**

Provider ID: 268992  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP95011870  
NPI: 1689232977  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **GELUZ, JAYDEE ROSE F**

Provider ID: 117074  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 534-7079  
Fax:  
After Hours Phone: (858) 534-7079  
Provider Gender: Female  
License number: NP95004002  
NPI: 1861854622  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **GERNHOFER, YAN K**

Provider ID: 83661  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL  
1

LA JOLLA, CA 92037-1337  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP22280  
NPI: 1205185915  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Mandarin, Yue Chinese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **GERNHOFER, YAN K**

Provider ID: 83662  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 437-7777  
Fax: (858) 657-5058  
After Hours Phone: (619) 437-7777  
Provider Gender: Female  
License number: NP22280  
NPI: 1205185915  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Mandarin, Yue Chinese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GILBERT, TARI L**

*Provider ID:* 125238  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 100  
 LA JOLLA, CA 92037-1701  
*Phone:* (858) 249-6800  
*Fax:*  
*After Hours Phone:* (858) 249-6800  
*Provider Gender:* Female  
*License number:* NP10378  
*NPI:* 1811248347  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GIOVANNETTI, ERIN R**

*Provider ID:* 276002  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* NP22803  
*NPI:* 1013317767  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GORDON, CAITLIN R**

*Provider ID:* 246042  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP23078  
*NPI:* 1063842078  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GORDON, DEBBIE**

*Provider ID:* 128662  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Female  
*License number:* NP13438  
*NPI:* 1730315532  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HALEY, KATHLEEN M , NPA**

*Provider ID:* 253506  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

9850 GENESEE AVE STE 560  
LA JOLLA, CA 92037-1229  
Phone: (858) 552-1410  
Fax:  
After Hours Phone: (858) 552-1410  
Provider Gender: Female  
License number: NP11124  
NPI: 1992869739  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/125  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **HALEY, KATHLEEN M**

Provider ID: 262439  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
9850 GENESEE AVE STE 560  
LA JOLLA, CA 92037-1229  
Phone: (858) 552-1410  
Fax:  
After Hours Phone: (858) 552-1410  
Provider Gender: Female  
License number: NP11124  
NPI: 1992869739  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **HARKNESS, RUMIKO**

Provider ID: 208840  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8910 VILLA LA JOLLA DR # 200  
LA JOLLA, CA 92037-1701  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP11566  
NPI: 1487785093  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Japanese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP11566  
NPI: 1487785093  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Japanese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HERMAN, HEATHER G**

Provider ID: 83590  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 534-7079  
Fax: (858) 822-0872  
After Hours Phone: (858) 534-7079  
Provider Gender: Female  
License number: NP15024  
NPI: 1407064728  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **HORNFELD, COURTNEY A**

Provider ID: 277360  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (619) 543-7128  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP95013375  
NPI: 1982234027  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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**Accessibility:**

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

**HUYNH, HOAI HUONG K**

Provider ID: 83606

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8540

Fax: (858) 657-8549

After Hours Phone: (858)

657-8540

Provider Gender: Female

License number: NP19793

NPI: 1194035501

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

**Accessibility:**

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

**IYER, VICTORIA G**

Provider ID: 265624

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # 2B

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP18782

NPI: 1871738864

Provider English Spoken: Yes

Provider Language(s) Spoken:

Tagalog

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

**Accessibility:**

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

**JONES, CHRISTA E**

Provider ID: 275564

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (800) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP95914220

NPI: 1396371431

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

**Accessibility:**

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

**KHUAT, LIEN M**

Provider ID: 83653

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-6380

Fax: (858) 657-6904

After Hours Phone: (858)

657-6380

Provider Gender: Female

License number: NP13634

NPI: 1366558678

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

**Accessibility:**

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

**KIM, JENNIFER S**

Provider ID: 112495

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 534-7079

Fax: (858) 822-6186

After Hours Phone: (858)

534-7079

Provider Gender: Female

License number: NP19867

NPI: 1851601819

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## D. Specialist Provider Directory

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*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation:*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*  
*American Sign Language (ASL):*  
*No*  
*♿ Accessibility: W*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KIRK, MARY P**

*Provider ID: 83657*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
*9350 CAMPUS POINT DR*  
*LA JOLLA, CA 92037-1300*  
*Phone: (619) 471-0701*  
*Fax: (619) 543-7785*  
*After Hours Phone: (619)*  
*471-0701*  
*Provider Gender: Female*  
*License number: NP17276*  
*NPI: 1760668073*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation:*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*  
*American Sign Language (ASL):*  
*No*  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KLEIN, SUSAN H**

*Provider ID: 262457*

*Board Certified Specialty: No*  
*IMPERIAL HEALTH HOLDINGS*  
*MEDICAL GROUP-SD*  
*9850 GENESEE AVE STE 560*  
*LA JOLLA, CA 92037-1229*  
*Phone: (760) 432-3340*  
*Fax:*  
*After Hours Phone: (760)*  
*432-3340*  
*Provider Gender: Female*  
*License number: NP23266*  
*NPI: 1831522010*

*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation:*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL):*  
*No*  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc,*  
*Imperial Health Holdings Medical*  
*Group-Sd*

### **KNECHEL, NANCY A**

*Provider ID: 83660*  
*Board Certified Specialty: No*  
*UCSD MEDICAL GROUP*  
*9300 CAMPUS POINT DR*  
*LA JOLLA, CA 92037-1300*  
*Phone: (858) 657-7000*  
*Fax:*  
*After Hours Phone: (858)*  
*657-7000*  
*Provider Gender: Female*  
*License number: NP17401*  
*NPI: 1871757211*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*

*Hospital Affiliation:*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*  
*American Sign Language (ASL):*  
*No*  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KOMIYA, ASAKO**

*Provider ID: 279183*  
*Board Certified Specialty: No*  
*RADY CHILDRENS HEALTH*  
*NETWORK*  
*4150 REGENTS PARK ROW*  
*STE 355*  
*LA JOLLA, CA 92037-9102*  
*Phone: (858) 457-2043*  
*Fax: (858) 457-2092*  
*After Hours Phone: (858)*  
*457-2043*  
*Provider Gender: Female*  
*License number: NP13504*  
*NPI: 1144797895*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation:*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: 0/18*  
*American Sign Language (ASL):*  
*No*  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Rady Childrens Health*  
*Network*

### **KORMANIK, PATRICIA A**

*Provider ID: 282070*

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## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP9707  
*NPI:* 1093895047  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KORMANIK, PATRICIA A**

*Provider ID:* 83665  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6100  
*Fax:* (858) 822-6395  
*After Hours Phone:* (858) 822-6100  
*Provider Gender:* Female  
*License number:* NP9707  
*NPI:* 1093895047  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LEBLANC, ALLYN E**

*Provider ID:* 275539  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* NP95004227  
*NPI:* 1376732685  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LEE, HEE J**

*Provider ID:* 274644  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP95006499  
*NPI:* 1497275705  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LEITHEM, DESIREE S**

*Provider ID:* 121150  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 8910 VILLA LA JOLLA DR # 200  
 LA JOLLA, CA 92037-1701  
*Phone:* (858) 657-8745  
*Fax:*  
*After Hours Phone:* (858) 657-8745  
*Provider Gender:* Female  
*License number:* NP18324  
*NPI:* 1952564320  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally

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## D. Specialist Provider Directory

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

### **LIEBMAN, RACHAEL R**

*Provider ID:* 280390  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* NP95007834  
*NPI:* 1396130050  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LITTRELL, MICHELE**

*Provider ID:* 83709  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-8235  
*Fax:* (858) 534-0064  
*After Hours Phone:* (858)  
 534-8235  
*Provider Gender:* Female  
*License number:* NP13577  
*NPI:* 1740471978  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MARTINEZ, JOYCELLE C**

*Provider ID:* 84008  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL  
 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:* (858) 657-8530  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* NP16021  
*NPI:* 1891906228  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MATTHESS, JANETTE E**

*Provider ID:* 122010  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 200  
 LA JOLLA, CA 92037-1701  
*Phone:* (858) 657-8745  
*Fax:*  
*After Hours Phone:* (858)  
 657-8745  
*Provider Gender:* Female  
*License number:* NP22833  
*NPI:* 1457694549  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MATTHESS, JANETTE E**

*Provider ID:* 287644  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 100

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

LA JOLLA, CA 92037-1701  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP22833  
 NPI: 1457694549  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**MATTHESS, JANETTE E**  
 Provider ID: 287645  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP22833  
 NPI: 1457694549  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**MCALPIN, REBECCA A**  
 Provider ID: 84012  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6040  
 Fax: (858) 822-1634  
 After Hours Phone: (858) 822-6040  
 Provider Gender: Female  
 License number: NP17151  
 NPI: 1063662153  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**MCGHEE, SARAH L**  
 Provider ID: 113363  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

Phone: (858) 822-5182  
 Fax: (858) 822-6186  
 After Hours Phone: (858) 822-5182  
 Provider Gender: Female  
 License number: NP18236  
 NPI: 1043467020  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**MEDIANO, FERNANDO**  
 Provider ID: 116093  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8540  
 Fax:  
 After Hours Phone: (858) 657-8540  
 Provider Gender: Male  
 License number: NP95005764  
 NPI: 1730558743  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MICK, SHARON L**

Provider ID: 84133

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8590

Fax:

After Hours Phone: (858)

657-8590

Provider Gender: Female

License number: NP10449

NPI: 1891061966

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MIRALLES, ARA**

Provider ID: 84273

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8322

Fax:

After Hours Phone: (858)

657-8322

Provider Gender: Female

License number: NP22052

NPI: 1457697567

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MOHEBBI, ATHENA**

Provider ID: 282231

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP19120

NPI: 1952627176

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **NACOSTE, LAKEISHA**

Provider ID: 272935

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-5210

Fax:

After Hours Phone: (858)

822-5210

Provider Gender: Female

License number: NP95007600

NPI: 1194139634

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **NINCHAK, VIOLA M**

Provider ID: 285896

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

9850 GENESEE AVE STE 530

LA JOLLA, CA 92037-1213

Phone: (760) 631-3000

Fax: (760) 631-3016

After Hours Phone: (760)

631-3000

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Female  
*License number:* NP95010549  
*NPI:* 1275007403  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ODONNELL, SIOBHAN M**

*Provider ID:* 110904  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 822-6600  
*Fax:*  
*After Hours Phone:* (858) 822-6600  
*Provider Gender:* Female  
*License number:* NP21367  
*NPI:* 1760745947  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:*  
**PAULSON, KERRY L**  
*Provider ID:* 201269  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (619) 543-3000  
*Fax:*  
*After Hours Phone:* (619) 543-3000  
*Provider Gender:* Female  
*License number:* NP95002615  
*NPI:* 1518363407  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PHILBRICK, MEGAN M**

*Provider ID:* 270401  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP95012381

*NPI:* 1871074633  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PHILLIPS, KELLY M**

*Provider ID:* 84328  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8322  
*Fax:*  
*After Hours Phone:* (858) 657-8322  
*Provider Gender:* Female  
*License number:* NP18868  
*NPI:* 1336370543  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Medical Group(s):

IPA:

### **PODSADA, KIMBERLY C**

Provider ID: 121756

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 822-6135

Fax: (858) 657-6644

After Hours Phone: (858)

822-6135

Provider Gender: Female

License number: NP19181

NPI: 1891011078

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **RALEIGH, DEBORAH J**

Provider ID: 215016

Board Certified Specialty: No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR FL

1

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP21444

NPI: 1689006876

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: University Of

California Irvine Med Ctr, Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **RICHARDS, LISA M**

Provider ID: 84583

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8322

Fax: (619) 471-3242

After Hours Phone: (858)

657-8322

Provider Gender: Female

License number: NP8458

NPI: 1720247612

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **RIVIELLO, GABRIELA**

Provider ID: 84588

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 543-7162

Fax: (619) 543-6954

After Hours Phone: (619)

543-7162

Provider Gender: Female

License number: NP13576

NPI: 1871758508

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **ROCHE, CHELSEA E**

Provider ID: 270706

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP95012534

NPI: 1063040384

Provider English Spoken: Yes

Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **SERRATO, ANTHONY J**

*Provider ID:* 278974

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR # 200

LA JOLLA, CA 92037-1701

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* NP95016430

*NPI:* 1376138388

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **SMITH, HEIDI A**

*Provider ID:* 84816

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:* (619) 543-7785

*After Hours Phone:* (858)

657-7000

*Provider Gender:* Female

*License number:* NP8236

*NPI:* 1992950539

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **SOLDANO, DEBBIE A**

*Provider ID:* 123422

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-8322

*Fax:*

*After Hours Phone:* (858)

657-8322

*Provider Gender:* Female

*License number:* NP95001088

*NPI:* 1174923072

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **SRILASAK, MICHELE**

*Provider ID:* 281855

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* NP13694

*NPI:* 1265487326

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **SRILASAK, MICHELE**

*Provider ID:* 84899

*Board Certified Specialty:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6040  
Fax:  
After Hours Phone: (858)  
822-6040  
Provider Gender: Female  
License number: NP13694  
NPI: 1265487326  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **STEVENSON, REHEIA A**

Provider ID: 210795  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL  
1  
LA JOLLA, CA 92037-1337  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: NP95003341  
NPI: 1346696044  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SUN, CHENG**

Provider ID: 84911  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858)  
657-7000  
Provider Gender: Female  
License number: NP9759  
NPI: 1437358892  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Chinese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **TANGTUMNU, RUNGFA**

Provider ID: 84923  
Board Certified Specialty: No

UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-6502  
Fax: (619) 543-7785  
After Hours Phone: (619)  
543-6502  
Provider Gender: Female  
License number: NP17451  
NPI: 1689828741  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **TOMICICH, STEPHANIE S**

Provider ID: 115348  
Board Certified Specialty: No  
CALIFORNIA CANCER  
ASSOCS FOR RESEARCH AND  
EXCELL  
9834 GENESEE AVE STE 416  
LA JOLLA, CA 92037-1264  
Phone: (858) 458-0099  
Fax:  
After Hours Phone: (858)  
458-0099  
Provider Gender: Female  
License number: NP95002402  
NPI: 1316333792  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16/120*

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd*

### **TOMICICH, STEPHANIE S , NPA**

*Provider ID: 248026*

*Board Certified Specialty: No*

*COMMUNITY CARE IPA LLC*

*9834 GENESEE AVE STE 416*

*LA JOLLA, CA 92037-1264*

*Phone: (858) 458-0099*

*Fax:*

*After Hours Phone: (858)*

*458-0099*

*Provider Gender: Female*

*License number: NP95002402*

*NPI: 1316333792*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Scripps*

*Memorial Hospital*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 18/125*

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd*

### **TOMICICH, STEPHANIE S**

*Provider ID: 262398*

*Board Certified Specialty: No*

*IMPERIAL HEALTH HOLDINGS*

*MEDICAL GROUP-SD*

*9850 GENESEE AVE STE 560*

*LA JOLLA, CA 92037-1229*

*Phone: (559) 447-4949*

*Fax: (559) 447-4925*

*After Hours Phone: (559)*

*447-4949*

*Provider Gender: Female*

*License number: NP95002402*

*NPI: 1316333792*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Scripps*

*Memorial Hospital*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd*

### **TOPPEN, LAURA**

*Provider ID: 215475*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*9434 MEDICAL CENTER DR FL*

*1*

*LA JOLLA, CA 92037-1337*

*Phone: (800) 926-8273*

*Fax:*

*After Hours Phone: (800)*

*926-8273*

*Provider Gender: Female*

*License number: NP95010163*

*NPI: 1326563495*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **TOPPEN, LAURA**

*Provider ID: 215476*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*3855 HEALTH SCIENCES DR*

*LA JOLLA, CA 92093-1503*

*Phone: (800) 926-8273*

*Fax:*

*After Hours Phone: (800)*

*926-8273*

*Provider Gender: Female*

*License number: NP95010163*

*NPI: 1326563495*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

### **TRUJILLO, DALE M**

*Provider ID:* 278428  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 2B  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* NP95009664  
*NPI:* 1003104423  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TRUJILLO, DALE M**

*Provider ID:* 278428  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 2B  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* PT18136  
*NPI:* 1003104423

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **VERA, ABIGAIL M**

*Provider ID:* 119436  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7073  
*Fax:*  
*After Hours Phone:* (858) 657-7073  
*Provider Gender:* Female  
*License number:* NP23547  
*NPI:* 1932462785  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:*

### **WATERS, VALERIE L**

*Provider ID:* 121214  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 200  
 LA JOLLA, CA 92037-1701  
*Phone:* (858) 657-8745  
*Fax:*  
*After Hours Phone:* (858) 657-8745  
*Provider Gender:* Female  
*License number:* NP95007374  
*NPI:* 1770002313  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **WAX, VIVIKA S**

*Provider ID:* 84957  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-8530  
*Fax:* (858) 657-5054  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Female

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## D. Specialist Provider Directory

License number: NP12765  
 NPI: 1497881197  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### WHEELER, LAURA G

Provider ID: 262453  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 4150 REGENTS PARK ROW  
 STE 355  
 LA JOLLA, CA 92037-9102  
 Phone: (858) 457-2043  
 Fax: (858) 457-2092  
 After Hours Phone: (858)  
 457-2043  
 Provider Gender: Female  
 License number: NP13812  
 NPI: 1306857255  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### YOAKUM, STEPHANIE H

Provider ID: 125317  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL  
 1  
 LA JOLLA, CA 92037-1337  
 Phone: (858) 657-8530  
 Fax:  
 After Hours Phone: (858)  
 657-8530  
 Provider Gender: Female  
 License number: NP12624  
 NPI: 1386609386  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **CERTIFIED REGISTERED NURSE MIDWIFE**

### BECERRA, AMANDA J

Provider ID: 110463  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 200  
 LA JOLLA, CA 92037-1701

Phone: (858) 657-8745  
 Fax:  
 After Hours Phone: (858)  
 657-8745  
 Provider Gender: Female  
 License number: NM235778  
 NPI: 1386037299  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### COOPER, ANNE S

Provider ID: 83305  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8745  
 Fax: (858) 657-8666  
 After Hours Phone: (858)  
 657-8745  
 Provider Gender: Female  
 License number: NM1689  
 NPI: 1477644417  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

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## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No<br>♿ Accessibility: W<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Phone: (858) 657-8745<br>Fax: (858) 657-8666<br>After Hours Phone: (858) 657-8745<br>Provider Gender: Female<br>License number: NMW862<br>NPI: 1659344224<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation: Ucsd Medical Ctr<br>Medi-Cal Open Panel: No<br>Min/Max Age: None<br>American Sign Language (ASL): No<br>♿ Accessibility: W<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA:                                                                                                                                                                                                                     | American Sign Language (ASL): No<br>♿ Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Ucsd Medical Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>DOLLAND, STEVEN C</b><br>Provider ID: 280553<br>Board Certified Specialty: No<br>UCSD MEDICAL GROUP<br>9300 CAMPUS POINT DR<br>LA JOLLA, CA 92037-1300<br>Phone: (800) 926-8273<br>Fax: (888) 539-8781<br>After Hours Phone: (800) 926-8273<br>Provider Gender: Male<br>License number: NA95000632<br>NPI: 1982059044<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation: Kern Medical Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/999<br>American Sign Language (ASL): No<br>♿ Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Ucsd Medical Group | <b>GOODWIN, RACHEL K</b><br>Provider ID: 126235<br>Board Certified Specialty: No<br>UCSD MEDICAL GROUP<br>8910 VILLA LA JOLLA DR # 200<br>LA JOLLA, CA 92037-1701<br>Phone: (800) 926-8273<br>Fax:<br>After Hours Phone: (800) 926-8273<br>Provider Gender: Female<br>License number: NM1908<br>NPI: 1518274919<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Spanish<br>Cultural Competency: No<br>Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/999<br>American Sign Language (ASL): No<br>♿ Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Ucsd Medical Group | <b>GOODWIN, RACHEL K</b><br>Provider ID: 210017<br>Board Certified Specialty: No<br>UCSD MEDICAL GROUP<br>8910 VILLA LA JOLLA DR # 200<br>LA JOLLA, CA 92037-1701<br>Phone: (800) 926-8273<br>Fax:<br>After Hours Phone: (800) 926-8273<br>Provider Gender: Female<br>License number: NM1908<br>NPI: 1518274919<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Spanish<br>Cultural Competency: No<br>Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/999<br>American Sign Language (ASL): No<br>♿ Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Ucsd Medical Group |
| <b>GARRETT BROWN, REBECCA C</b><br>Provider ID: 83459<br>Board Certified Specialty: No<br>UCSD MEDICAL GROUP<br>9350 CAMPUS POINT DR<br>LA JOLLA, CA 92037-1300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>GOODWIN, RACHEL K</b><br>Provider ID: 126235<br>Board Certified Specialty: No<br>UCSD MEDICAL GROUP<br>8910 VILLA LA JOLLA DR # 200<br>LA JOLLA, CA 92037-1701<br>Phone: (800) 926-8273<br>Fax:<br>After Hours Phone: (800) 926-8273<br>Provider Gender: Female<br>License number: NM1908<br>NPI: 1518274919<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Spanish<br>Cultural Competency: No<br>Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br>Medi-Cal Open Panel: No<br>Min/Max Age: None                                                                                                                                                        | <b>GREAR MANN, MELISSA P</b><br>Provider ID: 210051<br>Board Certified Specialty: No<br>UCSD MEDICAL GROUP<br>8910 VILLA LA JOLLA DR # 200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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## D. Specialist Provider Directory

LA JOLLA, CA 92037-1701  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NMW1830  
 NPI: 1255384475  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GUNTHER, HOPE R**

Provider ID: 210040  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 200  
 LA JOLLA, CA 92037-1701  
 Phone: (858) 657-8745  
 Fax:  
 After Hours Phone: (858) 657-8745  
 Provider Gender: Female  
 License number: NM1421  
 NPI: 1285667741  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:

Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HIRSCH, JENNIFER S**

Provider ID: 210056  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8745  
 Fax:  
 After Hours Phone: (858) 657-8745  
 Provider Gender: Female  
 License number: NMW970  
 NPI: 1891752069  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HIRSCH, JENNIFER S**

Provider ID: 210057  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 200  
 LA JOLLA, CA 92037-1701  
 Phone: (858) 657-8745  
 Fax:  
 After Hours Phone: (858) 657-8745

Provider Gender: Female  
 License number: NMW970  
 NPI: 1891752069  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HIRSCH, JENNIFER S**

Provider ID: 83597  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8745  
 Fax: (619) 543-6792  
 After Hours Phone: (858) 657-8745  
 Provider Gender: Female  
 License number: NMW970  
 NPI: 1891752069  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

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## D. Specialist Provider Directory

*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PERDION, KAREN L**

*Provider ID:* 210135  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 200  
 LA JOLLA, CA 92037-1701  
*Phone:* (858) 657-8745  
*Fax:*  
*After Hours Phone:* (858)  
 657-8745  
*Provider Gender:* Female  
*License number:* NM1061  
*NPI:* 1518916857  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PERDION, KAREN L**

*Provider ID:* 210136  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* NM1061  
*NPI:* 1518916857

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PERDION, KAREN L**

*Provider ID:* 84325  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8745  
*Fax:* (619) 543-2366  
*After Hours Phone:* (858)  
 657-8745  
*Provider Gender:* Female  
*License number:* NM1061  
*NPI:* 1518916857  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **WARD, PAMELA R**

*Provider ID:* 84953  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8745  
*Fax:* (858) 657-8666  
*After Hours Phone:* (858)  
 657-8745  
*Provider Gender:* Female  
*License number:* NM757  
*NPI:* 1912063199  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

## **DERMATOLOGY**

### **CROWLEY, CHRISTOPHER S , MD**

*Provider ID:* 269668  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8322  
*Fax:*  
*After Hours Phone:* (858)  
 657-8322  
*Provider Gender:* Male  
*License number:* A134188  
*NPI:* 1962836783

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Paradise  
 Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **GALLO, RICHARD L**

*Provider ID:* 65173  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8322  
*Fax:* (858) 657-8723  
*After Hours Phone:* (858)  
 657-8322  
*Provider Gender:* Male  
*License number:* C50273  
*NPI:* 1679598890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HATA, TISSA R**

*Provider ID:* 65186  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8322  
*Fax:*  
*After Hours Phone:* (858)  
 657-8322  
*Provider Gender:* Female  
*License number:* G63547  
*NPI:* 1558313916  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MIREMADI, ARJAMG K**

*Provider ID:* 122520  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 7702 IVANHOE AVE  
 LA JOLLA, CA 92037-4520  
*Phone:* (858) 456-1840  
*Fax:* (858) 456-9341  
*After Hours Phone:* (858)  
 456-1840  
*Provider Gender:* Male  
*License number:* A31016  
*NPI:* 1497849418  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc

### **MIREMADI, ARJAMG K**

*Provider ID:* 257630  
*Board Certified Specialty:* Yes  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT  
 7702 IVANHOE AVE  
 LA JOLLA, CA 92037-4520  
*Phone:* (858) 456-1840  
*Fax:* (858) 456-9341  
*After Hours Phone:* (858)  
 456-1840  
*Provider Gender:* Male  
*License number:* A31016  
*NPI:* 1497849418  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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IPA: Blue Shield Promise Health  
Plan Direct, Community Care Ipa  
Llc

### **YU, BENJAMIN D**

Provider ID: 65328  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8322  
Fax:  
After Hours Phone: (858)  
657-8322  
Provider Gender: Male  
License number: A80119  
NPI: 1831103084  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

---

### **EMERGENCY MEDICINE**

---

### **AMANN, CHRISTOPHER J**

Provider ID: 270914  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax: (888) 539-8781  
After Hours Phone: (858)  
657-7000

Provider Gender: Male  
License number: C132360  
NPI: 1134326895  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **BARRY, JEFFREY R**

Provider ID: 271131  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A149215  
NPI: 1801207006  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **BELLINGHAUSEN, AMY**

Provider ID: 270335  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A143164  
NPI: 1801206354  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Coronado Hosp And Healthcare  
Ctr, Sharp Memorial Hospital,  
Ucsd La Jolla John Sally  
Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **LI, JINGHONG**

Provider ID: 255937  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

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## D. Specialist Provider Directory

*Phone:* (858) 657-7125  
*Fax:* (858) 657-7107  
*After Hours Phone:* (858) 657-7125  
*Provider Gender:* Female  
*License number:* A107000  
*NPI:* 1619014479  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### LI, JINGHONG

*Provider ID:* 255938  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-7125  
*Fax:* (858) 657-7107  
*After Hours Phone:* (858) 657-7125  
*Provider Gender:* Female  
*License number:* A107000  
*NPI:* 1619014479  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### PADDOCK, DIANA L

*Provider ID:* 256121  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 100  
 LA JOLLA, CA 92037-1701  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PA52175  
*NPI:* 1447657804  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### ENDOCRINOLOGY METABOLISM DIABETES

### BOEDER, SCHAFFER C

*Provider ID:* 255612  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A129134  
*NPI:* 1477808285  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### DILLMANN, WOLFGANG

*Provider ID:* 65162  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-6886  
*Fax:*  
*After Hours Phone:* (619) 543-6886  
*Provider Gender:* Male  
*License number:* A33658  
*NPI:* 1386675445  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DULEBA, ANTONI J**

*Provider ID:* 83386  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 543-2347  
*Fax:*  
*After Hours Phone:* (858) 543-2347  
*Provider Gender:* Male  
*License number:* C52680  
*NPI:* 1659354702  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Polish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **EDELMAN, STEVEN V**

*Provider ID:* 83396  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-1636  
*Fax:*  
*After Hours Phone:* (858) 657-1636  
*Provider Gender:* Male  
*License number:* G51578  
*NPI:* 1477585248  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GUERIN, CHRIS K**

*Provider ID:* 284645  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* G47081  
*NPI:* 1275648875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr,

Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HAMIDI, VALA**

*Provider ID:* 121429  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-2347  
*Fax:*  
*After Hours Phone:* (619) 543-2347  
*Provider Gender:* Female  
*License number:* A150069  
*NPI:* 1316231681  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **JUANG, PATRICIA S**

*Provider ID:* 255606

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## D. Specialist Provider Directory

---

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A110217  
*NPI:* 1265695795  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**JUANG, PATRICIA S**  
*Provider ID:* 83552  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Female  
*License number:* A110217  
*NPI:* 1265695795  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**KULASA, KRISTEN M**  
*Provider ID:* 255623  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 962-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 962-8273  
*Provider Gender:* Female  
*License number:* A96293  
*NPI:* 1932324175  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**MAFONG, DEREK D**  
*Provider ID:* 65242  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # C  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8440  
*Fax:* (858) 657-8989  
*After Hours Phone:* (858) 657-8440  
*Provider Gender:* Male  
*License number:* A89536  
*NPI:* 1699781633  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Palomar Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**NAGELBERG, JODI B**  
*Provider ID:* 287778  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037-1732  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A146838

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## D. Specialist Provider Directory

NPI: 1720474141

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SANTOS CAVAIOLA, TRICIA**

Provider ID: 256092

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A108282

NPI: 1518163799

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **WOODS, GINA N**

Provider ID: 110869

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # 1A

LA JOLLA, CA 92037-1300

Phone: (858) 657-8000

Fax:

After Hours Phone: (858)

657-8000

Provider Gender: Female

License number: A81848

NPI: 1467401521

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

Provider Language(s) Spoken:

Chinese

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **EASTMAN, AMELIA S**

Provider ID: 83393

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8200

Fax:

After Hours Phone: (858)

657-8200

Provider Gender: Female

License number: 20A11643

NPI: 1336393990

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Ucsd Medical Ctr, Ucsd

La Jolla John Sally Thornton,

Alvarado Hospital Llc

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

## **FAMILY PRACTICE**

### **CHEN, ALICE I**

Provider ID: 207165

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: 20A16077

NPI: 1265810337

Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Email:</p> <p>Medical Group(s):</p> <p>IPA:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>Phone: (800) 926-8273</p> <p>Fax:</p> <p>After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female</p> <p>License number: A63540</p> <p>NPI: 1750339446</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd Medical Ctr</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 16/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p>                                                                                                                                                                                                 | <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p> |
| <hr/> <p><b>FEMALE PELVIC MED AND RECONSTRUCTIVE SURG</b></p> <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
| <p><b>LUKACZ, EMILY S</b></p> <p>Provider ID: 256953</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (858) 657-8745</p> <p>Fax:</p> <p>After Hours Phone: (858) 657-8745</p> <p>Provider Gender: Female</p> <p>License number: A63540</p> <p>NPI: 1750339446</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd Medical Ctr</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 16/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p> | <p><b>ANAND, GOBIND S</b></p> <p>Provider ID: 272836</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (619) 543-2347</p> <p>Fax: (858) 657-7259</p> <p>After Hours Phone: (619) 543-2347</p> <p>Provider Gender: Male</p> <p>License number: A120739</p> <p>NPI: 1861626814</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd Medical Ctr</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p> |                                                                                                                                                                                                             |
| <hr/> <p><b>GASTROENTEROLOGY</b></p> <hr/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
| <p><b>LUKACZ, EMILY S</b></p> <p>Provider ID: 256954</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9400 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92093-1350</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>ANAND, GOBIND S</b></p> <p>Provider ID: 110471</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p> <p>Phone: (858) 657-1636</p> <p>Fax:</p> <p>After Hours Phone: (858) 657-1636</p> <p>Provider Gender: Male</p> <p>License number: A120739</p> <p>NPI: 1861626814</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Ucsd Medical Ctr</p> <p>Medi-Cal Open Panel: No</p>                                                                                                                                                                                                                            | <p><b>BORTNIKER, ETHAN I</b></p> <p>Provider ID: 209550</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>9350 CAMPUS POINT DR</p> <p>LA JOLLA, CA 92037-1300</p>                       |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A155188  
 NPI: 1396905576  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BRENNER, DAVID A**

Provider ID: 64823  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8381  
 Fax: (858) 657-8989  
 After Hours Phone: (858) 657-8381  
 Provider Gender: Male  
 License number: G54658  
 NPI: 1679649024  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **COPUR DAHI, NEDRET**

Provider ID: 64853  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR # 2C  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 543-2347  
 Fax:  
 After Hours Phone: (619) 543-2347  
 Provider Gender: Female  
 License number: A99701  
 NPI: 1932290145  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Turkish

Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **DAVE, SHRAVAN S**

Provider ID: 270448  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 925-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 925-8273  
 Provider Gender: Male  
 License number: A139385  
 NPI: 1588081814  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **DAVE, SHRAVAN S**

Provider ID: 270449  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR # 2C  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A139385  
 NPI: 1588081814  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No

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## D. Specialist Provider Directory

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **DILAURO, STEVEN C , MD**

Provider ID: 269298

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

9850 GENESEE AVE STE 440

LA JOLLA, CA 92037-1212

Phone: (858) 373-0211

Fax: (760) 635-5972

After Hours Phone: (858)

373-0211

Provider Gender: Male

License number: A104332

NPI: 1629117643

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **DOCHERTY, MICHAEL J**

Provider ID: 64859

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR # 2C

LA JOLLA, CA 92037-1300

Phone: (619) 543-2347

Fax:

After Hours Phone: (619)

543-2347

Provider Gender: Male

License number: A74870

NPI: 1841230935

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **FEHMI, SYED M**

Provider ID: 64876

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR # 2C

LA JOLLA, CA 92037-1300

Phone: (619) 543-2347

Fax:

After Hours Phone: (619)

543-2347

Provider Gender: Male

License number: A107838

NPI: 1942320288

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **FEJLEH, MOHAMMAD P**

Provider ID: 271042

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (800) 926-8273

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A149205

NPI: 1205240959

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **FEJLEH, MOHAMMAD P**

Provider ID: 271043

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR # 2C

LA JOLLA, CA 92037-1300

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## D. Specialist Provider Directory

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A149205  
 NPI: 1205240959  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**GOLDKLANG, ROBERT H , MD**  
 Provider ID: 269271  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 440  
 LA JOLLA, CA 92037-1212  
 Phone: (858) 373-0211  
 Fax: (760) 635-5972  
 After Hours Phone: (858) 373-0211  
 Provider Gender: Male  
 License number: G69237  
 NPI: 1275527657  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc  
**GUPTA, SAMIR**  
 Provider ID: 83525  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 543-2347  
 Fax: (619) 543-7480  
 After Hours Phone: (619) 543-2347  
 Provider Gender: Male  
 License number: A78715  
 NPI: 1023127057  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**HEMPERLY, AMY V**  
 Provider ID: 239551  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: 20A14741  
 NPI: 1881960888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

**HOLMER, ARIELA K**  
 Provider ID: 273216  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A149594  
 NPI: 1083032544  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes

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## D. Specialist Provider Directory

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*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **KALMAZ, DENISE**

*Provider ID:* 64931

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR # 2C

LA JOLLA, CA 92037-1300

*Phone:* (619) 543-2347

*Fax:*

*After Hours Phone:* (619)

543-2347

*Provider Gender:* Female

*License number:* A87252

*NPI:* 1275700973

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KLAPHEKE, ROBERT W**

*Provider ID:* 283347

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A154916

*NPI:* 1891113288

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **KLAPHEKE, ROBERT W**

*Provider ID:* 283348

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A154916

*NPI:* 1891113288

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **KONO, YUKO**

*Provider ID:* 65218

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # 2B

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-8010

*Fax:*

*After Hours Phone:* (858)

657-8010

*Provider Gender:* Female

*License number:* A111039

*NPI:* 1982628665

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Japanese

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* P, EB, IB, E, R, T

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KRINSKY, MARY L**

*Provider ID:* 83674

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

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## D. Specialist Provider Directory

9300 CAMPUS POINT DR # 2C  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-2347  
Fax:  
After Hours Phone: (619) 543-2347  
Provider Gender: Female  
License number: 20A7425  
NPI: 1588765085  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **KWONG, WILSON T**

Provider ID: 84283  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-2347  
Fax:  
After Hours Phone: (619) 543-2347  
Provider Gender: Male  
License number: A114763  
NPI: 1134389653  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None

American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **LAJOIE, ADRIANNE M , MD**

Provider ID: 269300  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9850 GENESEE AVE STE 440  
LA JOLLA, CA 92037-1212  
Phone: (858) 373-0211  
Fax: (760) 635-5972  
After Hours Phone: (858) 373-0211  
Provider Gender: Female  
License number: A84301  
NPI: 1225253651  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish

Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **MENDLER, MICHEL H**

Provider ID: 210290  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (619) 543-5415  
Fax:  
After Hours Phone: (619) 543-5415  
Provider Gender: Male  
License number: A78316  
NPI: 1134232051  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French  
Cultural Competency: No  
Hospital Affiliation: Keck Hospital Of Usc, Ucsd Medical Ctr, Usc Kenneth Norris Jr Cancer Hospital, Lac Usc Medical Center, Lac Rancho Los Amigos National Rehab Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **MENDLER, MICHEL H**

Provider ID: 65247  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-5415  
Fax:  
After Hours Phone: (619) 543-5415  
Provider Gender: Male  
License number: A78316  
NPI: 1134232051  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French  
Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Ucsd Medical Ctr, Lac Usc Medical Center, Lac Rancho Los Amigos National Rehab Center

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MITTAL, RAVINDER K**

*Provider ID:* 65255

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (619) 543-2347

*Fax:*

*After Hours Phone:* (619)

543-2347

*Provider Gender:* Male

*License number:* C50204

*NPI:* 1376567255

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **NGUYEN, NGHIA H**

*Provider ID:* 283295

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A144052

*NPI:* 1154718997

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **NGUYEN, NGHIA H**

*Provider ID:* 283296

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7423

*Fax:* (888) 539-8781

*After Hours Phone:* (858)

657-7423

*Provider Gender:* Male

*License number:* A144052

*NPI:* 1154718997

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **PATEL, DEREK R**

*Provider ID:* 65008

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR # 2C

LA JOLLA, CA 92037-1300

*Phone:* (619) 543-2347

*Fax:*

*After Hours Phone:* (619)

543-2347

*Provider Gender:* Male

*License number:* A69111

*NPI:* 1073538385

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **PATTON, HEATHER M**

*Provider ID:* 65274

*Board Certified Specialty:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-2347  
Fax:  
After Hours Phone: (619) 543-2347  
Provider Gender: Female  
License number: A75284  
NPI: 1396796124  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Palomar Health Downtown Campus, Ucsd Medical Ctr, Palomar Medical Center  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **RIVERA NIEVES, JESUS**

Provider ID: 65030  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR # 2C  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-2347  
Fax:  
After Hours Phone: (619) 543-2347  
Provider Gender: Male  
License number: C54808  
NPI: 1437228079  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No

Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **RIVERA NIEVES, JESUS**

Provider ID: 65287  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-6886  
Fax:  
After Hours Phone: (619) 543-6886  
Provider Gender: Male  
License number: C54808  
NPI: 1437228079  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SANDBORN, WILLIAM J**

Provider ID: 65293

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-2347  
Fax:  
After Hours Phone: (619) 543-2347  
Provider Gender: Male  
License number: G63853  
NPI: 1639157563  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SAVIDES, THOMAS J**

Provider ID: 65048  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR # 2C  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-2347  
Fax:  
After Hours Phone: (619) 543-2347  
Provider Gender: Male  
License number: G64139  
NPI: 1588649081  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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

### **SHAH, SHAILJA C**

*Provider ID:* 283897  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A125800  
*NPI:* 1073803243  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SHAH, SHAILJA C**

*Provider ID:* 283898  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A125800  
*NPI:* 1073803243  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TSAI, MATTHEW**

*Provider ID:* 252368  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A138084  
*NPI:* 1285051177  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TSAI, MATTHEW**

*Provider ID:* 252369  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A138084  
*NPI:* 1285051177  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TSE, CHUNG S**

*Provider ID:* 282879  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A171036  
NPI: 1417336215  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TSE, CHUNG S**

Provider ID: 282880  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A171036  
NPI: 1417336215  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr

Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **YANG, EDWARD**

Provider ID: 283163  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A154057  
NPI: 1437545654  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **YANG, EDWARD**

Provider ID: 283164  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A154057  
NPI: 1437545654  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **GENETICS MEDICAL**

### **JONES, MARILYN C**

Provider ID: 202347  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: G30850  
NPI: 1295806040  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Childrens Hospital San Diego,  
Ucsd Medical Ctr, Ucsd La Jolla  
John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### JONES, MARILYN C

*Provider ID:* 280121  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL  
1  
LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* G30850  
*NPI:* 1295806040  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Ucsd La Jolla  
John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### SCIOSCIA, ANGELA L

*Provider ID:* 65298  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-2347  
*Fax:*  
*After Hours Phone:* (619)  
543-2347  
*Provider Gender:* Female  
*License number:* G64765  
*NPI:* 1902839335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### GYNECOLOGIC ONCOLOGY

### ESKANDER, RAMEZ N

*Provider ID:* 282165  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A102482

*NPI:* 1144486929  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* University Of  
California Irvine Med Ctr, Earl  
And Lorraine Miller Childrens  
Hsp, Long Beach Memorial Med  
Ctr, Providence St Joseph  
Hospital, Providence St Jude  
Medical Center, Orange Coast  
Mem Med Ctr, Fountain Valley  
Regional Hosp And Med Ctr,  
Corona Regional Med Ctr, Ucsd  
La Jolla John Sally Thornton,  
Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### HEMATOLOGY / ONCOLOGY

### ASIMAKOPOULOS, FOTIOS A

*Provider ID:* 246594  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A115772  
*NPI:* 1518134923  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BALL, EDWARD D**

*Provider ID:* 64405  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6100  
*Fax:*  
*After Hours Phone:* (858)  
 822-6100  
*Provider Gender:* Male  
*License number:* G84752  
*NPI:* 1093740110  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BANERJEE, PUSHPENDU, MD**

*Provider ID:* 257619

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 560  
 LA JOLLA, CA 92037-1229  
*Phone:* (858) 552-1410  
*Fax:* (858) 552-0929  
*After Hours Phone:* (858)  
 552-1410  
*Provider Gender:* Male  
*License number:* A69490  
*NPI:* 1164497855  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego,  
 Scripps Green Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **BANERJEE, PUSHPENDU**

*Provider ID:* 54041  
*Board Certified Specialty:* No  
 CALIFORNIA CANCER  
 ASSOCS FOR RESEARCH AND  
 EXCELL  
 9850 GENESEE AVE STE 560  
 LA JOLLA, CA 92037-1229  
*Phone:* (858) 552-1410  
*Fax:*  
*After Hours Phone:* (858)  
 552-1410  
*Provider Gender:* Male

*License number:* A69490  
*NPI:* 1164497855  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego,  
 Scripps Green Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **BAZHENOVA, LYUDMILA A**

*Provider ID:* 64408  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6100  
*Fax:*  
*After Hours Phone:* (858)  
 822-6100  
*Provider Gender:* Female  
*License number:* A76755  
*NPI:* 1093791006  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Russian  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BEJAR, RAFAEL**

Provider ID: 64409  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6100  
Fax:  
After Hours Phone: (858)  
822-6100  
Provider Gender: Male  
License number: A121394  
NPI: 1720051493  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BOTTA, GREGORY P**

Provider ID: 242346  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A140495  
NPI: 1881006955  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Green Hospital, Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **CHOI, MICHAEL Y**

Provider ID: 64417  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6100  
Fax: (858) 534-5620  
After Hours Phone: (858)  
822-6100  
Provider Gender: Male  
License number: A100104  
NPI: 1912181173  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **COHEN, EZRA**

Provider ID: 112498  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 534-3804  
Fax:  
After Hours Phone: (858)  
534-3804  
Provider Gender: Male  
License number: C132549  
NPI: 1518029065  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **DANIELS, GREGORY A**

Provider ID: 64422  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

Phone: (858) 822-6100

Fax:

After Hours Phone: (858)  
822-6100

Provider Gender: Male

License number: A92515

NPI: 1164480943

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### FANTA, PAUL T

Provider ID: 64428

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

Phone: (858) 822-6135

Fax: (858) 822-6186

After Hours Phone: (858)  
822-6135

Provider Gender: Male

License number: A81637

NPI: 1467661496

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### FLORES, EDNA I, MD

Provider ID: 256366

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9850 GENESEE AVE STE 830  
LA JOLLA, CA 92037-1219

Phone: (858) 552-1410

Fax: (858) 429-4009

After Hours Phone: (858)  
552-1410

Provider Gender: Female

License number: A114373

NPI: 1396994604

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Pioneers

Memorial Hospital, Scripps

Memorial Hospital Encinitas,

Scripps Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### GOLD, KATHRYN A

Provider ID: 109559

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-5182

Fax: (858) 534-6186

After Hours Phone: (858)  
822-5182

Provider Gender: Female

License number: C139391

NPI: 1306909791

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### GOODMAN, AARON M

Provider ID: 121426

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

Phone: (858) 822-6173

Fax:

After Hours Phone: (858)  
822-6173

Provider Gender: Male

License number: A130400

NPI: 1851603559

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

No  
 ☞ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GOODMAN, AARON M**

Provider ID: 216894  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6200  
 Fax:  
 After Hours Phone: (858)  
 822-6200  
 Provider Gender: Male  
 License number: A130400  
 NPI: 1851603559  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☞ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GOPAL, SRILA**

Provider ID: 127731  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

Phone: (858) 822-6276  
 Fax:  
 After Hours Phone: (858)  
 822-6276  
 Provider Gender: Female  
 License number: A151332  
 NPI: 1831323369  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☞ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HAMDAN, AYAD**

Provider ID: 241429  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3800-3899 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093-1503  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: C162882  
 NPI: 1144431230  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic, French  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☞ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HEYMAN, BENJAMIN M**

Provider ID: 128684  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A157684  
 NPI: 1982995809  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

☞ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HEYMAN, BENJAMIN M**

Provider ID: 128685  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A157684  
NPI: 1982995809  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**HEYMAN, BENJAMIN M**  
Provider ID: 128686  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A157684  
NPI: 1982995809  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

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

**HEYMAN, BENJAMIN M**  
Provider ID: 202662  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A157684  
NPI: 1982995809  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**HEYMAN, BENJAMIN M**  
Provider ID: 202663  
Board Certified Specialty: No

UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A157684  
NPI: 1982995809  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**HEYMAN, BENJAMIN M**  
Provider ID: 202664  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A157684  
NPI: 1982995809  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### JAMIESON, CATRIONA H

*Provider ID:* 64436  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6276  
*Fax:*  
*After Hours Phone:* (858)  
 822-6276  
*Provider Gender:* Female  
*License number:* A67419  
*NPI:* 1841223617  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### KATO, SHU M

*Provider ID:* 113897  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-3115  
*Fax:*  
*After Hours Phone:* (858)  
 822-3115  
*Provider Gender:* Male  
*License number:* A111322  
*NPI:* 1609025865  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Japanese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### KOURA, DIVYA T

*Provider ID:* 83672  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6100  
*Fax:* (858) 822-6844  
*After Hours Phone:* (858)  
 822-6100  
*Provider Gender:* Female  
*License number:* A125774  
*NPI:* 1053471318  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### KU, GRACE H

*Provider ID:* 64444  
*Board Certified Specialty:* No  
 UC SAN DIEGO CANCER CTR  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6100  
*Fax:*  
*After Hours Phone:* (858)  
 822-6100  
*Provider Gender:* Female  
*License number:* A92382  
*NPI:* 1538145719  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton, Uc Davis Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### MILLARD, FREDERICK E

*Provider ID:* 64454

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
*UC SAN DIEGO CANCER CTR*  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6100  
*Fax:*  
*After Hours Phone:* (858) 822-6100  
*Provider Gender:* Male  
*License number:* G52424  
*NPI:* 1922056373  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MILLARD, FREDERICK E**

*Provider ID:* 64454  
*Board Certified Specialty:* No  
*UCSD MEDICAL GROUP*  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6100  
*Fax:*  
*After Hours Phone:* (858) 822-6100  
*Provider Gender:* Male  
*License number:* G52424  
*NPI:* 1922056373  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr

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

### **MILLER, AARON M**

*Provider ID:* 112346  
*Board Certified Specialty:* No  
*UCSD MEDICAL GROUP*  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-3115  
*Fax:* (858) 822-6186  
*After Hours Phone:* (858) 822-3115  
*Provider Gender:* Male  
*License number:* A118116  
*NPI:* 1104127679  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MITCHELL, WILLIAM M**

*Provider ID:* 64455  
*Board Certified Specialty:* No  
*UCSD MEDICAL GROUP*

3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6100  
*Fax:* (858) 822-6352  
*After Hours Phone:* (858) 822-6100  
*Provider Gender:* Male  
*License number:* A92024  
*NPI:* 1669634663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PARK, SOO J**

*Provider ID:* 257202  
*Board Certified Specialty:* No  
*UCSD MEDICAL GROUP*  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A135455  
*NPI:* 1821351198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

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## D. Specialist Provider Directory

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **PATEL, SANDIP P**

*Provider ID:* 88443

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6100

*Fax:* (858) 246-1915

*After Hours Phone:* (858)

822-6100

*Provider Gender:* Male

*License number:* A110132

*NPI:* 1245481381

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton, Eisenhower Medical

Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **PEARSE, WILLIAM B**

*Provider ID:* 285649

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A173950

*NPI:* 1225423148

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **RANDALL, JAMES M**

*Provider ID:* 64466

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6100

*Fax:* (858) 822-6186

*After Hours Phone:* (858)

822-6100

*Provider Gender:* Male

*License number:* A99468

*NPI:* 1144407115

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **RICHARDSON, ANGELIQUE E**

*Provider ID:* 215010

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A123556

*NPI:* 1700120102

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **SACCO, ASSUNTINA G**

*Provider ID:* 110199

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6100  
Fax: (858) 822-6198  
After Hours Phone: (858) 822-6100  
Provider Gender: Female  
License number: A132120  
NPI: 1871757831  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SCHWAB, RICHARD B**

Provider ID: 64476  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6200  
Fax:  
After Hours Phone: (858) 822-6200  
Provider Gender: Male  
License number: A76913  
NPI: 1710900345  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No

Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SINCLAIR, JAMES M**

Provider ID: 54027  
Board Certified Specialty: No  
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL  
9850 GENESEE AVE STE 560  
LA JOLLA, CA 92037-1229  
Phone: (858) 552-1410  
Fax: (858) 552-0929  
After Hours Phone: (858) 552-1410  
Provider Gender: Male  
License number: G48926  
NPI: 1356300230  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/120  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **STEWART, TYLER F**

Provider ID: 243920  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A163409  
NPI: 1699110676  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TANAKA, TIFFANY N**

Provider ID: 115252  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6276  
Fax:  
After Hours Phone: (858) 822-6276  
Provider Gender: Female  
License number: A119740  
NPI: 1407159726  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **TZACHANIS, DIMITRIOS**

*Provider ID:* 102364  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6600  
*Fax:*  
*After Hours Phone:* (858) 822-6600  
*Provider Gender:* Male  
*License number:* C55514  
*NPI:* 1528026002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* German, Greek  
*Cultural Competency:* No  
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **VU, PETER**

*Provider ID:* 272717  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A149741  
*NPI:* 1861810830  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **WALLACH, SABINA R , MD**

*Provider ID:* 269286  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 400  
 LA JOLLA, CA 92037-1212  
*Phone:* (858) 558-8666  
*Fax:* (858) 558-9233  
*After Hours Phone:* (858) 558-8666  
*Provider Gender:* Female  
*License number:* A34070  
*NPI:* 1871529081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

## HEPATOLOGY

### **BARMAN, PRANAB M**

*Provider ID:* 241952  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR # 2C  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A162554  
*NPI:* 1023301991  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

Medical Group(s):  
IPA: Ucsd Medical Group

### **BARMAN, PRANAB M**

Provider ID: 241954  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A162554  
NPI: 1023301991  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Hindi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SHARPTON, SUZANNE**

Provider ID: 245667  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-5273  
Fax:  
After Hours Phone: (800)  
926-5273  
Provider Gender: Female

License number: A123642  
NPI: 1891084257  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HOSPICE AND PALLIATIVE MEDICINE**

### **MESARWI, PAULA**

Provider ID: 118780  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6173  
Fax:  
After Hours Phone: (858)  
822-6173  
Provider Gender: Male  
License number: C144047  
NPI: 1073722021  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA:

### **RUBENSIK, TAMARA T**

Provider ID: 245574  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A119245  
NPI: 1811200652  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HOSPITALIST MD/DO**

### **CHILDERS, DIANA J**

Provider ID: 275069  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

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## D. Specialist Provider Directory

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Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A86157  
NPI: 1033128376  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **CHILDERS, DIANA J**

Provider ID: 275070  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A86157  
NPI: 1033128376  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **FIRESTEIN, CATHERINE E**

Provider ID: 275388  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A143013  
NPI: 1427348382  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HAMMOND, CHARLES F**

Provider ID: 278589  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A169655  
NPI: 1033641816  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SHINDO, YURI**

Provider ID: 284744  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A167796  
NPI: 1700271939  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Japanese  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Ucsd La Jolla

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

*Provider ID:* 117215  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-6146  
*Fax:*  
*After Hours Phone:* (619)  
 543-6146  
*Provider Gender:* Female  
*License number:* A131119  
*NPI:* 1639494420

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### INFECTIOUS DISEASE

#### BENSON, CONSTANCE A

*Provider ID:* 64814  
*Board Certified Specialty:* Yes  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Female  
*License number:* G87372  
*NPI:* 1871541664  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

#### COWELL, ANNE N

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

#### LOONEY, DAVID J

*Provider ID:* 64959  
*Board Certified Specialty:* Yes  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Male  
*License number:* G67588  
*NPI:* 1912955048  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

#### RAWLINGS, STEPHEN A

*Provider ID:* 284362  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9500 GILMAN DR # 2069  
 LA JOLLA, CA 92093-5004  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A146123  
*NPI:* 1861888984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

#### SAVOIA, MARIA C

*Provider ID:* 65049

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-6146

*Fax:*

*After Hours Phone:* (619)  
543-6146

*Provider Gender:* Female

*License number:* G36729

*NPI:* 1710903075

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

⚡ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

Arabic

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

⚡ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **BOROK, ZEA**

*Provider ID:* 284703

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-5273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-5273

*Provider Gender:* Female

*License number:* A47911

*NPI:* 1750317251

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Hebrew

*Cultural Competency:* No

*Hospital Affiliation:* Ronald

Reagan Ucla Med Ctr, Lac Usc

Medical Center, Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

⚡ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **ODISH, MAZEN F**

*Provider ID:* 271468

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A133179

*NPI:* 1992141428

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

⚡ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **ROSE, ALEXANDRA**

*Provider ID:* 224832

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

### **INTERNAL MEDICINE CRITICAL CARE MEDICINE**

#### **ALOTAIBI, MONA A**

*Provider ID:* 271480

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A147271

*NPI:* 1174933915

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*License number:* A143518  
*NPI:* 1033557525  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### TRAN, LINH N

*Provider ID:* 271938  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A122603  
*NPI:* 1851682728  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr, Southwest  
 Healthcare System Murrieta  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### INTERNAL MEDICINE GERIATRIC MEDICINE

### BOULAND, DANIEL L

*Provider ID:* 64820  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9198  
*Fax:* (619) 543-8255  
*After Hours Phone:* (619)  
 471-9198  
*Provider Gender:* Male  
*License number:* G50358  
*NPI:* 1669498630  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Riverside  
 Community Hosp, Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### INTERNAL MEDICINE

### ABDELMALEK, JOSEPH A

*Provider ID:* 83072  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Male  
*License number:* A107185  
*NPI:* 1740485531  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### ABDELMALEK, JOSEPH A

*Provider ID:* 83075  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE  
 110  
 LA JOLLA, CA 92037-1732  
*Phone:* (858) 657-8000  
*Fax:*  
*After Hours Phone:* (858)  
 657-8000  
*Provider Gender:* Male  
*License number:* A107185  
*NPI:* 1740485531  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ALLY, MARYANN T**

Provider ID: 117754  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 471-9186  
 Fax:  
 After Hours Phone: (619) 471-9186  
 Provider Gender: Female  
 License number: C146011  
 NPI: 1316104359  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **AMIRREZVANI, ALI**

Provider ID: 64798  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G88284  
 NPI: 1861485005  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ANG, LAWRENCE W**

Provider ID: 111110  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Male  
 License number: A115926  
 NPI: 1851529879  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: University Hsp Of San Diego Co

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ANG, LAWRENCE W**

Provider ID: 116100  
 Board Certified Specialty: Yes  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (858) 657-8530  
 Fax:  
 After Hours Phone: (858) 657-8530  
 Provider Gender: Male  
 License number: A115926  
 NPI: 1851529879  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: University Hsp Of San Diego Co  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ANTONUCCI, STEPHEN A**

Provider ID: 115618  
 Board Certified Specialty: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 471-9185  
Fax:  
After Hours Phone: (619) 471-9185  
Provider Gender: Male  
License number: A143234  
NPI: 1124331426  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**ARUTYUNOV, BORIS S**  
Provider ID: 201909  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 471-9186  
Fax:  
After Hours Phone: (619) 471-9186  
Provider Gender: Male  
License number: A137892  
NPI: 1144562703  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Russian  
Cultural Competency: No

Hospital Affiliation: Sutter Medical Center Sacramento, Good Samaritan Hospital, Good Samaritan Hospital Los Angeles, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**ASUDANI, DEEPAK G**  
Provider ID: 64802  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax: (619) 543-8255  
After Hours Phone: (858) 657-7000  
Provider Gender: Male  
License number: A100515  
NPI: 1548208812  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**BAJWA, JASWINDER P**  
Provider ID: 64807  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax: (619) 543-8255  
After Hours Phone: (858) 657-7000  
Provider Gender: Male  
License number: A118049  
NPI: 1306000922  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Hindi, Punjabi  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**BAZICK, JESSICA G**  
Provider ID: 64811  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A121356  
NPI: 1114155082

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BELL, JOHN F**

*Provider ID:* 64813  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:* (619) 543-8255  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Male  
*License number:* A120667  
*NPI:* 1699978445  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:*  
**BLUESTEIN, HARRY G**  
*Provider ID:* 65129  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 2B  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8010  
*Fax:*  
*After Hours Phone:* (858) 657-8010  
*Provider Gender:* Male  
*License number:* G20053  
*NPI:* 1295793024  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BOLAND, BRIGID S**

*Provider ID:* 83242  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-2347  
*Fax:*  
*After Hours Phone:* (619) 543-2347  
*Provider Gender:* Female  
*License number:* A111250  
*NPI:* 1902069446  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BORDIN-WOSK, TALYA S**

*Provider ID:* 273984  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (760) 471-9186  
*Fax:* (619) 543-8255  
*After Hours Phone:* (760) 471-9186  
*Provider Gender:* Female  
*License number:* A123772  
*NPI:* 1801184973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

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## D. Specialist Provider Directory

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### **BORDIN-WOSK, TALYA S**

*Provider ID:* 273985  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A123772  
*NPI:* 1801184973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BROWNE, SARA H**

*Provider ID:* 64829  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Female  
*License number:* A51877  
*NPI:* 1275571176  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CHACE, CONSTANCE R**

*Provider ID:* 117242  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9186  
*Fax:*  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Female  
*License number:* A129086  
*NPI:* 1154682953  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CHENG, GEORGE Z**

*Provider ID:* 247640  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A166013  
*NPI:* 1316174568  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CHOE, CHARLES H**

*Provider ID:* 64732  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
8939 VILLA LA JOLLA DR STE 110  
LA JOLLA, CA 92037-1732  
*Phone:* (858) 657-8000  
*Fax:*  
*After Hours Phone:* (858) 657-8000  
*Provider Gender:* Male  
*License number:* A77451

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1891733846  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**CHOE, CHARLES H**  
 Provider ID: 65146  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8440  
 Fax:  
 After Hours Phone: (858) 657-8440  
 Provider Gender: Male  
 License number: A77451  
 NPI: 1891733846  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA:  
**CHOUETRI, MICHEL B**  
 Provider ID: 118666  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 471-9186  
 Fax: (619) 543-8255  
 After Hours Phone: (619) 471-9186  
 Provider Gender: Male  
 License number: A117112  
 NPI: 1780991869  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**CLAY, BRIAN J**  
 Provider ID: 64850  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Male

License number: A83799  
 NPI: 1831124635  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**COSTELLO, CAITLIN L**  
 Provider ID: 64419  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6173  
 Fax:  
 After Hours Phone: (858) 822-6173  
 Provider Gender: Female  
 License number: A108322  
 NPI: 1760649230  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Medical Group(s):

IPA:

### **DJEKIC, KRISTINA**

Provider ID: 286669

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: 20A15063

NPI: 1417343732

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **EL KAREH, ROBERT E**

Provider ID: 64868

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 471-9185

Fax: (619) 543-8255

After Hours Phone: (619)

471-9185

Provider Gender: Male

License number: A112957

NPI: 1497944656

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **FREDERICK, WILLIAM J**

Provider ID: 83442

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 471-9186

Fax: (619) 543-8255

After Hours Phone: (858)

471-9186

Provider Gender: Male

License number: A123614

NPI: 1841592805

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **GALANINA, NATALIE**

Provider ID: 112342

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6173

Fax:

After Hours Phone: (858)

822-6173

Provider Gender: Female

License number: A121363

NPI: 1235372855

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Medical Ctr At Ucsf

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **GANDHI, NIKHIL R**

Provider ID: 64881

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*License number:* A81799  
*NPI:* 1609934538  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Vibra Hospital Of San Diego, Ucsd Medical Ctr, Alvarado Hospital Llc, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GELBERG, ANNA**

*Provider ID:* 285639  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A105308  
*NPI:* 1104004258  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Hoag Memorial Hospital Presbyterian, Ucsd Medical Ctr,

Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HANNA, LINDSAY D**

*Provider ID:* 284967  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP95009601  
*NPI:* 1699257907  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HELSTEN, TERESA L**

*Provider ID:* 64431  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6173  
*Fax:*  
*After Hours Phone:* (858) 822-6173  
*Provider Gender:* Female  
*License number:* A71996  
*NPI:* 1265408678  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HOGARTH, MICHAEL A**

*Provider ID:* 214385  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A51060  
*NPI:* 1225019193  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Uc Davis Medical Ctr

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HORMAN, SARAH F**

Provider ID: 64913  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 471-9186  
 Fax: (619) 543-8255  
 After Hours Phone: (619)  
 471-9186  
 Provider Gender: Female  
 License number: A110036  
 NPI: 1861657744  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HSU, JONATHAN C**

Provider ID: 83549  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858)  
 657-7000  
 Provider Gender: Male  
 License number: A104474  
 NPI: 1629199195  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HSU, JONATHAN C**

Provider ID: 83602  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL  
 1  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax: (858) 657-8814  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A104474  
 NPI: 1629199195  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical

Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HUANG, BRYAN J**

Provider ID: 64917  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 471-9198  
 Fax: (619) 543-8255  
 After Hours Phone: (619)  
 471-9198  
 Provider Gender: Male  
 License number: A87875  
 NPI: 1881652394  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HUSAIN, HATIM**

Provider ID: 83605  
 Board Certified Specialty: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6173  
Fax:  
After Hours Phone: (858)  
822-6173  
Provider Gender: Male  
License number: A99267  
NPI: 1629234109  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Urdu  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### IVANOV, MARGARET A

Provider ID: 272876  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A156352  
NPI: 1326427014  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd

Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### JABBOUR, MOUSSA

Provider ID: 256658  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A148314  
NPI: 1255741633  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Arabic

Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### JENKINS, IAN H

Provider ID: 64927

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 471-9198  
Fax: (619) 543-8255  
After Hours Phone: (619)  
471-9198  
Provider Gender: Male  
License number: A87009  
NPI: 1992762520  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### KAFI, AARYA

Provider ID: 271607  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A123008  
NPI: 1255612339  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Cedars Sinai

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Medical Center, Ucsd La Jolla

John Sally Thornton, Ucsd  
Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **KAHN, ANDREW M**

*Provider ID:* 64929

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)

657-7000

*Provider Gender:* Male

*License number:* A78646

*NPI:* 1841247384

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KAHN, ANDREW M**

*Provider ID:* 65205

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # 1D

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-8530

*Fax:*

*After Hours Phone:* (858)

657-8530

*Provider Gender:* Male

*License number:* A78646

*NPI:* 1841247384

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KALUNIAN, KENNETH C**

*Provider ID:* 65206

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # 2B

LA JOLLA, CA 92037-1300

*Phone:* (858) 249-2500

*Fax:*

*After Hours Phone:* (858)

249-2500

*Provider Gender:* Male

*License number:* G43645

*NPI:* 1346269990

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R, T

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KATZ, YISRAEL**

*Provider ID:* 272937

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A158910

*NPI:* 1730507872

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **KIPPS, THOMAS J**

*Provider ID:* 64443

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**UC SAN DIEGO CANCER CTR**  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6100  
*Fax:*  
*After Hours Phone:* (858) 822-6100  
*Provider Gender:* Male  
*License number:* G43229  
*NPI:* 1306861950  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KOOLA, JEJO D**

*Provider ID:* 113846  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9186  
*Fax:*  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Male  
*License number:* A122014  
*NPI:* 1073775532  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KVIATKOVSKY, MILLA J**

*Provider ID:* 118158  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Female  
*License number:* 20A15453  
*NPI:* 1366855355  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Finnish, French, Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KVIATKOVSKY, MILLA J**

*Provider ID:* 274002  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Female  
*License number:* 20A15453  
*NPI:* 1366855355  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Finnish, French, Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KVIATKOVSKY, MILLA J**

*Provider ID:* 274004  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* 20A15453  
*NPI:* 1366855355  
*Provider English Spoken:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Provider Language(s) Spoken:* Finnish, French, Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KWAK, KEVIN W**

*Provider ID:* 118238  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9186  
*Fax:*  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Male  
*License number:* A149375  
*NPI:* 1033538632  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:*  
**LAGO HERNANDEZ, CARLOS A**  
*Provider ID:* 238623  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A146029  
*NPI:* 1558756270  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**LAGO HERNANDEZ, CARLOS A**  
*Provider ID:* 238624  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A146029  
*NPI:* 1558756270  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LAM, MICHAEL T**

*Provider ID:* 274409  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A141055  
*NPI:* 1578974259  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **LIPPMAN, SCOTT M**

*Provider ID:* 64446

*Board Certified Specialty:* No

UC SAN DIEGO CANCER CTR

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6100

*Fax:*

*After Hours Phone:* (858)

822-6100

*Provider Gender:* Male

*License number:* A37790

*NPI:* 1780780874

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **LOOMBA, ROHIT**

*Provider ID:* 65238

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (619) 543-2347

*Fax:*

*After Hours Phone:* (619)

543-2347

*Provider Gender:* Male

*License number:* A98657

*NPI:* 1578593521

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **MAJITHIA, AMIT R**

*Provider ID:* 255881

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* C158025

*NPI:* 1801091459

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MARC AURELE, KRISHELLE L**

*Provider ID:* 118768

*Board Certified Specialty:* No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 249-5800

*Fax:*

*After Hours Phone:* (858)

249-5800

*Provider Gender:* Female

*License number:* A99634

*NPI:* 1952503435

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr, Ucsd La Jolla

John Sally Thornton, Tri City

Medical Ctr, Scripps Memorial

Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **MARC AURELE, KRISHELLE L**

*Provider ID:* 118770

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 9888 GENESEE AVE  
 LA JOLLA, CA 92037-1205  
*Phone:* (858) 626-4123  
*Fax:*  
*After Hours Phone:* (858) 626-4123  
*Provider Gender:* Female  
*License number:* A99634  
*NPI:* 1952503435  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MARTIN, LESLIE M**

*Provider ID:* 64970  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9198  
*Fax:* (619) 543-8255  
*After Hours Phone:* (619) 471-9198  
*Provider Gender:* Female

*License number:* G79006  
*NPI:* 1306895495  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MCGEHRIN, KEVIN M**

*Provider ID:* 256019  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A140783  
*NPI:* 1972913101  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MCLNTYRE, JONATHAN S**

*Provider ID:* 118235  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9186  
*Fax:*  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Male  
*License number:* A149315  
*NPI:* 1134462211  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MIRACLE, CYNTHIA M**

*Provider ID:* 64747  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 8939 VILLA LA JOLLA DR STE 110  
 LA JOLLA, CA 92037-1732

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Phone: (858) 657-8000  
 Fax:  
 After Hours Phone: (858) 657-8000  
 Provider Gender: Female  
 License number: A82348  
 NPI: 1700976636  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: St Agnes Medical Center, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**MULRONEY, CAROLYN M**  
 Provider ID: 64458  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6173  
 Fax:  
 After Hours Phone: (858) 822-6173  
 Provider Gender: Female  
 License number: A48368  
 NPI: 1215124664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**MULRONEY, CAROLYN M**  
 Provider ID: 64458  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6100  
 Fax:  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Female  
 License number: A48368  
 NPI: 1215124664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**MULRONEY, CAROLYN M**  
 Provider ID: 64458  
 Board Certified Specialty: No  
 UC SAN DIEGO CANCER CTR  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6100  
 Fax:  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Female  
 License number: A48368  
 NPI: 1215124664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

**MULRONEY, CAROLYN M**  
 Provider ID: 64458  
 Board Certified Specialty: No  
 UC SAN DIEGO CANCER CTR  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

Phone: (858) 822-6173  
 Fax:  
 After Hours Phone: (858) 822-6173  
 Provider Gender: Female  
 License number: A48368  
 NPI: 1215124664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**MULRONEY, CAROLYN M**  
 Provider ID: 64458  
 Board Certified Specialty: No  
 UC SAN DIEGO CANCER CTR  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6100  
 Fax:  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Female  
 License number: A48368  
 NPI: 1215124664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*American Sign Language (ASL):* LA JOLLA, CA 92037-1300  
*No*  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **NOBARI, MATTHEW M**

*Provider ID:* 242034  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9186  
*Fax:*  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Male  
*License number:* A145102  
*NPI:* 1619140902  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NOKES, BRANDON T**

*Provider ID:* 287581  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR

*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A155580  
*NPI:* 1487040051  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **ORR, JEREMY E**

*Provider ID:* 99608  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9186  
*Fax:* (619) 543-8255  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Male  
*License number:* A111366  
*NPI:* 1992940969  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Santa Monica Ucla Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PARDEE, PERRIE E**

*Provider ID:* 101190  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9186  
*Fax:* (619) 543-8255  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Female  
*License number:* A123826  
*NPI:* 1578850988  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PARKER, BARBARA A**

*Provider ID:* 122167

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 822-6200  
*Fax:*  
*After Hours Phone:* (858)  
822-6200  
*Provider Gender:* Female  
*License number:* G49044  
*NPI:* 1629093927  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PARKER, BARBARA A**

*Provider ID:* 64464  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6173  
*Fax:*  
*After Hours Phone:* (858)  
822-6173  
*Provider Gender:* Female  
*License number:* G49044  
*NPI:* 1629093927  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PATEL, KRUTI**

*Provider ID:* 276542  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* C170176  
*NPI:* 1043574262  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PATEL, KRUTI**

*Provider ID:* 283318

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* C170176  
*NPI:* 1043574262  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PEDERSEN, BRIAN A**

*Provider ID:* 102051  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # 2B  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 249-2500  
*Fax:*  
*After Hours Phone:* (858)  
249-2500  
*Provider Gender:* Male  
*License number:* A117531  
*NPI:* 1790913770  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PETTUS, JEREMY H**

*Provider ID:* 127695  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8200  
*Fax:*  
*After Hours Phone:* (858) 657-8200  
*Provider Gender:* Male  
*License number:* A106382  
*NPI:* 1225234982  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **POTOK, OLIVIA A**

*Provider ID:* 272707  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A141725  
*NPI:* 1073951323  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **QUARTAROLO, JENNIFER M**

*Provider ID:* 65020  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9198  
*Fax:* (619) 543-8255  
*After Hours Phone:* (619) 471-9198  
*Provider Gender:* Female  
*License number:* A96235  
*NPI:* 1841213865  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical

Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RAISINGHANI, AJIT B**

*Provider ID:* 65281  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 1D  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* G75914  
*NPI:* 1831292796  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RAMOS, PEDRO**

*Provider ID:* 65023

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:* (619) 543-8255  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Male  
*License number:* A91945  
*NPI:* 1861566366  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **REEVES, RYAN R**

*Provider ID:* 78121  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A108745  
*NPI:* 1548440902  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **REID, ERIN G**

*Provider ID:* 64468  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6173  
*Fax:*  
*After Hours Phone:* (858) 822-6173  
*Provider Gender:* Female  
*License number:* A73308  
*NPI:* 1902852767  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RENARD, AYSEL**

*Provider ID:* 271843  
*Board Certified Specialty:* No

**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A169429  
*NPI:* 1225567456  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Turkish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RUBIN, JOSHUA E**

*Provider ID:* 117221  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-2347  
*Fax:*  
*After Hours Phone:* (619) 543-2347  
*Provider Gender:* Male  
*License number:* A120297  
*NPI:* 1255610416  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Santa Monica

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

Ucla Med Ctr, Ronald Reagan  
 Ucla Med Ctr, Ucsd La Jolla John  
 Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SASAKI, REID A**

*Provider ID:* 65047  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:* (619) 543-8255  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Male  
*License number:* A112780  
*NPI:* 1972817302  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SCHULTZ, CHRISTINA Y**

*Provider ID:* 64742  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE  
 100  
 LA JOLLA, CA 92037-1732  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A82421  
*NPI:* 1396725701  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Uc Davis  
 Medical Ctr, Ucsd Medical Ctr,  
 Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SEBASKY, MEGHAN M**

*Provider ID:* 273963  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9186  
*Fax:*  
*After Hours Phone:* (619)  
 471-9186  
*Provider Gender:* Female  
*License number:* A114146  
*NPI:* 1538351408  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SEBASKY, MEGHAN M**

*Provider ID:* 273964  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A114146  
*NPI:* 1538351408  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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### **SEBASKY, MEGHAN M**

*Provider ID:* 65053  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
657-7000  
*Provider Gender:* Female  
*License number:* A114146  
*NPI:* 1538351408  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SEGAR, SANDEEP**

*Provider ID:* 118191  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (617) 471-9186  
*Fax:*  
*After Hours Phone:* (617)  
471-9186  
*Provider Gender:* Male  
*License number:* A149780  
*NPI:* 1982017067

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SELL, REBECCA E**

*Provider ID:* 84395  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
657-7000  
*Provider Gender:* Female  
*License number:* A91947  
*NPI:* 1568470672  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:*

### **SEYMANN, GREGORY B**

*Provider ID:* 65057  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9198  
*Fax:* (619) 543-8255  
*After Hours Phone:* (619)  
471-9198  
*Provider Gender:* Male  
*License number:* A55150  
*NPI:* 1710920442  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SHAHATTO, LOBNA**

*Provider ID:* 129679  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
657-7000  
*Provider Gender:* Female  
*License number:* A117647  
*NPI:* 1477879906

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SHAHATTO, LOBNA**

*Provider ID:* 201323  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Female  
*License number:* A117647  
*NPI:* 1477879906  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group  
**SHAH, MITA M**  
*Provider ID:* 64757  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE  
 110  
 LA JOLLA, CA 92037-1732  
*Phone:* (858) 657-8000  
*Fax:*  
*After Hours Phone:* (858)  
 657-8000  
*Provider Gender:* Female  
*License number:* A71739  
*NPI:* 1194773010  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings  
 Medical Group-Sd

### **SHATTIL, SANFORD J**

*Provider ID:* 64478  
*Board Certified Specialty:* No  
 UC SAN DIEGO CANCER CTR  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6100  
*Fax:*  
*After Hours Phone:* (858)  
 822-6100  
*Provider Gender:* Male  
*License number:* G22082  
*NPI:* 1679530844  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Green Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SMITHERMAN, KENTON O**

*Provider ID:* 65065  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Male  
*License number:* G84563  
*NPI:* 1205888724  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **SMITH, CHELSEY J**

*Provider ID:* 239921

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # 2B

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800) 926-8273

*Provider Gender:* Female

*License number:* A126660

*NPI:* 1013264506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):* No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

*Phone:* (858) 657-8000

*Fax:*

*After Hours Phone:* (858) 657-8000

*Provider Gender:* Female

*License number:* A107585

*NPI:* 1437387933

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Scripps

Memorial Hospital Encinitas,

Scripps Green Hospital, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **TAYLOR, DAVID S**

*Provider ID:* 274470

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A169407

*NPI:* 1033572995

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):* No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **TOROSIAN, KARO**

*Provider ID:* 269269

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

9834 GENESEE AVE STE 312

LA JOLLA, CA 92037-1221

*Phone:* (858) 558-8150

*Fax:* (858) 346-1024

*After Hours Phone:* (858)

558-8150

*Provider Gender:* Male

*License number:* 20A12445

*NPI:* 1275822082

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Armenian, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Scripps

Memorial Hospital Encinitas,

Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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### **TRAN, HAO A**

Provider ID: 110169  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL 1  
LA JOLLA, CA 92037-1337  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A112846  
NPI: 1891997078  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Chinese, Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **VARUGHESE, JAY I**

Provider ID: 65084  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax: (619) 543-8255  
After Hours Phone: (858) 657-7000  
Provider Gender: Female  
License number: A105937  
NPI: 1447490230

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **VODKIN, IRINE E**

Provider ID: 102011  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8200  
Fax:  
After Hours Phone: (858) 657-8200  
Provider Gender: Female  
License number: A113664  
NPI: 1861762619  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **VODKIN, IRINE E**

Provider ID: 102015  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-5415  
Fax:  
After Hours Phone: (619) 543-5415  
Provider Gender: Female  
License number: A113664  
NPI: 1861762619  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **VOSKANIAN, NATALIE N**

Provider ID: 65317  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-2347  
Fax:  
After Hours Phone: (619) 543-2347  
Provider Gender: Female  
License number: A100333  
NPI: 1376721217  
Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:* Armenian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **WANG, ANGELA C**

*Provider ID:* 259536  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* G62974  
*NPI:* 1730133976  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Ucsd Medical Group  
**WARD, DAVID M**  
*Provider ID:* 64762  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE 110  
 LA JOLLA, CA 92037-1732  
*Phone:* (858) 657-8000  
*Fax:*  
*After Hours Phone:* (858) 657-8000  
*Provider Gender:* Male  
*License number:* A31860  
*NPI:* 1154347979  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **WINTERS, KATHRYN D**

*Provider ID:* 115620  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9185  
*Fax:*  
*After Hours Phone:* (619) 471-9185  
*Provider Gender:* Female  
*License number:* A141944  
*NPI:* 1790128924  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **WITZTUM, JOSEPH L**

*Provider ID:* 65325  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # LLB (0912  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8440  
*Fax:*  
*After Hours Phone:* (858) 657-8440  
*Provider Gender:* Male  
*License number:* G29598  
*NPI:* 1699791491  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

|                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| IPA:                               | Provider English Spoken: Yes       | Medical Group(s):                  |
| <b>WOODELL, TYLER B</b>            | Provider Language(s) Spoken:       | IPA: Ucsd Medical Group            |
| Provider ID: 127033                | Cultural Competency: No            |                                    |
| Board Certified Specialty: No      | Hospital Affiliation: Ucsd Medical | <b>YADLAPATI, RENA H</b>           |
| UCSD MEDICAL GROUP                 | Ctr, Ucsd La Jolla John Sally      | Provider ID: 238587                |
| 9350 CAMPUS POINT DR               | Thornton                           | Board Certified Specialty: No      |
| LA JOLLA, CA 92037-1300            | Medi-Cal Open Panel: No            | UCSD MEDICAL GROUP                 |
| Phone: (619) 543-6397              | Min/Max Age: None                  | 9300 CAMPUS POINT DR               |
| Fax:                               | American Sign Language (ASL):      | LA JOLLA, CA 92037-1300            |
| After Hours Phone: (619)           | No                                 | Phone: (800) 926-8273              |
| 543-6397                           | ♿ Accessibility: W                 | Fax:                               |
| Provider Gender: Male              | Hours: M-F 8AM-5PM, SA             | After Hours Phone: (800)           |
| License number: A127833            | 9AM-5PM                            | 926-8273                           |
| NPI: 1528322393                    | Website:                           | Provider Gender: Female            |
| Provider English Spoken: Yes       | Email:                             | License number: A113362            |
| Provider Language(s) Spoken:       | Medical Group(s):                  | NPI: 1548597784                    |
| Cultural Competency: No            | IPA:                               | Provider English Spoken: Yes       |
| Hospital Affiliation: Ucsd Medical | <b>YADLAPATI, RENA H</b>           | Provider Language(s) Spoken:       |
| Ctr, Ucsd La Jolla John Sally      | Provider ID: 238586                | Cultural Competency: No            |
| Thornton                           | Board Certified Specialty: No      | Hospital Affiliation: Ucsd Medical |
| Medi-Cal Open Panel: No            | UCSD MEDICAL GROUP                 | Ctr, Ucsd La Jolla John Sally      |
| Min/Max Age: None                  | 9350 CAMPUS POINT DR               | Thornton                           |
| American Sign Language (ASL):      | LA JOLLA, CA 92037-1300            | Medi-Cal Open Panel: Yes           |
| No                                 | Phone: (800) 926-8273              | Min/Max Age: 18/999                |
| ♿ Accessibility: W                 | Fax:                               | American Sign Language (ASL):      |
| Hours: M-SA 9AM-5PM                | After Hours Phone: (800)           | No                                 |
| Website:                           | 926-8273                           | ♿ Accessibility:                   |
| Email:                             | Provider Gender: Female            | Hours: M-SA 9AM-5PM                |
| Medical Group(s):                  | License number: A113362            | Website:                           |
| IPA:                               | NPI: 1548597784                    | Email:                             |
| <b>WOOTEN, DARCY A</b>             | Provider English Spoken: Yes       | Medical Group(s):                  |
| Provider ID: 110397                | Provider Language(s) Spoken:       | IPA: Ucsd Medical Group            |
| Board Certified Specialty: No      | Cultural Competency: No            |                                    |
| UCSD MEDICAL GROUP                 | Hospital Affiliation: Ucsd Medical | <b>YANG, JENNY Z</b>               |
| 9300 CAMPUS POINT DR               | Ctr, Ucsd La Jolla John Sally      | Provider ID: 283025                |
| LA JOLLA, CA 92037-1300            | Thornton                           | Board Certified Specialty: No      |
| Phone: (619) 471-9186              | Medi-Cal Open Panel: Yes           | UCSD MEDICAL GROUP                 |
| Fax: (619) 543-8255                | Min/Max Age: 18/999                | 9300 CAMPUS POINT DR               |
| After Hours Phone: (619)           | American Sign Language (ASL):      | LA JOLLA, CA 92037-1300            |
| 471-9186                           | No                                 | Phone: (800) 926-8273              |
| Provider Gender: Female            | ♿ Accessibility:                   | Fax: (888) 539-8781                |
| License number: A114007            | Hours: M-SA 9AM-5PM                | After Hours Phone: (800)           |
| NPI: 1538495973                    | Website:                           | 926-8273                           |
|                                    | Email:                             | Provider Gender: Female            |
|                                    |                                    | License number: A145538            |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1346636453  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Ucsd Medical Ctr, Ucsd La  
 Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **ZAYETS, STANISLAV**

Provider ID: 125320  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 471-9186  
 Fax:  
 After Hours Phone: (619)  
 471-9186  
 Provider Gender: Male  
 License number: A141681  
 NPI: 1437313178  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA

9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ZHANG, SHERRY S**

Provider ID: 272658  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A158102  
 NPI: 1588198147  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Mandarin  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **MATERNAL AND FETAL MEDICINE**

### **BALLAS, JERASIMOS**

Provider ID: 209561  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9444 MEDICAL CENTER DR

LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A112607  
 NPI: 1871767384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HULL, ANDREW D**

Provider ID: 209482  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8745  
 Fax:  
 After Hours Phone: (858)  
 657-8745  
 Provider Gender: Male  
 License number: A53578  
 NPI: 1902862121  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Health Downtown Campus,  
 Scripps Mercy Hospital, Scripps  
 Mercy Hospital Chula Vista,

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## D. Specialist Provider Directory

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Scripps Memorial Hospital  
Encinitas, Palomar Medical  
Center, Ucsd Medical Ctr,  
Scripps Memorial Hospital, Ucsd  
La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LAURENT, LOUISE C**

*Provider ID:* 208639  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A80409  
*NPI:* 1770532707  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista, Scripps Memorial  
Hospital Encinitas, Palomar  
Medical Center, Scripps  
Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MELBER, DORA J**

*Provider ID:* 240599  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A147917  
*NPI:* 1124413026  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hungarian  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MOORE, THOMAS R**

*Provider ID:* 208642  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8745  
*Fax:*  
*After Hours Phone:* (858)  
657-8745

*Provider Gender:* Male  
*License number:* G49930  
*NPI:* 1184682379  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TARSA, MARYAM**

*Provider ID:* 209394  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A69894  
*NPI:* 1295768638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital Encinitas,  
Palomar Medical Center, Ucsd  
La Jolla John Sally Thornton,  
Ucsd Medical Ctr, Eisenhower  
Medical Ctr

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## D. Specialist Provider Directory

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TARSA, MARYAM**

*Provider ID:* 285854  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 200  
 LA JOLLA, CA 92037-1701  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A69894  
*NPI:* 1295768638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Memorial Hospital  
 Encinitas, Palomar Medical  
 Center, Scripps Mercy Hospital,  
 Ucsd La Jolla John Sally  
 Thornton, Ucsd Medical Ctr,  
 Eisenhower Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Ucsd Medical Group  
**WOELKERS, DOUGLAS A**  
*Provider ID:* 209383  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8745  
*Fax:*

*After Hours Phone:* (858)  
 657-8745  
*Provider Gender:* Male  
*License number:* G77134  
*NPI:* 1013965748  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Palomar Medical Center,  
 Palomar Health Downtown  
 Campus, Ucsd La Jolla John  
 Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **WOLF, RICHARD B**

*Provider ID:* 209252  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* 20A6028  
*NPI:* 1497713846  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar  
 Health Downtown Campus,  
 Scripps Memorial Hospital,  
 Scripps Mercy Hospital, Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Memorial Hospital  
 Encinitas, Palomar Medical  
 Center, Ucsd Medical Ctr, Ucsd  
 La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

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### **NEONATAL / PERINATAL MEDICINE**

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### **FERNANDEZ, ERIKA F**

*Provider ID:* 205765  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 249-5800  
*Fax:* (858) 249-5839  
*After Hours Phone:* (858)  
 249-5800

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Female  
*License number:* C131691  
*NPI:* 1881609337  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **GOLEMBESKI, DAVID J**

*Provider ID:* 205894  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 249-5800  
*Fax:* (858) 249-5839  
*After Hours Phone:* (858) 249-5800  
*Provider Gender:* Male  
*License number:* G63111  
*NPI:* 1376614131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Health Downtown Campus, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest

Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MARC AURELE, KRISHELLE L**

*Provider ID:* 206207  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 249-5800  
*Fax:* (858) 249-5839  
*After Hours Phone:* (858) 249-5800  
*Provider Gender:* Female  
*License number:* A99634  
*NPI:* 1952503435  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/0  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MARC AURELE, KRISHELLE L**

*Provider ID:* 206209  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 9888 GENESEE AVE  
 LA JOLLA, CA 92037-1205  
*Phone:* (858) 626-4123  
*Fax:* (760) 633-7998  
*After Hours Phone:* (858) 626-4123  
*Provider Gender:* Female  
*License number:* A99634  
*NPI:* 1952503435  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/0  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MESTAN, KAREN K**

*Provider ID:* 285931  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 249-5800  
Fax: (858) 249-5839  
After Hours Phone: (858) 249-5800  
Provider Gender: Female  
License number: C173648  
NPI: 1942253356  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **RAMOS, CARLOS G**

Provider ID: 206062  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 249-5800  
Fax: (619) 543-3812  
After Hours Phone: (858) 249-5800  
Provider Gender: Male  
License number: A91944  
NPI: 1205047545  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, El Centro Regional Medical

Center, Southwest Healthcare  
System Wildomar, Southwest  
Healthcare System Murrieta,  
Rady Childrens Hospital San  
Diego, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **SAJTI, ENIKO C**

Provider ID: 206170  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 249-5800  
Fax: (858) 249-5839  
After Hours Phone: (858) 249-5800  
Provider Gender: Female  
License number: A115973  
NPI: 1649433103  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Childrens  
Hosp And Resrch Ctr At  
Oakland, Rady Childrens  
Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/0  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **NEPHROLOGY**

### **BOISKIN, MARK M**

Provider ID: 40762  
Board Certified Specialty: No  
BALBOA NEPHROLOGY MED  
GRP INC  
9834 GENESEE AVE STE 312  
LA JOLLA, CA 92037-1221  
Phone: (858) 810-8000  
Fax: (858) 346-1024  
After Hours Phone: (858) 810-8000  
Provider Gender: Male  
License number: A52055  
NPI: 1437154143  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Afrikaans, Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital, Sharp  
Memorial Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website: www.balboacare.com  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **BOISKIN, MARK M**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**Provider ID:** 40762  
**Board Certified Specialty:** No  
**BALBOA NEPHROLOGY MED GRP INC**  
**9834 GENESEE AVE STE 312**  
**LA JOLLA, CA 92037-1221**  
**Phone:** (858) 558-8150  
**Fax:** (858) 346-1024  
**After Hours Phone:** (858) 558-8150  
**Provider Gender:** Male  
**License number:** A52055  
**NPI:** 1437154143  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Afrikaans, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **BOISKIN, MARK M , MD**

**Provider ID:** 40762  
**Board Certified Specialty:** No  
**BALBOA NEPHROLOGY MED GRP INC**  
**9834 GENESEE AVE STE 312**  
**LA JOLLA, CA 92037-1221**  
**Phone:** (858) 558-8150  
**Fax:** (858) 346-1024  
**After Hours Phone:** (858) 558-8150

**Provider Gender:** Male  
**License number:** A52055  
**NPI:** 1437154143  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Afrikaans, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CUNARD, ROBYN A**

**Provider ID:** 64733  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**8939 VILLA LA JOLLA DR STE 110**  
**LA JOLLA, CA 92037-1732**  
**Phone:** (858) 657-8000  
**Fax:** (858) 657-8066  
**After Hours Phone:** (858) 657-8000  
**Provider Gender:** Male  
**License number:** A55378  
**NPI:** 1609983253  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None

**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

### **GABBAI, FRANCIS B**

**Provider ID:** 64735  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**8939 VILLA LA JOLLA DR STE 110**  
**LA JOLLA, CA 92037-1732**  
**Phone:** (858) 657-8000  
**Fax:**  
**After Hours Phone:** (858) 657-8000  
**Provider Gender:** Male  
**License number:** A45614  
**NPI:** 1356356034  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

### **GARIMELLA, PRANAV S**

**Provider ID:** 110160  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**9350 CAMPUS POINT DR # 2B**  
**LA JOLLA, CA 92037-1300**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (858) 249-2500  
 Fax:  
 After Hours Phone: (858) 249-2500  
 Provider Gender: Male  
 License number: A143549  
 NPI: 1477880102  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### IX, JOACHIM H

Provider ID: 64740  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE 110  
 LA JOLLA, CA 92037-1732  
 Phone: (858) 657-8000  
 Fax:  
 After Hours Phone: (858) 657-8000  
 Provider Gender: Male  
 License number: A77110  
 NPI: 1720017536  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:  
**LAKHERA, YOGITA, MD**  
 Provider ID: 109353  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC  
 9834 GENESEE AVE STE 312  
 LA JOLLA, CA 92037-1221  
 Phone: (858) 558-8150  
 Fax: (858) 346-1024  
 After Hours Phone: (858) 558-8150  
 Provider Gender: Female  
 License number: A125173  
 NPI: 1083972483  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### LAKHERA, YOGITA

Provider ID: 109353  
 Board Certified Specialty: No

BALBOA NEPHROLOGY MED GRP INC  
 9834 GENESEE AVE STE 312  
 LA JOLLA, CA 92037-1221  
 Phone: (858) 810-8000  
 Fax:  
 After Hours Phone: (858) 810-8000  
 Provider Gender: Female  
 License number: A125173  
 NPI: 1083972483  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website: www.balboacare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### LAKHERA, YOGITA

Provider ID: 262128  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 9834 GENESEE AVE STE 312  
 LA JOLLA, CA 92037-1221  
 Phone: (858) 558-8150  
 Fax: (858) 346-1024  
 After Hours Phone: (858) 558-8150  
 Provider Gender: Female  
 License number: A125173

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1083972483  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**MEHTA, RAVINDRA L**  
 Provider ID: 64746  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE 110  
 LA JOLLA, CA 92037-1732  
 Phone: (858) 657-8000  
 Fax: (858) 657-8558  
 After Hours Phone: (858) 657-8000  
 Provider Gender: Male  
 License number: A48361  
 NPI: 1295818102  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Punjabi  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:  
**MULLANEY, SCOTT R**  
 Provider ID: 64750  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE 110  
 LA JOLLA, CA 92037-1732  
 Phone: (858) 657-8000  
 Fax: (619) 543-7368  
 After Hours Phone: (858) 657-8000  
 Provider Gender: Male  
 License number: A65695  
 NPI: 1285742726  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**SANCHEZ, AMBER P**  
 Provider ID: 64756  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE 110  
 LA JOLLA, CA 92037-1732  
 Phone: (818) 657-8000  
 Fax:  
 After Hours Phone: (818) 657-8000  
 Provider Gender: Female  
 License number: A91770  
 NPI: 1700963907  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

**RIFKIN, DENA E**  
 Provider ID: 64755  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE 110  
 LA JOLLA, CA 92037-1732

Phone: (858) 657-8000  
 Fax: (858) 657-8558  
 After Hours Phone: (858) 657-8000  
 Provider Gender: Female  
 License number: A109186  
 NPI: 1578519203  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**SANCHEZ, AMBER P**  
 Provider ID: 64756  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8939 VILLA LA JOLLA DR STE 110  
 LA JOLLA, CA 92037-1732  
 Phone: (818) 657-8000  
 Fax:  
 After Hours Phone: (818) 657-8000  
 Provider Gender: Female  
 License number: A91770  
 NPI: 1700963907  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*American Sign Language (ASL):* 8939 VILLA LA JOLLA DR STE 110  
*No*  
*Accessibility:* LA JOLLA, CA 92037-1732  
*Hours:* M-SA 9AM-5PM  
*Phone:* (858) 657-8000  
*Website:* Fax: (858) 657-8558  
*Email:* After Hours Phone: (858)  
*Medical Group(s):* 657-8000  
*IPA:* Provider Gender: Female  
 License number: A93789  
 NPI: 1235207234

### **SANCHEZ, AMBER P**

*Provider ID:* 65040  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Female  
*License number:* A91770  
*NPI:* 1700963907  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SINGH, PRABHLEEN**

*Provider ID:* 64759  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi, Punjabi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **STEER, DYLAN L**

*Provider ID:* 257474  
*Board Certified Specialty:* No  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT  
 9834 GENESEE AVE STE 312  
 LA JOLLA, CA 92037-1221  
*Phone:* (858) 558-8150  
*Fax:* (858) 346-1024  
*After Hours Phone:* (858)  
 558-8150  
*Provider Gender:* Male  
*License number:* A65604  
*NPI:* 1437154978  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Sharp  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc, Imperial Health Holdings  
 Medical Group-Sd

### **STEER, DYLAN L**

*Provider ID:* 262251  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 9834 GENESEE AVE STE 312  
 LA JOLLA, CA 92037-1221  
*Phone:* (858) 558-8150  
*Fax:* (858) 346-1024  
*After Hours Phone:* (858)  
 558-8150  
*Provider Gender:* Male  
*License number:* A65604  
*NPI:* 1437154978  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Sharp  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

**Accessibility:**

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

**Website:**

**Email:**

**Medical Group(s):**

IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **STEER, DYLAN L , MD**

**Provider ID:** 31399

**Board Certified Specialty:** No  
BALBOA NEPHROLOGY MED GRP INC

9834 GENESEE AVE STE 312  
LA JOLLA, CA 92037-1221

**Phone:** (858) 558-8150

**Fax:** (858) 346-1024

**After Hours Phone:** (858) 558-8150

**Provider Gender:** Male

**License number:** A65604

**NPI:** 1437154978

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:** Spanish

**Cultural Competency:** No

**Hospital Affiliation:** Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas  
**Medi-Cal Open Panel:** Yes

**Min/Max Age:** None

**American Sign Language (ASL):** No

**Accessibility:**

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

**Website:**

**Email:**

**Medical Group(s):**

IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **STEER, DYLAN L**

**Provider ID:** 31399

**Board Certified Specialty:** No  
BALBOA NEPHROLOGY MED GRP INC

9834 GENESEE AVE STE 312  
LA JOLLA, CA 92037-1221

**Phone:** (858) 810-8000

**Fax:** (858) 554-5152

**After Hours Phone:** (858) 810-8000

**Provider Gender:** Male

**License number:** A65604

**NPI:** 1437154978

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:** Spanish

**Cultural Competency:** No

**Hospital Affiliation:** Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas  
**Medi-Cal Open Panel:** No

**Min/Max Age:** None

**American Sign Language (ASL):** No

**Accessibility:** W

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

**Website:** www.balboacare.com

**Email:**

**Medical Group(s):**

IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **TOROSIAN, KARO**

**Provider ID:** 118749

**Board Certified Specialty:** No  
BALBOA NEPHROLOGY MED GRP INC

9834 GENESEE AVE STE 312  
LA JOLLA, CA 92037-1221

**Phone:** (858) 810-8000

**Fax:**

**After Hours Phone:** (858) 810-8000

**Provider Gender:** Male

**License number:** 20A12445

**NPI:** 1275822082

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:** Armenian, Spanish

**Cultural Competency:** No

**Hospital Affiliation:** Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital  
**Medi-Cal Open Panel:** No

**Min/Max Age:** None

**American Sign Language (ASL):** No

**Accessibility:** W

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

**Website:** www.balboacare.com

**Email:**

**Medical Group(s):**

IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **TOROSIAN, KARO**

**Provider ID:** 262330

**Board Certified Specialty:** No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD

9834 GENESEE AVE STE 312  
LA JOLLA, CA 92037-1221

**Phone:** (858) 558-8150

**Fax:** (858) 346-1024

**After Hours Phone:** (858) 558-8150

**Provider Gender:** Male

**License number:** 20A12445

**NPI:** 1275822082

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Armenian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### NEUROLOGY CHILD

#### HAAS, RICHARD H

*Provider ID:* 65184  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # LLB (0912  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A38555  
*NPI:* 1700801867  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health Network

### NEUROLOGY

#### BEVINS, ELIZABETH A

*Provider ID:* 277726  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A145182  
*NPI:* 1013395151  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Ucsd Medical Group

#### BLUMENFELD, ANDREW M

*Provider ID:* 277503

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE # 505  
 LA JOLLA, CA 92037-1224  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760) 631-3000  
*Provider Gender:* Male  
*License number:* A47863  
*NPI:* 1164459913  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

#### BREWER, JAMES B

*Provider ID:* 65131  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 2B  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 249-2500  
*Fax:*  
*After Hours Phone:* (858) 249-2500  
*Provider Gender:* Male  
*License number:* A89348  
*NPI:* 1033144985  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hebrew  
*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CHEN, DILLON Y**

*Provider ID:* 259995  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 249-5800  
*Fax:* (858) 249-5839  
*After Hours Phone:* (858) 249-5800  
*Provider Gender:* Male  
*License number:* A133170  
*NPI:* 1841633914  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **COREY BLOOM, JODY P**

*Provider ID:* 65152

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8540  
*Fax:* (858) 657-8549  
*After Hours Phone:* (858) 657-8540  
*Provider Gender:* Female  
*License number:* G62847  
*NPI:* 1053400093  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **COUGHLIN, DAVID G**

*Provider ID:* 240950  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A162063  
*NPI:* 1740543784  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **ELLIS, RONALD J**

*Provider ID:* 65166  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8540  
*Fax:* (858) 657-8549  
*After Hours Phone:* (858) 657-8540  
*Provider Gender:* Male  
*License number:* G70658  
*NPI:* 1992763114  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GALASKO, DOUGLAS R**

*Provider ID:* 65172  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Phone:* (858) 657-8540  
*Fax:* (858) 657-8549  
*After Hours Phone:* (858) 657-8540  
*Provider Gender:* Male  
*License number:* A45023  
*NPI:* 1336197730  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HANNAWI, ANDREW P**

*Provider ID:* 284938  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A153161  
*NPI:* 1194179135  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **HEMMEN, THOMAS M**

*Provider ID:* 65188  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 2B  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 249-2500  
*Fax:*  
*After Hours Phone:* (858) 249-2500  
*Provider Gender:* Male  
*License number:* A72645  
*NPI:* 1902821945  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **IRAGUIMADOZ, VICENTE J**

*Provider ID:* 246701  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8540  
*Fax:*  
*After Hours Phone:* (858) 657-8540  
*Provider Gender:* Male  
*License number:* A31274  
*NPI:* 1053326710  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **IRAGUIMADOZ, VICENTE J**

*Provider ID:* 65199  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 2B  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 249-2500  
*Fax:*  
*After Hours Phone:* (858) 249-2500  
*Provider Gender:* Male  
*License number:* A31274  
*NPI:* 1053326710  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*American Sign Language (ASL):* Phone: (858) 657-8540

No

♿ *Accessibility:* P, EB, IB, E, R, T *After Hours Phone:* (858)

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **KANSAL, LEENA R**

*Provider ID:* 65207

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # 2B

LA JOLLA, CA 92037-1300

*Phone:* (858) 249-2500

*Fax:*

*After Hours Phone:* (858)

249-2500

*Provider Gender:* Female

*License number:* A99271

*NPI:* 1871759084

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, R, T

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KINKEL, REVERE P**

*Provider ID:* 83655

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Fax:*

*After Hours Phone:* (858) 657-8540

*Provider Gender:* Male

*License number:* G89360

*NPI:* 1043325939

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **LEE, DAVID J**

*Provider ID:* 246264

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # LLB

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A124329

*NPI:* 1871884130

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Korean

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **LEGER, GABRIEL C**

*Provider ID:* 247609

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR

LA JOLLA, CA 92037-1337

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* C155902

*NPI:* 1720367899

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MEYER, BRETT C**

*Provider ID:* 65249

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # 2B

LA JOLLA, CA 92037-1300

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (858) 249-2500

Fax:

After Hours Phone: (858)  
249-2500

Provider Gender: Male

License number: A70903

NPI: 1316011265

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: El Centro

Regional Medical Center, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **NIELSEN, AMY C**

Provider ID: 277009

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

9850 GENESEE AVE STE 530

LA JOLLA, CA 92037-1213

Phone: (760) 631-3000

Fax: (760) 631-3016

After Hours Phone: (760)

631-3000

Provider Gender: Female

License number: 20A11494

NPI: 1730110529

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas, Tri

City Medical Ctr, Pomerado

Hospital, Palomar Medical

Center, Scripps Memorial

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **OLSON, SCOTT E**

Provider ID: 65270

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-1636

Fax:

After Hours Phone: (858)

657-1636

Provider Gender: Male

License number: A83715

NPI: 1376568659

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Ucsd Medical Ctr,

Pomerado Hospital, Palomar

Medical Center, Scripps Green

Hospital, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **OLSON, SCOTT E**

Provider ID: 65374

Board Certified Specialty: No

UCSD MEDICAL GROUP

9434 MEDICAL CENTER DR FL  
1

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A83715

NPI: 1376568659

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Ucsd Medical Ctr,

Pomerado Hospital, Palomar

Medical Center, Scripps Green

Hospital, Ucsd La Jolla John

Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **PICCIONI, DAVID E**

Provider ID: 84330

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (858) 822-6100  
 Fax:  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Male  
 License number: A100663  
 NPI: 1851542575  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ronald Reagan UCLA Med Ctr, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **QAYOUMI, WALI Z**

Provider ID: 284369  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9500 GILMAN DR # 2069  
 LA JOLLA, CA 92093-5004  
 Phone: (858) 822-5881  
 Fax: (888) 539-8781  
 After Hours Phone: (858) 822-5881  
 Provider Gender: Male  
 License number: A168429  
 NPI: 1093178220  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **QAYOUMI, WALI Z**

Provider ID: 284371  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # LLB  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 284-3746  
 Fax: (888) 579-8781  
 After Hours Phone: (619) 284-3746  
 Provider Gender: Male  
 License number: A168429  
 NPI: 1093178220  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

9350 CAMPUS POINT DR # 2B  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 249-2500  
 Fax:  
 After Hours Phone: (858) 249-2500  
 Provider Gender: Male  
 License number: G43695  
 NPI: 1396858965  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **RAVITS, JOHN M**

Provider ID: 65283  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

### **SCHULTE, JESSICA D**

Provider ID: 284819  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (800) 926-8273  
 Fax: (858) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A162688  
 NPI: 1467870576  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsf Medical Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SHTRAHMAN, MATTHEW**

Provider ID: 114340  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858)  
657-7000  
Provider Gender: Male  
License number: A108752  
NPI: 1740440460  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **TECOMA, EVELYN S**

Provider ID: 65310  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # 2B

LA JOLLA, CA 92037-1300  
Phone: (858) 249-2500  
Fax:  
After Hours Phone: (858)  
249-2500  
Provider Gender: Female  
License number: G58138  
NPI: 1174556518  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **TUSZYNSKI, MARK H**

Provider ID: 65314  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # 2B  
LA JOLLA, CA 92037-1300  
Phone: (858) 249-2500  
Fax:  
After Hours Phone: (858)  
249-2500  
Provider Gender: Male  
License number: G56665  
NPI: 1669405007  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **VIIRRE, ERIK S**

Provider ID: 65316  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8540  
Fax: (858) 657-8549  
After Hours Phone: (858)  
657-8540  
Provider Gender: Male  
License number: G82354  
NPI: 1093743601  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **WANG, CHUNYANG T**

Provider ID: 285922  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9850 GENESEE AVE STE 530  
LA JOLLA, CA 92037-1213

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## D. Specialist Provider Directory

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Phone: (760) 631-3000  
Fax: (760) 631-3016  
After Hours Phone: (760) 631-3000  
Provider Gender: Female  
License number: A105660  
NPI: 1386890770  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Mandarin, Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Scripps Memorial Hospital, Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **WIEGAND, SARAH E**

Provider ID: 284620  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: 20A16503  
NPI: 1164818035  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady

Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network, Ucsd Medical Group

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### **NUCLEAR MEDICINE**

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### **BELEZZUOLI, ERNEST V**

Provider ID: 64812  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-3405  
Fax:  
After Hours Phone: (619) 543-3405  
Provider Gender: Male  
License number: G74168  
NPI: 1083703805  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **HOH, CARL K**

Provider ID: 64911  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-3405  
Fax:  
After Hours Phone: (619) 543-3405  
Provider Gender: Male  
License number: G61309  
NPI: 1962427682  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

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### **OBSTETRICS / GYNECOLOGY**

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### **ALPERIN, MARIANN**

Provider ID: 65116  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8737  
Fax:  
After Hours Phone: (858) 657-8737  
Provider Gender: Female  
License number: A102879  
NPI: 1033266879

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ALVARADO, JORGE L**

*Provider ID:* 269564  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Male  
*License number:* A139473  
*NPI:* 1538588561  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **AVERBACH, SARAH H**

*Provider ID:* 115249  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-6777  
*Fax:* (619) 543-3703  
*After Hours Phone:* (619) 543-6777  
*Provider Gender:* Female  
*License number:* A128990  
*NPI:* 1700012457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Medical Ctr At Ucsf, Ucsd Medical Ctr, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BINDER, PRATIBHA S**

*Provider ID:* 121153  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A149945  
*NPI:* 1174758031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BINDER, PRATIBHA S**

*Provider ID:* 273225  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A149945  
*NPI:* 1174758031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999

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## D. Specialist Provider Directory

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BONDRE, IOANA L**

*Provider ID:* 284310  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A171540  
*NPI:* 1326579863  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BONDRE, IOANA L**

*Provider ID:* 284311  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A171540  
*NPI:* 1326579863  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GABBY, LAURYN C**

*Provider ID:* 269691  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A151539  
*NPI:* 1003330572  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GUPTA, PRATIMA**

*Provider ID:* 257546  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 200  
 LA JOLLA, CA 92037-1701  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A832373  
*NPI:* 1891749842  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HARVEY, SCOTT A**

*Provider ID:* 278916  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

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## D. Specialist Provider Directory

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 923-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 923-8273  
Provider Gender: Male  
License number: C169168  
NPI: 1457662868  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HARVEY, SCOTT A**

Provider ID: 278918  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037-1337  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: C169168  
NPI: 1457662868  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HEBERT, STEPHEN A**

Provider ID: 65187  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-2347  
Fax:  
After Hours Phone: (619) 543-2347  
Provider Gender: Male  
License number: G40602  
NPI: 1730127069  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **HOANG, MAI P**

Provider ID: 208295  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8910 VILLA LA JOLLA DR # 200

LA JOLLA, CA 92037-1701  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A130031  
NPI: 1104143593  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HOM, MARIANNE S**

Provider ID: 242752  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037-1337  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A146335  
NPI: 1972047397  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd

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## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 16/999<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Ucsd Medical Group</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><i>IPA:</i> Ucsd Medical Group</p> <p><b>KELLY, THOMAS F</b><br/> <i>Provider ID:</i> 65211<br/> <i>Board Certified Specialty:</i> No<br/>           UCSD MEDICAL GROUP<br/>           9350 CAMPUS POINT DR<br/>           LA JOLLA, CA 92037-1300<br/> <i>Phone:</i> (858) 657-8745<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 657-8745<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G60630<br/> <i>NPI:</i> 1336203496<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Ucsd Medical Group</p> | <p><i>Phone:</i> (800) 926-8273<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (800) 926-8273<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A155090<br/> <i>NPI:</i> 1780073635<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>           Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 16/999<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Ucsd Medical Group</p> |
| <p><b>HULL, ANDREW D</b><br/> <i>Provider ID:</i> 65197<br/> <i>Board Certified Specialty:</i> No<br/>           UCSD MEDICAL GROUP<br/>           9350 CAMPUS POINT DR<br/>           LA JOLLA, CA 92037-1300<br/> <i>Phone:</i> (619) 543-2347<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 543-2347<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A53578<br/> <i>NPI:</i> 1902862121<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Ucsd La Jolla John Sally Thornton<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i></p> | <p><b>KLEIN, DAVID A</b><br/> <i>Provider ID:</i> 271558<br/> <i>Board Certified Specialty:</i> No<br/>           UCSD MEDICAL GROUP<br/>           9300 CAMPUS POINT DR<br/>           LA JOLLA, CA 92037-1300</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>KLEIN, DAVID A</b><br/> <i>Provider ID:</i> 271559<br/> <i>Board Certified Specialty:</i> No<br/>           UCSD MEDICAL GROUP<br/>           8910 VILLA LA JOLLA DR # 200<br/>           LA JOLLA, CA 92037-1701<br/> <i>Phone:</i> (800) 926-8273<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (800) 926-8273<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A155090<br/> <i>NPI:</i> 1780073635<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>           Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton</p>                                                                             |

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## D. Specialist Provider Directory

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16/999*

*American Sign Language (ASL): No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **LAMALE-SMITH, LEAH M**

*Provider ID: 286230*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*8910 VILLA LA JOLLA DR # 200*

*LA JOLLA, CA 92037-1701*

*Phone: (800) 926-8273*

*Fax: (888) 539-8781*

*After Hours Phone: (800)*

*926-8273*

*Provider Gender: Female*

*License number: A135831*

*NPI: 1396904876*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Ucsd La Jolla*

*John Sally Thornton, Ucsd*

*Medical Ctr*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **LUKACZ, EMILY S**

*Provider ID: 83716*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*9350 CAMPUS POINT DR*

*LA JOLLA, CA 92037-1300*

*Phone: (858) 657-8200*

*Fax:*

*After Hours Phone: (858)*

*657-8200*

*Provider Gender: Female*

*License number: A63540*

*NPI: 1750339446*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Ucsd Medical*

*Ctr*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL):*

*No*

*♿ Accessibility: W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **MACKAY, GILLIAN**

*Provider ID: 128454*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*8910 VILLA LA JOLLA DR # 200*

*LA JOLLA, CA 92037-1701*

*Phone: (800) 926-8273*

*Fax:*

*After Hours Phone: (800)*

*926-8273*

*Provider Gender: Female*

*License number: A113346*

*NPI: 1770702177*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Ucsd La Jolla*

*John Sally Thornton, Ucsd*

*Medical Ctr*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **MACKAY, GILLIAN**

*Provider ID: 200964*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*8910 VILLA LA JOLLA DR # 200*

*LA JOLLA, CA 92037-1701*

*Phone: (800) 926-8273*

*Fax:*

*After Hours Phone: (800)*

*926-8273*

*Provider Gender: Female*

*License number: A113346*

*NPI: 1770702177*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Ucsd La Jolla*

*John Sally Thornton, Ucsd*

*Medical Ctr*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **MEADOWS, AUDRA R**

*Provider ID: 285739*

*Board Certified Specialty: No*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: C171680  
NPI: 1467585521  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **MEADOWS, AUDRA R**

Provider ID: 285740  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8910 VILLA LA JOLLA DR # 200  
LA JOLLA, CA 92037-1701  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: C171680  
NPI: 1467585521  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd

Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **MEURICE, MARIELLE ERENDIRA LUCILLE**

Provider ID: 284267  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A159003  
NPI: 1720510779  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French  
Cultural Competency: No  
Hospital Affiliation: University  
Hsp Of San Diego Co, Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **MEURICE, MARIELLE ERENDIRA LUCILLE**

Provider ID: 284269  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8910 VILLA LA JOLLA DR # 200  
LA JOLLA, CA 92037-1701  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A159003  
NPI: 1720510779  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French  
Cultural Competency: No  
Hospital Affiliation: University  
Hsp Of San Diego Co, Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **MOORE, THOMAS R**

Provider ID: 65259  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8745  
Fax:  
After Hours Phone: (858) 657-8745  
Provider Gender: Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

License number: G49930  
 NPI: 1184682379  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Scripps Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **PINSON, KELSEY A**

Provider ID: 284285  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A158192  
 NPI: 1841722485  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr, University Hsp Of  
 San Diego Co  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group  
**PLAXE, STEVEN C**  
 Provider ID: 64465  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6173  
 Fax:  
 After Hours Phone: (858)  
 822-6173  
 Provider Gender: Male  
 License number: G64817  
 NPI: 1942356795  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **RESNIK, JAMIE L**

Provider ID: 271535  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 200  
 LA JOLLA, CA 92037-1701  
 Phone: (858) 657-8745  
 Fax:  
 After Hours Phone: (858)  
 657-8745  
 Provider Gender: Female

License number: A66580  
 NPI: 1558310557  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **RIES, MAUREEN C**

Provider ID: 125252  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 200  
 LA JOLLA, CA 92037-1701  
 Phone: (858) 657-8745  
 Fax:  
 After Hours Phone: (858)  
 657-8745  
 Provider Gender: Female  
 License number: A127234  
 NPI: 1750544516  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Indonesian, Spanish, Swahili  
 Cultural Competency: No  
 Hospital Affiliation: University Of  
 California Irvine Med Ctr, Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **RIVAS, RENEE N**

Provider ID: 284295

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A173043

NPI: 1295263861

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **RIVAS, RENEE N**

Provider ID: 284297

Board Certified Specialty: No

UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A173043

NPI: 1295263861

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SAENZ, CHERYL C**

Provider ID: 64472

Board Certified Specialty: No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

Phone: (858) 822-6173

Fax:

After Hours Phone: (858)

822-6173

Provider Gender: Female

License number: G74647

NPI: 1396818134

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SANDOVAL, SELINA M**

Provider ID: 270561

Board Certified Specialty: No

UCSD MEDICAL GROUP

8910 VILLA LA JOLLA DR # 200

LA JOLLA, CA 92037-1701

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A167853

NPI: 1336599653

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SANDOVAL, SELINA M**

Provider ID: 270562

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A167853  
*NPI:* 1336599653  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SUYAMA, JULIE A**

*Provider ID:* 284289  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A172670  
*NPI:* 1306372800  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SU, HUI CHUN I**

*Provider ID:* 269338  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9350 CAMPUS POINT DR # LLC  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8745  
*Fax:* (858) 657-8666  
*After Hours Phone:* (858) 657-8745  
*Provider Gender:* Female  
*License number:* A110340  
*NPI:* 1053466011  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SU, HUI CHUN I**

*Provider ID:* 65306  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-2347  
*Fax:*  
*After Hours Phone:* (619) 543-2347  
*Provider Gender:* Female  
*License number:* A110340  
*NPI:* 1053466011  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SWENSON, HELEN**

*Provider ID:* 126502  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8745  
*Fax:*  
*After Hours Phone:* (858) 657-8745  
*Provider Gender:* Female  
*License number:* A155774  
*NPI:* 1952721243  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **TARSA, MARYAM**

Provider ID: 65308  
 Board Certified Specialty: No  
 UCSD OB GYN MED GRP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8745  
 Fax:  
 After Hours Phone: (858)  
 657-8745  
 Provider Gender: Female  
 License number: A69894  
 NPI: 1295768638  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Memorial Hospital  
 Encinitas, Palomar Medical  
 Center, Scripps Mercy Hospital,  
 Ucsd La Jolla John Sally  
 Thornton, Ucsd Medical Ctr,  
 Eisenhower Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA: Ucsd Medical Group  
**THOMSON, SAMANTHA L**  
 Provider ID: 285173  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A149038  
 NPI: 1689013468  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Cedars Sinai  
 Medical Center, Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**THOMSON, SAMANTHA L**  
 Provider ID: 285175  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 200  
 LA JOLLA, CA 92037-1701  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A149038

NPI: 1689013468  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Cedars Sinai  
 Medical Center, Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **TILFORD, SARAH A**

Provider ID: 126505  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 200  
 LA JOLLA, CA 92037-1701  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A154086  
 NPI: 1194139766  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
*IPA:*

**TOLOUBEYDOKHTI, TANNAZ**  
*Provider ID:* 98884  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8745  
*Fax:*  
*After Hours Phone:* (858)  
 657-8745  
*Provider Gender:* Female  
*License number:* A134477  
*NPI:* 1477846095  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**WEBER, AKILAH F**  
*Provider ID:* 84962  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:* (858) 657-8666  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Female

*License number:* C56035  
*NPI:* 1760652713  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Rady Childrens Hospital San  
 Diego, Childrens Hosp And  
 Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**WOELKERS, DOUGLAS A**  
*Provider ID:* 65326  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8745  
*Fax:*  
*After Hours Phone:* (858)  
 657-8745  
*Provider Gender:* Male  
*License number:* G77134  
*NPI:* 1013965748  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Palomar Medical Center, Ucsd

La Jolla John Sally Thornton,  
 Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**ZHOU, BETH B**  
*Provider ID:* 240066  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A162098  
*NPI:* 1558748186  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

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### ONCOLOGY MEDICAL

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*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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### **BANERJEE, PUSHPENDU**

*Provider ID:* 54041

*Board Certified Specialty:* No  
CALIFORNIA CANCER

ASSOCS FOR RESEARCH AND  
EXCELL

9850 GENESEE AVE STE 560  
LA JOLLA, CA 92037-1229

*Phone:* (858) 552-1410

*Fax:* (858) 552-0929

*After Hours Phone:* (858)  
552-1410

*Provider Gender:* Male

*License number:* A69490

*NPI:* 1164497855

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Hindi

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Rady  
Childrens Hospital San Diego,  
Scripps Green Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/120

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **BOLES, SARAH G**

*Provider ID:* 64411

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6100

*Fax:* (858) 822-6196

*After Hours Phone:* (858)  
822-6100

*Provider Gender:* Female

*License number:* A82562

*NPI:* 1245391242

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **HOWELL, STEPHEN B**

*Provider ID:* 64435

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6173

*Fax:*

*After Hours Phone:* (858)

822-6173

*Provider Gender:* Male

*License number:* G25869

*NPI:* 1114942802

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **MCHALE, MICHAEL T**

*Provider ID:* 64450

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6173

*Fax:*

*After Hours Phone:* (858)  
822-6173

*Provider Gender:* Male

*License number:* G83172

*NPI:* 1508828179

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Tri City  
Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **REID, TONY R**

*Provider ID:* 64469

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6100

*Fax:*

*After Hours Phone:* (858)  
822-6100

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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*Provider Gender:* Male  
*License number:* G76747  
*NPI:* 1346323904  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **REID, TONY R**

*Provider ID:* 64469  
*Board Certified Specialty:* No  
UC SAN DIEGO CANCER CTR  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6100  
*Fax:*  
*After Hours Phone:* (858)  
822-6100  
*Provider Gender:* Male  
*License number:* G76747  
*NPI:* 1346323904  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **REID, TONY R**

*Provider ID:* 64469  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6173  
*Fax:*  
*After Hours Phone:* (858)  
822-6173  
*Provider Gender:* Male  
*License number:* G76747  
*NPI:* 1346323904  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **REID, TONY R**

*Provider ID:* 64469  
*Board Certified Specialty:* No  
UC SAN DIEGO CANCER CTR  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6173  
*Fax:*  
*After Hours Phone:* (858)  
822-6173  
*Provider Gender:* Male  
*License number:* G76747  
*NPI:* 1346323904  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SINCLAIR, JAMES M , MD**

*Provider ID:* 257002  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
9850 GENESEE AVE STE 560  
LA JOLLA, CA 92037-1229  
*Phone:* (858) 552-1410  
*Fax:* (858) 552-0929  
*After Hours Phone:* (858)  
552-1410  
*Provider Gender:* Male  
*License number:* G48926  
*NPI:* 1356300230  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **SINCLAIR, JAMES M**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**Provider ID:** 54027  
**Board Certified Specialty:** No  
**CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL**  
**9850 GENESEE AVE STE 560**  
**LA JOLLA, CA 92037-1229**  
**Phone:** (858) 552-1410  
**Fax:**  
**After Hours Phone:** (858) 552-1410  
**Provider Gender:** Male  
**License number:** G48926  
**NPI:** 1356300230  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### OPHTHALMOLOGY

**AFSHARI, NATALIE A**  
**Provider ID:** 65332  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**9415 CAMPUS POINT DR**  
**LA JOLLA, CA 92093-1350**  
**Phone:** (858) 534-6290  
**Fax:**  
**After Hours Phone:** (858) 534-6290

**Provider Gender:** Female  
**License number:** C51849  
**NPI:** 1538126735  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

**BAXTER, SALLY L**  
**Provider ID:** 272787  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**9415 CAMPUS POINT DR**  
**LA JOLLA, CA 92093-1350**  
**Phone:** (858) 534-6290  
**Fax:** (888) 539-8781  
**After Hours Phone:** (858) 534-6290  
**Provider Gender:** Female  
**License number:** A140952  
**NPI:** 1912325184  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**

**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

**BEAZER, ALEX P**  
**Provider ID:** 272802  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**9415 CAMPUS POINT DR**  
**LA JOLLA, CA 92093-1350**  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800) 926-8273  
**Provider Gender:** Male  
**License number:** A169030  
**NPI:** 1942662168  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

**BINDER, NICHOLAS R , MD**  
**Provider ID:** 268757  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**9850 GENESEE AVE STE 310**  
**LA JOLLA, CA 92037-1208**  
**Phone:** (800) 898-2020  
**Fax:** (844) 897-3788  
**After Hours Phone:** (800) 898-2020  
**Provider Gender:** Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*License number:* A124698  
*NPI:* 1306076716  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **BOKOSKY, JOHN E**

*Provider ID:* 84265  
*Board Certified Specialty:* No  
 EYE CARE OF SAN DIEGO MED OFFICE  
 9834 GENESEE AVE STE 428  
 LA JOLLA, CA 92037-1264  
*Phone:* (800) 765-2737  
*Fax:*  
*After Hours Phone:* (800) 765-2737  
*Provider Gender:* Male  
*License number:* G51651  
*NPI:* 1245215748  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **BROWN, STUART I**

*Provider ID:* 65335  
*Board Certified Specialty:* Yes  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:* (858) 534-1342  
*After Hours Phone:* (858) 534-6290  
*Provider Gender:* Male  
*License number:* C40767  
*NPI:* 1356376347  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BRUMMEL, KIRSTA L**

*Provider ID:* 240634  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* 20A11590  
*NPI:* 1003085481  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ronald Reagan UCLA Med Ctr, Santa Monica UCLA Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CAMP, ANDREW S**

*Provider ID:* 111066  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:*  
*After Hours Phone:* (858) 534-6290  
*Provider Gender:* Male  
*License number:* A142062  
*NPI:* 1326300377  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **CHANG, TOM S , MD**

Provider ID: 270366  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Male  
 License number: A69909  
 NPI: 1609848969  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cantonese  
 Cultural Competency: No  
 Hospital Affiliation: San Gabriel Valley Med Ctr, Providence Little Co Of Mary Med Ctr Torrance, Methodist Hosp Of Southern California, Hollywood Presbyterian Med Ctr, Desert Regional Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Community Care Ipa Llc  
**CHAO, DANIEL L**  
 Provider ID: 112325  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (858) 534-6290  
 Fax:  
 After Hours Phone: (858) 534-6290  
 Provider Gender: Male  
 License number: A130361  
 NPI: 1891011953  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Medical Ctr At Ucsf  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **CHOPLIN, NEIL T**

Provider ID: 84263  
 Board Certified Specialty: No  
 EYE CARE OF SAN DIEGO  
 MED OFFICE  
 9834 GENESEE AVE STE 428  
 LA JOLLA, CA 92037-1264  
 Phone: (800) 765-2737  
 Fax:  
 After Hours Phone: (800) 765-2737  
 Provider Gender: Male  
 License number: G57042

NPI: 1144205642  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **CODEN, DANIEL J , MD**

Provider ID: 269295  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
 Phone: (858) 457-3010  
 Fax: (858) 457-0028  
 After Hours Phone: (858) 457-3010  
 Provider Gender: Male  
 License number: G57587  
 NPI: 1942317508  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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IPA: Community Care Ipa Llc

**ECHEGOYEN, JULIO C , MD**

Provider ID: 257136

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350

Phone: (858) 534-6290

Fax:

After Hours Phone: (858)  
534-6290

Provider Gender: Male

License number: A121431

NPI: 1770801540

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Paradise Valley

Hospital, Scripps Mercy Hospital,  
Scripps Mercy Hospital Chula  
Vista, Scripps Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

**FERREYRA, HENRY A**

Provider ID: 65341

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350

Phone: (858) 534-6290

Fax:

After Hours Phone: (858)  
534-6290

Provider Gender: Male

License number: A77921

NPI: 1669497822

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Doctors  
Medical Center, Ucsd Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

**FREEMAN, WILLIAM**

Provider ID: 65342

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350

Phone: (858) 534-6290

Fax:

After Hours Phone: (858)  
534-6290

Provider Gender: Male

License number: G51579

NPI: 1518983352

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

**GARFF, KEVIN**

Provider ID: 239604

Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A160988

NPI: 1609258920

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

**GARFF, KEVIN**

Provider ID: 239605

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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| <b>Phone:</b> (800) 926-8273<br><b>Fax:</b><br><b>After Hours Phone:</b> (800) 926-8273<br><b>Provider Gender:</b> Male<br><b>License number:</b> A160988<br><b>NPI:</b> 1609258920<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/999<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b><br><b>Hours:</b> M-SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b> Ucsd Medical Group | <b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b> W<br><b>Hours:</b> M-SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Group-Sd</b><br><br><b>GRANET, DAVID B</b><br><b>Provider ID:</b> 65344<br><b>Board Certified Specialty:</b> No<br><b>UCSD MEDICAL GROUP</b><br><b>9415 CAMPUS POINT DR</b><br><b>LA JOLLA, CA 92093-1350</b><br><b>Phone:</b> (858) 534-6290<br><b>Fax:</b><br><b>After Hours Phone:</b> (858) 534-6290<br><b>Provider Gender:</b> Male<br><b>License number:</b> G77597<br><b>NPI:</b> 1982629036<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br><b>Medi-Cal Open Panel:</b> No<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b> W<br><b>Hours:</b> M-SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b> |
| <b>GOLDBAUM, MICHAEL H</b><br><b>Provider ID:</b> 65343<br><b>Board Certified Specialty:</b> Yes<br><b>UCSD MEDICAL GROUP</b><br><b>9415 CAMPUS POINT DR</b><br><b>LA JOLLA, CA 92093-1350</b><br><b>Phone:</b> (858) 534-6290<br><b>Fax:</b><br><b>After Hours Phone:</b> (858) 534-6290<br><b>Provider Gender:</b> Male<br><b>License number:</b> C32010<br><b>NPI:</b> 1720157142<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br><b>Medi-Cal Open Panel:</b> No                                          | <b>GOLLOGLY, HEIDRUN E , MD</b><br><b>Provider ID:</b> 269128<br><b>Board Certified Specialty:</b> No<br><b>COMMUNITY CARE IPA LLC</b><br><b>9850 GENESEE AVE STE 310</b><br><b>LA JOLLA, CA 92037-1208</b><br><b>Phone:</b> (800) 898-2020<br><b>Fax:</b> (844) 897-3788<br><b>After Hours Phone:</b> (800) 898-2020<br><b>Provider Gender:</b> Female<br><b>License number:</b> A134761<br><b>NPI:</b> 1477879823<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b> French, German, Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Mercy Hospital Chula Vista, Adventist Health And Rideout, Grossmont Hospital, Desert Regional Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital<br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/999<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b><br><b>Hours:</b> M-SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b> Community Care Ipa Llc, Imperial Health Holdings Medical | <b>HAW, WELDON W</b><br><b>Provider ID:</b> 65345<br><b>Board Certified Specialty:</b> No<br><b>UCSD MEDICAL GROUP</b><br><b>9415 CAMPUS POINT DR</b><br><b>LA JOLLA, CA 92093-1350</b><br><b>Phone:</b> (858) 534-6290<br><b>Fax:</b> (858) 822-1849<br><b>After Hours Phone:</b> (858) 534-6290<br><b>Provider Gender:</b> Male<br><b>License number:</b> A60743<br><b>NPI:</b> 1710945357                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HEICHEL, CHRISTOPHER W**

*Provider ID:* 65346  
*Board Certified Specialty:* Yes  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:* (858) 822-4846  
*After Hours Phone:* (858) 534-6290  
*Provider Gender:* Male  
*License number:* A75001  
*NPI:* 1083667307  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:*  
**HO, JOSEPH**  
*Provider ID:* 101278  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:*  
*After Hours Phone:* (858) 534-6290  
*Provider Gender:* Male  
*License number:* A137389  
*NPI:* 1962766451  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Temecula Valley Hospital Inc, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Desert Regional Med Ctr, Grossmont Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HUANG, ALEX A**

*Provider ID:* 65347  
*Board Certified Specialty:* Yes  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A111999  
*NPI:* 1821246141  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Huntington Memorial Hospital, Ronald Reagan UCLA Med Ctr, Ucsd Medical Ctr, Lac Usc Medical Center, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KIKKAWA, DON O**

*Provider ID:* 65349  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:* (858) 534-7859  
*After Hours Phone:* (858) 534-6290  
*Provider Gender:* Male  
*License number:* G65447  
*NPI:* 1932202371  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KORN, BOBBY S**

*Provider ID:* 65350  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:*  
*After Hours Phone:* (858) 534-6290  
*Provider Gender:* Male  
*License number:* A81749  
*NPI:* 1174551006  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LEE, JEFFREY E**

*Provider ID:* 65352

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:* (858) 822-1849  
*After Hours Phone:* (858) 534-6290  
*Provider Gender:* Male  
*License number:* A97291  
*NPI:* 1801943279  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LIU, XIONGFEI**

*Provider ID:* 239816  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A144438  
*NPI:* 1497135156  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Mandarin  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Mercy General Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LI, ALEXANDRIA L**

*Provider ID:* 272832  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A168107  
*NPI:* 1841652864  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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### **MCGRAW, JOSEPH P , MD**

*Provider ID:* 269707

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037-1208

*Phone:* (800) 898-2020

*Fax:* (844) 897-3788

*After Hours Phone:* (800)  
898-2020

*Provider Gender:* Male

*License number:* A155228

*NPI:* 1588624852

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **MORRISON-REYES, JOSHUA A , MD**

*Provider ID:* 269183

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037-1208

*Phone:* (858) 457-3010

*Fax:* (858) 457-0028

*After Hours Phone:* (858)  
457-3010

*Provider Gender:* Male

*License number:* A125435

*NPI:* 1235366782

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont  
Hospital, Scripps Memorial  
Hospital, Sharp Memorial  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MOVAGHAR, MANSOOR**

*Provider ID:* 215055

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Male

*License number:* A100897

*NPI:* 1497792220

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **NGUYEN, THAO P**

*Provider ID:* 65355

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350

*Phone:* (858) 534-6290

*Fax:* (858) 278-5393

*After Hours Phone:* (858)  
534-6290

*Provider Gender:* Female

*License number:* G81689

*NPI:* 1154352185

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **NUDLEMAN, ERIC D**

*Provider ID:* 110388

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Phone: (858) 534-6290  
 Fax: (858) 822-1849  
 After Hours Phone: (858) 534-6290  
 Provider Gender: Male  
 License number: A131592  
 NPI: 1154582575  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **OZZELLO, DANIEL J**

Provider ID: 241983  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A161485  
 NPI: 1073992731  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **PERRY, ARTHUR C , MD**

Provider ID: 265703  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
 Phone: (858) 457-3010  
 Fax: (858) 457-0028  
 After Hours Phone: (858) 457-3010  
 Provider Gender: Male  
 License number: C37934  
 NPI: 1194832725  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **PRATT, STEVEN G , MD**

Provider ID: 269324

Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
 Phone: (858) 457-3010  
 Fax: (858) 457-0028  
 After Hours Phone: (866) 333-7922  
 Provider Gender: Male  
 License number: G32379  
 NPI: 1407963044  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Scripps Memorial Hospital, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ROBBINS, SHIRA L**

Provider ID: 65359  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (858) 534-6290  
 Fax:  
 After Hours Phone: (858) 534-6290  
 Provider Gender: Female  
 License number: A78486  
 NPI: 1508814914  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**SAMUEL, MICHAEL A , MD**  
*Provider ID:* 268596  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:* (858) 457-3010  
*Provider Gender:* Male  
*License number:* A83237  
*NPI:* 1730175670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Huntington Memorial Hospital, Desert Regional Med Ctr, Eisenhower Medical Ctr, Pioneers Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**SAVINO, PETER J**  
*Provider ID:* 65361  
*Board Certified Specialty:* Yes  
UCSD MEDICAL GROUP  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:*  
*After Hours Phone:* (858) 534-6290  
*Provider Gender:* Male  
*License number:* A29965  
*NPI:* 1467451898  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Italian  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**SCHONBACH, ETIENNE M**  
*Provider ID:* 284432  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A172673

*NPI:* 1073040580  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* German  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**SLIGHT, JOHN R**  
*Provider ID:* 65363  
*Board Certified Specialty:* Yes  
UCSD MEDICAL GROUP  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:* (858) 822-1849  
*After Hours Phone:* (858) 534-6290  
*Provider Gender:* Male  
*License number:* C25107  
*NPI:* 1306971239  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

### **SONG, DELU**

*Provider ID:* 284425  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A173049  
*NPI:* 1437689536  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TOPILOW, NICOLE**

*Provider ID:* 284348  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A171573  
*NPI:* 1215468376  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **VASILE, CRISTIANA G**

*Provider ID:* 115739  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:* (858) 534-1625  
*After Hours Phone:* (858) 534-6290  
*Provider Gender:* Female  
*License number:* A122457  
*NPI:* 1891002044  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Romanian  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:*

### **WEINREB, ROBERT N**

*Provider ID:* 65366  
*Board Certified Specialty:* Yes  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:*  
*After Hours Phone:* (858) 534-6290  
*Provider Gender:* Male  
*License number:* G33398  
*NPI:* 1093764177  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **WELSBIE, DEREK S**

*Provider ID:* 112328  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:*  
*After Hours Phone:* (858) 534-6290  
*Provider Gender:* Male  
*License number:* C143481  
*NPI:* 1588869945

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## D. Specialist Provider Directory

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*♿ Accessibility: W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **WU, CHRIS Y**

*Provider ID: 239582*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*9415 CAMPUS POINT DR*

*LA JOLLA, CA 92093-1350*

*Phone: (800) 926-8273*

*Fax:*

*After Hours Phone: (800)*

*926-8273*

*Provider Gender: Male*

*License number: A161633*

*NPI: 1265829345*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **OSTEOPATHIC MANIPULATIVE THERAPY**

#### **PORTERA, ARIEL M**

*Provider ID: 273320*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*9300 CAMPUS POINT DR*

*LA JOLLA, CA 92037-1300*

*Phone: (800) 926-8273*

*Fax: (888) 539-8781*

*After Hours Phone: (800)*

*926-8273*

*Provider Gender: Female*

*License number: 20A16832*

*NPI: 1841721784*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL): No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **OTOLARYNGOLOGY**

#### **BRUMUND, KEVIN T**

*Provider ID: 65134*

*Board Certified Specialty: No*

*UCSD OTOLARYNGOLOGY*

*9350 CAMPUS POINT DR*

*LA JOLLA, CA 92037-1300*

*Phone: (858) 657-8591*

*Fax:*

*After Hours Phone: (858) 657-8591*

*Provider Gender: Male*

*License number: A91099*

*NPI: 1033193669*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

#### **CALZADA, AUDREY P , MD**

*Provider ID: 269278*

*Board Certified Specialty: Yes*

*COMMUNITY CARE IPA LLC*

*9834 GENESEE AVE STE 111*

*LA JOLLA, CA 92037-1214*

*Phone: (858) 909-0770*

*Fax: (858) 909-0880*

*After Hours Phone: (858) 909-0770*

*Provider Gender: Female*

*License number: A107965*

*NPI: 1619113230*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Rady Childrens Hospital San Diego,*

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## D. Specialist Provider Directory

---

Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CHANG, ANGELA A**

*Provider ID:* 269308  
*Board Certified Specialty:* Yes  
COMMUNITY CARE IPA LLC  
9834 GENESEE AVE STE 111  
LA JOLLA, CA 92037-1214  
*Phone:* (858) 909-0770  
*Fax:* (858) 909-0880  
*After Hours Phone:* (858)  
909-0770  
*Provider Gender:* Female  
*License number:* A100380  
*NPI:* 1730382318  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital,  
Scripps Mercy Hospital Chula  
Vista, Scripps Mercy Hospital,  
Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DECONDE, ADAM S**

*Provider ID:* 97546  
*Board Certified Specialty:* No  
UCSD OTOLARYNGOLOGY  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (858) 657-8590  
*Fax:* (858) 657-8682  
*After Hours Phone:* (858)  
657-8590  
*Provider Gender:* Male  
*License number:* A110107  
*NPI:* 1588988919  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DECONDE, ADAM S**

*Provider ID:* 97547  
*Board Certified Specialty:* Yes  
UCSD OTOLARYNGOLOGY  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8590  
*Fax:* (858) 657-8682  
*After Hours Phone:* (858)  
657-8590  
*Provider Gender:* Male  
*License number:* A110107  
*NPI:* 1588988919  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GREENE, JACQUELINE J**

*Provider ID:* 272958  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR # LLA  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A161242  
*NPI:* 1144583931  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **WATSON, DEBORAH**

*Provider ID:* 65322  
*Board Certified Specialty:* No

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## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-2347  
Fax:  
After Hours Phone: (619)  
543-2347  
Provider Gender: Female  
License number: G79374  
NPI: 1346270816  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Green Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **WEISMAN, ROBERT A**

Provider ID: 64491  
Board Certified Specialty: No  
UCSD OTOLARYNGOLOGY  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 657-8590  
Fax:  
After Hours Phone: (858)  
657-8590  
Provider Gender: Male  
License number: G28603  
NPI: 1346293958  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd

Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **WEISMAN, ROBERT A**

Provider ID: 65323  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-2347  
Fax:  
After Hours Phone: (619)  
543-2347  
Provider Gender: Male  
License number: G28603  
NPI: 1346293958  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **WEISSBROD, PHILIP A**

Provider ID: 64492

Board Certified Specialty: No  
UCSD OTOLARYNGOLOGY  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 657-8590  
Fax:  
After Hours Phone: (858)  
657-8590  
Provider Gender: Male  
License number: A118221  
NPI: 1366590853  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Scripps Green Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **WEISSBROD, PHILIP A**

Provider ID: 65324  
Board Certified Specialty: No  
UCSD OTOLARYNGOLOGY  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8590  
Fax:  
After Hours Phone: (858)  
657-8590  
Provider Gender: Male  
License number: A118221  
NPI: 1366590853  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Scripps Green Hospital

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## D. Specialist Provider Directory

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

### YAN, CAROL H

**Provider ID:** 242138  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**9350 CAMPUS POINT DR # LLA**  
**LA JOLLA, CA 92037-1300**  
**Phone:** (858) 657-8590  
**Fax:**  
**After Hours Phone:** (858) 657-8590  
**Provider Gender:** Female  
**License number:** A149042  
**NPI:** 1619237260  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Chinese  
**Cultural Competency:** No  
**Hospital Affiliation:** Stanford Health Care, Lucile Salter Packard Childrens Hosp, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

### DATNOW, BRIAN

**Provider ID:** 275738  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**9444 MEDICAL CENTER DR**  
**LA JOLLA, CA 92037-1337**  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800) 926-8273  
**Provider Gender:** Male  
**License number:** A31095  
**NPI:** 1609832633  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

### FADARE, OLUWOLE

**Provider ID:** 275706  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**9444 MEDICAL CENTER DR**  
**LA JOLLA, CA 92037-1337**  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800) 926-8273  
**Provider Gender:** Male  
**License number:** C131462  
**NPI:** 1619955804

**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

### FERGUSON, COLE J

**Provider ID:** 274458  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**9300 CAMPUS POINT DR**  
**LA JOLLA, CA 92037-1300**  
**Phone:** (629) 543-2827  
**Fax:** (888) 539-8781  
**After Hours Phone:** (629) 543-2827  
**Provider Gender:** Male  
**License number:** A170171  
**NPI:** 1134550643  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**

## PATHOLOGY ANATOMIC

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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IPA: Ucsd Medical Group

### **FERGUSON, COLE J**

Provider ID: 275700

Board Certified Specialty: No

UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A170171

NPI: 1134550643

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **HANSEN, LAWRENCE A**

Provider ID: 275768

Board Certified Specialty: No

UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: G62538

NPI: 1760407498

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **PARAST, MANA M**

Provider ID: 275889

Board Certified Specialty: No

UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A102496

NPI: 1629163100

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **PATEL, CHARMI**

Provider ID: 259112

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: C146702

NPI: 1730389362

Provider English Spoken: Yes

Provider Language(s) Spoken:

Gujarati, Hindi

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **POWELL, HENRY C**

Provider ID: 275779

Board Certified Specialty: No

UCSD MEDICAL GROUP

9444 MEDICAL CENTER DR

LA JOLLA, CA 92037-1337

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A25597

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## D. Specialist Provider Directory

NPI: 1295778348  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### VALASEK, MARK A

Provider ID: 275837  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A127165  
 NPI: 1588808448  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Ucsd Medical Group

**WONG, RICHARD L**  
 Provider ID: 275815  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A136239  
 NPI: 1275084295  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**LE DZUNG, THE**  
 Provider ID: 275733  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: G71291  
 NPI: 1770526931  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

### **PATHOLOGY CLINICAL**

**KELNER, MICHAEL J**  
 Provider ID: 275735  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Male  
 License number: G48254  
 NPI: 1174679849  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr, El Centro Regional  
 Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**LE DZUNG, THE**  
 Provider ID: 275733  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: G71291  
 NPI: 1770526931  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

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## D. Specialist Provider Directory

Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### PEDIATRIC RADIOLOGY

#### PUGMIRE, BRIAN S

Provider ID: 285402  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A138998  
 NPI: 1609190578  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Valley  
 Childrens Hospital, Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### PEDIATRICS

#### BAI-TONG, SHIYU S

Provider ID: 283287  
 Board Certified Specialty: No

RADY CHILDRENS HEALTH  
 NETWORK  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 249-5800  
 Fax:  
 After Hours Phone: (858)  
 249-5800  
 Provider Gender: Female  
 License number: A155419  
 NPI: 1528454188  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

#### FERNANDEZ, ERIKA F

Provider ID: 117520  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 249-5800  
 Fax:  
 After Hours Phone: (858)  
 249-5800  
 Provider Gender: Female  
 License number: C131691  
 NPI: 1881609337  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Rady Childrens Hospital San  
 Diego, Marian Regional Medical  
 Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

#### GOLEMBESKI, DAVID J

Provider ID: 117315  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 249-5800  
 Fax:  
 After Hours Phone: (858)  
 249-5800  
 Provider Gender: Male  
 License number: G63111  
 NPI: 1376614131  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital  
 Encinitas, Pomerado Hospital,  
 Southwest Healthcare System  
 Wildomar, Southwest Healthcare  
 System Murrieta, Palomar  
 Medical Center, Scripps  
 Memorial Hospital  
 Medi-Cal Open Panel: No

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **GREENBERG, MARK**

Provider ID: 64888  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 543-5720  
 Fax:  
 After Hours Phone: (619)  
 543-5720  
 Provider Gender: Male  
 License number: G63733  
 NPI: 1710906375  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **JONES, MARILYN C**

Provider ID: 65203  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 543-2347  
 Fax:  
 After Hours Phone: (619)  
 543-2347  
 Provider Gender: Female  
 License number: G30850  
 NPI: 1295806040  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **JONES, MARILYN C**

Provider ID: 83641  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: G30850  
 NPI: 1295806040  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady

Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **LONGHURST, CHRISTOPHER A**

Provider ID: 269432  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858)  
 657-7000  
 Provider Gender: Male  
 License number: A80051  
 NPI: 1639238462  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

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## D. Specialist Provider Directory

### **RAMOS, CARLOS G**

*Provider ID: 117366*

*Board Certified Specialty: No*

**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FN D TN**

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone: (858) 249-5800*

*Fax:*

*After Hours Phone: (858)*

249-5800

*Provider Gender: Male*

*License number: A91944*

*NPI: 1205047545*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Ucsd Medical*

*Ctr, El Centro Regional Medical*

*Center, Southwest Healthcare*

*System Wildomar, Southwest*

*Healthcare System Murrieta,*

*Rady Childrens Hospital San*

*Diego, Ucsd La Jolla John Sally*

*Thornton*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health*

*Network*

### **SAJTI, ENIKO C**

*Provider ID: 117480*

*Board Certified Specialty: No*

**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FN D TN**

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone: (858) 249-5800*

*Fax:*

*After Hours Phone: (858)*

249-5800

*Provider Gender: Female*

*License number: A115973*

*NPI: 1649433103*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Childrens*

*Hosp And Resrch Ctr At*

*Oakland, Rady Childrens*

*Hospital San Diego*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health*

*Network*

### **STRAIT, MARIE I**

*Provider ID: 273472*

*Board Certified Specialty: No*

**RADY CHILDRENS HEALTH**

**NETWORK**

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone: (858) 249-5800*

*Fax:*

*After Hours Phone: (858)*

249-5800

*Provider Gender: Female*

*License number: C167351*

*NPI: 1669633012*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health*

*Network*

### **PHYSICAL MEDICINE / REHABILITATION**

### **CHEN, JEFFREY L**

*Provider ID: 124633*

*Board Certified Specialty: No*

**UCSD MEDICAL GROUP**

9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

*Phone: (858) 657-6035*

*Fax:*

*After Hours Phone: (858)*

657-6035

*Provider Gender: Male*

*License number: A102762*

*NPI: 1811183700*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Pomerado*

*Hospital, Ucsd Medical Ctr, Ucsd*

*La Jolla John Sally Thornton*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL):*

No

*Accessibility: W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

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## D. Specialist Provider Directory

### **CHEN, JEFFREY L**

*Provider ID:* 65143  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-6886  
*Fax:*  
*After Hours Phone:* (619)  
 543-6886  
*Provider Gender:* Male  
*License number:* A102762  
*NPI:* 1811183700  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado  
 Hospital, Ucsd Medical Ctr, Ucsd  
 La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KASENDORF, ROGER A**

*Provider ID:* 209021  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9834 GENESEE AVE STE 221  
 LA JOLLA, CA 92037-1215  
*Phone:* (858) 558-1275  
*Fax:* (858) 244-0152  
*After Hours Phone:* (858)  
 558-1275  
*Provider Gender:* Male  
*License number:* 20A12928  
*NPI:* 1356371884  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **LE, JOAN T**

*Provider ID:* 243379  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A99391  
*NPI:* 1447460050  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Doctors Hospital Of Riverside  
 Llc, Childrens Hosp And Resrch  
 Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

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### **PHYSICIANS ASSISTANT**

---

### **AINSWORTH, DELISSA M**

*Provider ID:* 243366  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8910 VILLA LA JOLLA DR # 100  
 LA JOLLA, CA 92037-1701  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* PA53570  
*NPI:* 1750734893  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Southwest  
 Healthcare System Wildomar,  
 Southwest Healthcare System  
 Murrieta, Ucsd Medical Ctr, Ucsd  
 La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **ALBRIGHT, KELSEY A**

*Provider ID:* 284764  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: PA57996  
 NPI: 1235653148  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**ARMEEN, GARY P**  
 Provider ID: 247036  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: PA21505  
 NPI: 1760774863  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**BOYD, LISA N**  
 Provider ID: 217650  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: PA20326  
 NPI: 1871859421  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**BURNEY, MELISSA A**  
 Provider ID: 285890  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 530  
 LA JOLLA, CA 92037-1213  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Female  
 License number: PA58612  
 NPI: 1386260842  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):

**BRUECKNER, TAMMIE N**  
 Provider ID: 255557  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: PA57558  
 NPI: 1407212376  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**BURNEY, MELISSA A**  
 Provider ID: 285890  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 530  
 LA JOLLA, CA 92037-1213  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760) 631-3000  
 Provider Gender: Female  
 License number: PA58612  
 NPI: 1386260842  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):

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## D. Specialist Provider Directory

No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **BUSCHING, MICHELLE M**

Provider ID: 124951  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858)  
 657-7000  
 Provider Gender: Female  
 License number: PA54908  
 NPI: 1720598808  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **CHERRY, REENA W**

Provider ID: 243349  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: PA57026  
 NPI: 1689729683  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **CHERRY, REENA W**

Provider ID: 269494  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: PA57026  
 NPI: 1689729683  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **COOKISH, DAVID A**

Provider ID: 286591  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: PA56764  
 NPI: 1215338884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **CRIFE, TAYLOR M**

Provider ID: 210983  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PA56367  
NPI: 1659827087  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**DANESHVAR, ABRAHAM D**  
Provider ID: 103064  
Board Certified Specialty: No  
BALBOA NEPHROLOGY MED GRP INC  
9834 GENESEE AVE STE 312  
LA JOLLA, CA 92037-1221  
Phone: (858) 558-8150  
Fax: (858) 346-1024  
After Hours Phone: (858) 558-8150  
Provider Gender: Male  
License number: PA52905  
NPI: 1245359140  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Turkish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None

American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DANESHVAR, ABRAHAM D**  
Provider ID: 103064  
Board Certified Specialty: No  
BALBOA NEPHROLOGY MED GRP INC  
9834 GENESEE AVE STE 312  
LA JOLLA, CA 92037-1221  
Phone: (858) 499-1900  
Fax:  
After Hours Phone: (858) 499-1900  
Provider Gender: Male  
License number: PA52905  
NPI: 1245359140  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Turkish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**DEMASCOS, MICHAEL A**  
Provider ID: 278969  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: PA56677  
NPI: 1467926295  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**DEMASCOS, MICHAEL A**  
Provider ID: 278969

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: PA56677  
NPI: 1467926295  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**DEMOOR, PATRICIA A**  
Provider ID: 212879  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PA17504  
NPI: 1477721702  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes

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## D. Specialist Provider Directory

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **DENEVAN, ANDREW J**

*Provider ID: 83353*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*9350 CAMPUS POINT DR*

*LA JOLLA, CA 92037-1300*

*Phone: (858) 657-8200*

*Fax: (858) 657-8235*

*After Hours Phone: (858)*

*657-8200*

*Provider Gender: Male*

*License number: PA23100*

*NPI: 1811324726*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Ucsd La Jolla*

*John Sally Thornton, Ucsd*

*Medical Ctr*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL):*

No

*♿ Accessibility: W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **DOUGHERTY, CLARA, NPA**

*Provider ID: 269170*

*Board Certified Specialty: No*

*COMMUNITY CARE IPA LLC*

*9850 GENESEE AVE STE 440*

*LA JOLLA, CA 92037-1212*

*Phone: (858) 453-9944*

*Fax: (858) 429-7925*

*After Hours Phone: (858)*

*453-9944*

*Provider Gender: Female*

*License number: PA17439*

*NPI: 1609987619*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Spanish*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc*

### **DOUGHERTY, CLARA**

*Provider ID: 56019*

*Board Certified Specialty: No*

*GENESIS HEALTHCARE*

*PARTNERS PC*

*9850 GENESEE AVE STE 440*

*LA JOLLA, CA 92037-1212*

*Phone: (858) 453-5944*

*Fax:*

*After Hours Phone: (858)*

*453-5944*

*Provider Gender: Female*

*License number: PA17439*

*NPI: 1609987619*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Spanish*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL):*

No

*♿ Accessibility: W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc*

### **GAIDADJIEV, TEODORA**

*Provider ID: 245349*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*8910 VILLA LA JOLLA DR # 100*

*LA JOLLA, CA 92037-1701*

*Phone: (800) 926-8273*

*Fax:*

*After Hours Phone: (800)*

*926-8273*

*Provider Gender: Female*

*License number: PA53021*

*NPI: 1235502162*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Scripps*

*Memorial Hospital, Ucsd La Jolla*

*John Sally Thornton, Ucsd*

*Medical Ctr*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **GUAY, MARY**

*Provider ID: 211971*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: PA56513  
NPI: 1790769008  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HALTER, KENNETH N**

Provider ID: 102098  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # 2C  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-6035  
Fax:  
After Hours Phone: (858)  
657-6035  
Provider Gender: Male  
License number: PA22613  
NPI: 1053745059  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):

No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **HARRIS, CHRISTINA V**

Provider ID: 104661  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8200  
Fax: (858) 657-8235  
After Hours Phone: (858)  
657-8200  
Provider Gender: Female  
License number: PA51525  
NPI: 1720053846  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **HASEGAWA, CHRIS**

Provider ID: 247205  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8939 VILLA LA JOLLA DR STE  
110  
LA JOLLA, CA 92037-1732

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: PA56884  
NPI: 1225698962  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HIGGINS, JOSHUA B**

Provider ID: 287135  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8910 VILLA LA JOLLA DR # 200  
LA JOLLA, CA 92037-1701  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: PA20471  
NPI: 1861624181  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

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## D. Specialist Provider Directory

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*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HIGGINS, JOSHUA B**

*Provider ID:* 287136  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* PA20471  
*NPI:* 1861624181  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HUNTER, JACOB A**

*Provider ID:* 279334  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
8910 VILLA LA JOLLA DR # 100  
LA JOLLA, CA 92037-1701

*Phone:* (800) 826-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 826-8273  
*Provider Gender:* Male  
*License number:* PA54452  
*NPI:* 1114459765  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HUNTER, JACOB A**

*Provider ID:* 287450  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # LLA  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* PA54452  
*NPI:* 1114459765  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LA COSTA, RACHEL**

*Provider ID:* 256848  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PA57139  
*NPI:* 1831514322  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LIN, JESSICA C**

*Provider ID:* 110357  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL 1  
LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*Provider Gender:* Female  
*License number:* PA23003  
*NPI:* 1437598695  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LIN, JOYCE**

*Provider ID:* 265146  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
*Phone:* (800) 888-9268  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
888-9268  
*Provider Gender:* Female  
*License number:* PA57821  
*NPI:* 1427681022  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Taiwanese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group  
  
**LIN, JOYCE**  
*Provider ID:* 265147  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (858) 554-1212  
*Fax:* (858) 554-1222  
*After Hours Phone:* (858)  
554-1212  
*Provider Gender:* Female  
*License number:* PA57821  
*NPI:* 1427681022  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Taiwanese

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LUONG, TRAN H**

*Provider ID:* 279014  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female  
*License number:* PA54061  
*NPI:* 1821532292  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LUONG, TRAN H**

*Provider ID:* 279015  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* PA54061  
*NPI:* 1821532292  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MCADAMS, JOSEPH**

*Provider ID:* 280612  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* PA58420  
*NPI:* 1104371251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MCCAIN, JULIA A**

*Provider ID:* 103168  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Female

*License number:* PA52127  
*NPI:* 1679805022  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MERRILL, COREY M**

*Provider ID:* 258039  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* PA56995  
*NPI:* 1386032308  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **OKADA, MICHELLE R**

*Provider ID:* 278016  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PA58603  
*NPI:* 1497129860  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **OKADA, MICHELLE R**

*Provider ID:* 278017  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PA58603  
*NPI:* 1497129860

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **OROSCO, HEATHER R**

*Provider ID:* 99616  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6100  
*Fax:*  
*After Hours Phone:* (858) 822-6100  
*Provider Gender:* Female  
*License number:* PA23124  
*NPI:* 1215139373  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PERREAULT, MARK R**

*Provider ID:* 283583  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* PA57736  
*NPI:* 1356749451  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PERREAULT, MARK R**

*Provider ID:* 283584  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* PA57736  
*NPI:* 1356749451  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SACKNOFF, STEFANIE S**

*Provider ID:* 242084  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PA51280  
*NPI:* 1720418833  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ucsd Medical Group

### **SANCHEZ, MICHAEL R**

*Provider ID:* 206907  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

8939 VILLA LA JOLLA DR STE 110  
LA JOLLA, CA 92037-1732  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: PA55472  
NPI: 1184135006  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SCHWARTZEL, KEVIN N**

Provider ID: 214276  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8910 VILLA LA JOLLA DR # 100  
LA JOLLA, CA 92037-1701  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: PA53888  
NPI: 1104277847  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):

No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SHAUL, SHERA M**

Provider ID: 247975  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PA56786  
NPI: 1336659507  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SHAUL, SHERA M**

Provider ID: 247976  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (800) 926-8373  
Fax:  
After Hours Phone: (800) 926-8373  
Provider Gender: Female  
License number: PA56786  
NPI: 1336659507  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **STALLINGS, ANDREA M**

Provider ID: 101020  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-2347  
Fax:  
After Hours Phone: (619) 543-2347  
Provider Gender: Female  
License number: PA16540  
NPI: 1972595478  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SUTTON, BRIAN C**

Provider ID: 90352  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: PA18573  
NPI: 1629174727  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TESFAI, HELEN S**

Provider ID: 277072  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
Fax: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: PA54848  
NPI: 1942724042  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TOLEDO, SILVA P**

Provider ID: 115851  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-3115  
Fax: (858) 822-6186  
After Hours Phone: (858)  
822-3115  
Provider Gender: Female  
License number: PA15199  
NPI: 1063464022  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Tagalog  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):

No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **TORNG, SHERRY S**

Provider ID: 109646  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6100  
Fax:  
After Hours Phone: (858)  
822-6100  
Provider Gender: Female  
License number: PA52556  
NPI: 1427439652  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Mandarin, Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **TRAUTMAN, AMY L**

Provider ID: 104653  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

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## D. Specialist Provider Directory

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Phone: (858) 657-8200  
Fax: (858) 657-8235  
After Hours Phone: (858) 657-8200  
Provider Gender: Female  
License number: PA51673  
NPI: 1235412503  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **UPTON, JACQUELINE M**

Provider ID: 84939  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8200  
Fax: (858) 657-8235  
After Hours Phone: (858) 657-8200  
Provider Gender: Female  
License number: PA21933  
NPI: 1295704328  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA:

### **WEIR, JACQUELINE R**

Provider ID: 278202  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (800) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PA21646  
NPI: 1932494499  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **ZANZUCCHI, AUDREY E**

Provider ID: 253254  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (619) 543-5540  
Fax:  
After Hours Phone: (619) 543-5540  
Provider Gender: Female  
License number: PA54479  
NPI: 1265960256  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **ZANZUCCHI, AUDREY E**

Provider ID: 253255  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (858) 657-7876  
Fax:  
After Hours Phone: (858) 657-7876  
Provider Gender: Female  
License number: PA54479  
NPI: 1265960256  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### PULMONARY DISEASES

#### AFSHAR, KAMYAR

Provider ID: 102310  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 471-9186  
 Fax: (619) 543-8255  
 After Hours Phone: (619) 471-9186  
 Provider Gender: Male  
 License number: 20A8875  
 NPI: 1407050669  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ☯ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### AKUTHOTA, PRAVEEN

Provider ID: 102056  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (619) 471-9186  
 Fax: (619) 543-8255  
 After Hours Phone: (619) 471-9186  
 Provider Gender: Male  
 License number: C137976  
 NPI: 1396704698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ☯ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### CONRAD, DOUGLAS J

Provider ID: 65150  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 2B  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 249-2500  
 Fax:  
 After Hours Phone: (858) 249-2500  
 Provider Gender: Male  
 License number: G63104  
 NPI: 1780605378  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

No  
 ☯ Accessibility: P, EB, IB, E, R, T  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### CROUCH, DANIEL R

Provider ID: 110338  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7105  
 Fax: (858) 657-7107  
 After Hours Phone: (858) 657-7105  
 Provider Gender: Male  
 License number: A116727  
 NPI: 1710182423  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Temecula Valley Hospital Inc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ☯ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### ELMARAACHLI, WAEEL

Provider ID: 83403  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

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## D. Specialist Provider Directory

Phone: (858) 657-7000  
 Fax: (858) 657-7107  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Male  
 License number: A106280  
 NPI: 1366468969  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ELMARAACHLI, WAEL**

Provider ID: 83404  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax: (858) 657-7107  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A106280  
 NPI: 1366468969  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ELMARAACHLI, WAEL**

Provider ID: 83407  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # C  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 543-2347  
 Fax:  
 After Hours Phone: (619) 543-2347  
 Provider Gender: Male  
 License number: A106280  
 NPI: 1366468969  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **FERNANDES, TIMOTHY M**

Provider ID: 83427  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax: (858) 657-7107  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Male  
 License number: A112514  
 NPI: 1669680757  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **FERNANDES, TIMOTHY M**

Provider ID: 83428  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax: (858) 657-7107  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A112514  
 NPI: 1669680757  
 Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **IBRAHIM, ISLAM M**

*Provider ID:* 64920  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7125  
*Fax:*  
*After Hours Phone:* (858) 657-7125  
*Provider Gender:* Male  
*License number:* C54272  
*NPI:* 1962586917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Long Beach Memorial Med Ctr, Temecula Valley Hospital Inc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:*  
**JOSHUA, JISHA K**  
*Provider ID:* 238060  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A144956  
*NPI:* 1023436417  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Malayalam  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KERR, KIM M**

*Provider ID:* 63756  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7140  
*Fax:* (858) 657-7107  
*After Hours Phone:* (858) 657-7140  
*Provider Gender:* Female  
*License number:* G68491

*NPI:* 1982647392  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KIM, HYONG S**

*Provider ID:* 65213  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 1D  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7100  
*Fax:* (858) 657-7107  
*After Hours Phone:* (858) 657-7100  
*Provider Gender:* Male  
*License number:* A65876  
*NPI:* 1598780066  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

|                                    |                                    |                               |
|------------------------------------|------------------------------------|-------------------------------|
| IPA:                               | NPI: 1619014479                    | Website:                      |
| <b>LIANG, NI CHENG</b>             | Provider English Spoken: Yes       | Email:                        |
| Provider ID: 83702                 | Provider Language(s) Spoken:       | Medical Group(s):             |
| Board Certified Specialty: No      | Cultural Competency: No            | IPA: Ucsd Medical Group       |
| UCSD MEDICAL GROUP                 | Hospital Affiliation: Ucsd Medical |                               |
| 9350 CAMPUS POINT DR               | Ctr, Ucsd La Jolla John Sally      |                               |
| LA JOLLA, CA 92037-1300            | Thornton                           |                               |
| Phone: (619) 543-6886              | Medi-Cal Open Panel: No            | <b>MAGANA, MARISA M</b>       |
| Fax:                               | Min/Max Age: None                  | Provider ID: 65243            |
| After Hours Phone: (619)           | American Sign Language (ASL):      | Board Certified Specialty: No |
| 543-6886                           | No                                 | UCSD MEDICAL GROUP            |
| Provider Gender: Female            | Ⓜ Accessibility: W                 | 9300 CAMPUS POINT DR          |
| License number: A98510             | Hours: M-F 8AM-5PM, SA             | LA JOLLA, CA 92037-1300       |
| NPI: 1760666945                    | 9AM-5PM                            | Phone: (858) 657-7000         |
| Provider English Spoken: Yes       | Website:                           | Fax:                          |
| Provider Language(s) Spoken:       | Email:                             | After Hours Phone: (858)      |
| Mandarin, Spanish                  | Medical Group(s):                  | 657-7000                      |
| Cultural Competency: No            | IPA: Ucsd Medical Group            | Provider Gender: Female       |
| Hospital Affiliation: Ucsd Medical |                                    | License number: A94464        |
| Ctr, Scripps Memorial Hospital     |                                    | NPI: 1194856286               |
| Encinitas                          | <b>LI, JINGHONG</b>                | Provider English Spoken: Yes  |
| Medi-Cal Open Panel: No            | Provider ID: 83697                 | Provider Language(s) Spoken:  |
| Min/Max Age: None                  | Board Certified Specialty: No      | Spanish                       |
| American Sign Language (ASL):      | UCSD MEDICAL GROUP                 | Cultural Competency: No       |
| No                                 | 9434 MEDICAL CENTER DR FL          | Hospital Affiliation: Scripps |
| Ⓜ Accessibility: W                 | 1                                  | Memorial Hospital, Scripps    |
| Hours: M-SA 9AM-5PM                | LA JOLLA, CA 92037-1337            | Memorial Hospital Encinitas,  |
| Website:                           | Phone: (858) 657-7125              | Ucsd Medical Ctr              |
| Email:                             | Fax: (858) 657-7107                | Medi-Cal Open Panel: No       |
| Medical Group(s):                  | After Hours Phone: (858)           | Min/Max Age: None             |
| IPA:                               | 657-7125                           | American Sign Language (ASL): |
|                                    | Provider Gender: Female            | No                            |
|                                    | License number: A107000            | Ⓜ Accessibility: W            |
|                                    | NPI: 1619014479                    | Hours: M-F 8AM-5PM, SA        |
|                                    | Provider English Spoken: Yes       | 9AM-5PM                       |
|                                    | Provider Language(s) Spoken:       | Website:                      |
|                                    | Cultural Competency: No            | Email:                        |
|                                    | Hospital Affiliation: Ucsd Medical | Medical Group(s):             |
|                                    | Ctr, Ucsd La Jolla John Sally      | IPA:                          |
|                                    | Thornton                           |                               |
|                                    | Medi-Cal Open Panel: No            | <b>MALHOTRA, ATUL</b>         |
|                                    | Min/Max Age: None                  | Provider ID: 83979            |
|                                    | American Sign Language (ASL):      | Board Certified Specialty: No |
|                                    | No                                 | UCSD MEDICAL GROUP            |
|                                    | Ⓜ Accessibility: W                 | 9300 CAMPUS POINT DR          |
|                                    | Hours: M-SA 9AM-5PM                | LA JOLLA, CA 92037-1300       |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (858) 657-6485  
 Fax: (858) 657-7107  
 After Hours Phone: (858) 657-6485  
 Provider Gender: Male  
 License number: C55949  
 NPI: 1982695169  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **OWENS, ROBERT L**

Provider ID: 110222  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7105  
 Fax: (858) 657-7107  
 After Hours Phone: (858) 657-7105  
 Provider Gender: Male  
 License number: C131174  
 NPI: 1972589265  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **PAPAMATHEAKIS, DEMOSTHENES G**

Provider ID: 65272  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 543-6886  
 Fax: (619) 543-7352  
 After Hours Phone: (619) 543-6886  
 Provider Gender: Male  
 License number: A101188  
 NPI: 1326168600  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Greek  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **PAPAMATHEAKIS, DEMOSTHENES G**

Provider ID: 65375  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax: (619) 543-7352  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A101188  
 NPI: 1326168600  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Greek  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **POCH, DAVID S**

Provider ID: 65014  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 543-6303  
 Fax: (858) 657-7107  
 After Hours Phone: (619) 543-6303  
 Provider Gender: Male  
 License number: A107956  
 NPI: 1598955668  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **POCH, DAVID S**

*Provider ID:* 65277  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8440  
*Fax:* (858) 657-8723  
*After Hours Phone:* (858) 657-8440  
*Provider Gender:* Male  
*License number:* A107956  
*NPI:* 1598955668  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SUNWOO, BERNIE Y**

*Provider ID:* 118883  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-9186  
*Fax:*  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Female  
*License number:* A138242  
*NPI:* 1336294107  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Medical Ctr At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RADIATION ONCOLOGY**

#### **BRUGGEMAN, ANDREW R**

*Provider ID:* 243627  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273

*Provider Gender:* Male  
*License number:* A126549  
*NPI:* 1790049591  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Ucsd Medical Group

#### **MACEWAN, IAIN J**

*Provider ID:* 205873  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-4048  
*Fax:*  
*After Hours Phone:* (858) 822-4048  
*Provider Gender:* Male  
*License number:* A129079  
*NPI:* 1326300401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

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## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Community Care Ipa Llc,<br/>Rady Childrens Health Network,<br/>Ucsd Medical Group</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>Board Certified Specialty: No<br/>COMMUNITY CARE IPA LLC<br/>3855 HEALTH SCIENCES DR<br/>LA JOLLA, CA 92093-1503<br/>Phone: (858) 822-4048<br/>Fax:<br/>After Hours Phone: (858)<br/>822-4048<br/>Provider Gender: Male<br/>License number: A129079<br/>NPI: 1326300401<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency: No<br/>Hospital Affiliation: Rady<br/>Childrens Hospital San Diego,<br/>Ucsd Medical Ctr, Ucsd La Jolla<br/>John Sally Thornton<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0/999<br/>American Sign Language (ASL):<br/>No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Community Care Ipa Llc,<br/>Rady Childrens Health Network,<br/>Ucsd Medical Group</p> | <p>Provider Language(s) Spoken:<br/>Spanish<br/>Cultural Competency: No<br/>Hospital Affiliation: Uc Davis<br/>Medical Ctr<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0/999<br/>American Sign Language (ASL):<br/>No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Community Care Ipa Llc,<br/>Imperial Health Holdings Medical<br/>Group-Sd</p>                                                                                                                                                                                                                                                                 |
| <p><b>MACEWAN, IAIN J</b><br/>Provider ID: 205874<br/>Board Certified Specialty: No<br/>UCSD MEDICAL GROUP<br/>3800-3899 HEALTH SCIENCES<br/>DR<br/>LA JOLLA, CA 92093-1503<br/>Phone: (858) 822-4048<br/>Fax:<br/>After Hours Phone: (858)<br/>822-4048<br/>Provider Gender: Male<br/>License number: A129079<br/>NPI: 1326300401<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency: No<br/>Hospital Affiliation: Rady<br/>Childrens Hospital San Diego,<br/>Ucsd Medical Ctr, Ucsd La Jolla<br/>John Sally Thornton<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0/999<br/>American Sign Language (ASL):<br/>No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Community Care Ipa Llc,<br/>Rady Childrens Health Network,<br/>Ucsd Medical Group</p> | <p><b>MAYADEV, JYOTI S , MD</b><br/>Provider ID: 269884<br/>Board Certified Specialty: No<br/>COMMUNITY CARE IPA LLC<br/>3855 HEALTH SCIENCES DR<br/>LA JOLLA, CA 92093-1503<br/>Phone: (916) 734-8269<br/>Fax: (858) 822-6080<br/>After Hours Phone: (916)<br/>734-8269<br/>Provider Gender: Female<br/>License number: A109372<br/>NPI: 1902906902<br/>Provider English Spoken: Yes</p>                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>MELL, LOREN K , MD</b><br/>Provider ID: 269944<br/>Board Certified Specialty: No<br/>COMMUNITY CARE IPA LLC<br/>3855 HEALTH SCIENCES DR<br/>LA JOLLA, CA 92093-1503<br/>Phone: (619) 543-3405<br/>Fax:<br/>After Hours Phone: (619)<br/>543-3405<br/>Provider Gender: Male<br/>License number: A104704<br/>NPI: 1316119704<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency: No<br/>Hospital Affiliation: Ucsd Medical<br/>Ctr<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0/999<br/>American Sign Language (ASL):<br/>No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):</p> |
| <p><b>MACEWAN, IAIN J , MD</b><br/>Provider ID: 255729</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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## D. Specialist Provider Directory

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MURPHY, KEVIN T , MD**

*Provider ID:* 269865  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6046  
*Fax:*  
*After Hours Phone:* (858)  
822-6046  
*Provider Gender:* Male  
*License number:* A82350  
*NPI:* 1730104167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar  
Medical Center, Sharp Memorial  
Hospital, Ucsd Medical Ctr,  
Palomar Health Downtown  
Campus, Rady Childrens  
Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **ROSE, BRENT S , MD**

*Provider ID:* 269874  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503  
*Phone:* (619) 341-3899  
*Fax:*  
*After Hours Phone:* (619)  
341-3899  
*Provider Gender:* Male  
*License number:* A142735  
*NPI:* 1518250869  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **SANGHVI, PARAG R , MD**

*Provider ID:* 270038  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (619) 230-0400  
*Fax:*  
*After Hours Phone:* (619)  
230-0400  
*Provider Gender:* Male  
*License number:* A105184  
*NPI:* 1801005152  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Gujarati, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Ucsd Medical Ctr, Childrens  
Hosp And Resrch Ctr At  
Oakland, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd, Rady Childrens  
Health Network

### **SANGHVI, PARAG R**

*Provider ID:* 64475  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6100  
*Fax:* (760) 738-7576  
*After Hours Phone:* (858)  
822-6100  
*Provider Gender:* Male  
*License number:* A105184  
*NPI:* 1801005152  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Gujarati, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Childrens  
Hosp And Resrch Ctr At  
Oakland, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd, Rady Childrens  
Health Network

### **SHARABI, ANDREW B , MD**

*Provider ID:* 269862

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

*Phone:* (619) 543-1899

*Fax:*

*After Hours Phone:* (619)  
543-1899

*Provider Gender:* Male

*License number:* A136977

*NPI:* 1043531213

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **SIMPSON, DANIEL R , MD**

*Provider ID:* 269852

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6040

*Fax:* (858) 822-6080

*After Hours Phone:* (858)  
822-6040

*Provider Gender:* Male

*License number:* A118377

*NPI:* 1689974883

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **RADIOLOGY DIAGNOSTIC X-RAY**

### **ALLEN, DERRICK R**

*Provider ID:* 125990

*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
4150 REGENTS PARK ROW  
STE 195

LA JOLLA, CA 92037-9139

*Phone:* (858) 622-6464

*Fax:* (858) 622-6460

*After Hours Phone:* (858)  
622-6464

*Provider Gender:* Male

*License number:* A69840

*NPI:* 1215982970

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **ALLEN, DERRICK R , MD**

*Provider ID:* 268361

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
4150 REGENTS PARK ROW  
STE 195

LA JOLLA, CA 92037-9139

*Phone:* (858) 622-6464

*Fax:* (866) 558-4329

*After Hours Phone:* (858)  
622-6464

*Provider Gender:* Male

*License number:* A69840

*NPI:* 1215982970

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

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## D. Specialist Provider Directory

*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **ANDERSON, GREGORY S**

*Provider ID:* 125984  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
4150 REGENTS PARK ROW STE 195  
LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:*  
*After Hours Phone:* (858) 622-6464  
*Provider Gender:* Male  
*License number:* A90018  
*NPI:* 1841467099  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ARYAFAR, HAMED**

*Provider ID:* 64801  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Male  
*License number:* A99187  
*NPI:* 1093963605  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BAHADOR, FARSHAD M**

*Provider ID:* 104325  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Male  
*License number:* A129414  
*NPI:* 1730316928  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BAKER, LORI L**

*Provider ID:* 125993  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
4150 REGENTS PARK ROW STE 195  
LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:* (858) 622-6460  
*After Hours Phone:* (858) 622-6464  
*Provider Gender:* Female  
*License number:* G62517  
*NPI:* 1063465219  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W

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## D. Specialist Provider Directory

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

**BERGMAN, ERIK W**

*Provider ID:* 125003

*Board Certified Specialty:* No  
UCSD RADIOLOGY AT LA  
JOLLA

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

*Phone:* (858) 657-6641

*Fax:*

*After Hours Phone:* (858)  
657-6641

*Provider Gender:* Male

*License number:* C153284

*NPI:* 1043291073

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

**BORSO, MAYA G**

*Provider ID:* 126006

*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC

4150 REGENTS PARK ROW  
STE 195  
LA JOLLA, CA 92037-9139

*Phone:* (858) 622-6464

*Fax:* (858) 622-6460

*After Hours Phone:* (858)  
622-6464

*Provider Gender:* Female

*License number:* A97134

*NPI:* 1548473507

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Green Hospital, Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista, Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

**BRADLEY, WILLIAM R**

*Provider ID:* 271434

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A167142

*NPI:* 1780066803

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr, Scripps Green  
Hospital, Scripps Mercy Hospital,

Scripps Memorial Hospital,  
Scripps Mercy Hospital Chula  
Vista, Scripps Memorial Hospital  
Encinitas

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

**BROUHA, SHARON S**

*Provider ID:* 64827

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female

*License number:* A91973

*NPI:* 1356554323

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

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## D. Specialist Provider Directory

### **BUCKLEY, DAVID W**

*Provider ID:* 243265  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 4150 REGENTS PARK ROW  
 STE 195  
 LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 622-6464  
*Provider Gender:* Male  
*License number:* G57383  
*NPI:* 1982657060  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BUI, KEVIN T**

*Provider ID:* 280519  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A134576

*NPI:* 1578906186  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CASOLA, GIOVANNA**

*Provider ID:* 64835  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* G51575  
*NPI:* 1790721256  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Italian  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Saddleback Memorial Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA

9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CHANG, ERIC Y**

*Provider ID:* 64839  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Male  
*License number:* A97139  
*NPI:* 1376756353  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CHEN, JAMES Y**

*Provider ID:* 64416  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

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## D. Specialist Provider Directory

Phone: (858) 822-6173  
 Fax:  
 After Hours Phone: (858) 822-6173  
 Provider Gender: Male  
 License number: A108635  
 NPI: 1427250588  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **CHEN, JAMES Y**

Provider ID: 64842  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Male  
 License number: A108635  
 NPI: 1427250588  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **CHEN, KAREN C**

Provider ID: 64843  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A110719  
 NPI: 1437377710  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **CHOU, ERIC T**

Provider ID: 126016  
 Board Certified Specialty: No

IHS RADIOLOGY MEDICAL GROUP INC  
 4150 REGENTS PARK ROW STE 195  
 LA JOLLA, CA 92037-9139  
 Phone: (858) 622-6464  
 Fax: (858) 622-6460  
 After Hours Phone: (858) 622-6464  
 Provider Gender: Male  
 License number: A96095  
 NPI: 1689627838  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **CHUNG, CHRISTINE B**

Provider ID: 64848  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A65414  
 NPI: 1528033560  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **COOPER, JAMES A**

*Provider ID:* 126041  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 4150 REGENTS PARK ROW STE 195  
 LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:* (858) 622-6460  
*After Hours Phone:* (858) 622-6464  
*Provider Gender:* Male  
*License number:* A62473  
*NPI:* 1497708622  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical

Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DE GUZMAN, JADE Q**

*Provider ID:* 64423  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6173  
*Fax:*  
*After Hours Phone:* (858) 822-6173  
*Provider Gender:* Female  
*License number:* A102678  
*NPI:* 1801089065  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Ronald Reagan Ucla Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DE GUZMAN, JADE Q**

*Provider ID:* 64856  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Female  
*License number:* A102678  
*NPI:* 1801089065  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Ronald Reagan Ucla Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DOEMENY, JOHN M**

*Provider ID:* 126048  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 4150 REGENTS PARK ROW STE 195  
 LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:* (858) 622-6460  
*After Hours Phone:* (858) 622-6464

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* G50925  
*NPI:* 1841243912  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DORROS, STEPHEN M**

*Provider ID:* 64861  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Male  
*License number:* G29061  
*NPI:* 1942319959  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DWEK, JERRY R**

*Provider ID:* 64866  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* G86073  
*NPI:* 1558335695  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Ucsd La Jolla John Sally Thornton, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Palomar Medical Center, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **EGHTEDARI, MOHAMMAD**

*Provider ID:* 110349  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A114372  
*NPI:* 1740548734  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **EVORA, DARRYL K**

*Provider ID:* 64871  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* G76577  
*NPI:* 1790751188  
*Provider English Spoken:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Ucsd  
 Medical Ctr, Sharp Chula Vista  
 Med Ctr, Sharp Coronado Hosp  
 And Healthcare Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA:

### **FARID, NIKDOKHT**

*Provider ID:* 64875  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Female  
*License number:* A94195  
*NPI:* 1205151172  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W

*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA:

### **FIROOZNIA, NILOFAR**

*Provider ID:* 126170  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 4150 REGENTS PARK ROW  
 STE 195  
 LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:*  
*After Hours Phone:* (858)  
 622-6464  
*Provider Gender:* Female  
*License number:* A109806  
*NPI:* 1962521419  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
 Hospital Llc, Redlands  
 Community Hosp, Barstow  
 Community Hospital, Kindred  
 Hospital Riverside, Victor Valley  
 Global Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA:

### **FLISZAR, EVELYNE**

*Provider ID:* 64877  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Female  
*License number:* A60712  
*NPI:* 1164449955  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Green Hospital, Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton, Scripps Mercy Hospital  
 Chula Vista, Scripps Memorial  
 Hospital Encinitas  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA:

### **FORCIER, NANCY J**

*Provider ID:* 286955  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female

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## D. Specialist Provider Directory

*License number:* G72420  
*NPI:* 1497721724  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Green Hospital, Scripps  
 Memorial Hospital, Providence  
 Mission Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **FOWLER, KATHRYN J**

*Provider ID:* 201290  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* C154877  
*NPI:* 1255457941  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group  
**FRANKE, MARK A**  
*Provider ID:* 126054  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 4150 REGENTS PARK ROW  
 STE 195  
 LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:*  
*After Hours Phone:* (858)  
 622-6464  
*Provider Gender:* Male  
*License number:* A118792  
*NPI:* 1114246329  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Santa Monica  
 Ucla Med Ctr, Ronald Reagan  
 Ucla Med Ctr, Alvarado Hospital  
 Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **FRIEND, CHRISTOPHER J**

*Provider ID:* 120848  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Male  
*License number:* C141231  
*NPI:* 1861491516  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **FRIEND, CHRISTOPHER J**

*Provider ID:* 120855  
*Board Certified Specialty:* No  
 UCSD RADIOLOGY AT LA  
 JOLLA  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6641  
*Fax:*  
*After Hours Phone:* (858)  
 657-6641  
*Provider Gender:* Male  
*License number:* C141231  
*NPI:* 1861491516  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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

### **GENTILI, AMILCARE**

Provider ID: 64882  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A44208  
NPI: 1922086594  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Italian  
Cultural Competency: No  
Hospital Affiliation: Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:

Medical Group(s):  
IPA:  
**GRISSOM, MURRAY J**  
Provider ID: 271568  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A147782  
NPI: 1720465396  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HAHN, MICHAEL E**

Provider ID: 98503  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A119409

NPI: 1356573992  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **HANDWERKER, JASON**

Provider ID: 98759  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858) 657-7000  
Provider Gender: Male  
License number: A114704  
NPI: 1316166630  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: University Of California Irvine Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA

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## D. Specialist Provider Directory

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **HANSEN, ROBERT B**

Provider ID: 113853

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 543-3405

Fax:

After Hours Phone: (619)

543-3405

Provider Gender: Male

License number: A97152

NPI: 1972643906

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: George L

Mee Memorial Hosp, Ucsd

Medical Ctr, Ucsd La Jolla John

Sally Thornton, Dameron

Hospital Assoc, St Josephs Med

Center Of Stockton, Memorial

Hospital Med Ctr, John C

Fremont Hospital, Mountains

Community Hosp, Lodi Memorial

Hospital, Oak Valley Dist Hosp

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **HARMAN, SCOTT A**

Provider ID: 126067

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL

GROUP INC

4150 REGENTS PARK ROW

STE 195

LA JOLLA, CA 92037-9139

Phone: (858) 622-6464

Fax: (858) 622-6460

After Hours Phone: (858)

622-6464

Provider Gender: Male

License number: G57284

NPI: 1124071311

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Alvarado

Hospital Llc

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **HAUSCHILDT, JOHN P**

Provider ID: 64902

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-7000

Fax:

After Hours Phone: (858)

657-7000

Provider Gender: Male

License number: G76429

NPI: 1922072099

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton, Rady Childrens

Hospital San Diego, Sharp

Memorial Hospital, Sharp Chula

Vista Med Ctr, Sharp Coronado

Hosp And Healthcare Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **HILLER, LUCAS P**

Provider ID: 64907

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A91321

NPI: 1417160474

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Scripps Green Hospital,

Ucsd La Jolla John Sally

Thornton, Scripps Memorial

Hospital, Scripps Mercy Hospital,

Scripps Mercy Hospital Chula

Vista, Scripps Memorial Hospital

Encinitas

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## D. Specialist Provider Directory

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

### **HSIAO, ALBERT**

*Provider ID:* 117381  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6641  
*Fax:* (858) 657-6686  
*After Hours Phone:* (858) 657-6641  
*Provider Gender:* Male  
*License number:* A105882  
*NPI:* 1457546244  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HUANG, BRADY K**

*Provider ID:* 64916

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A108832  
*NPI:* 1407860299  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HUGHES, TUDOR H**

*Provider ID:* 64918  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Male  
*License number:* A83748  
*NPI:* 1932187127  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **IMBESI, STEVEN G**

*Provider ID:* 64923  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Male  
*License number:* G79078  
*NPI:* 1891710554  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Saddleback Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

*Medical Group(s):*

*IPA:*

### **ISHIOKA, KEVIN M**

*Provider ID:* 83631

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)

657-7000

*Provider Gender:* Male

*License number:* A93286

*NPI:* 1437362498

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital Encinitas,

Scripps Memorial Hospital,

Scripps Mercy Hospital Chula

Vista, Scripps Mercy Hospital,

Ucsd Medical Ctr, Ucsd La Jolla

John Sally Thornton, Scripps

Green Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **JOHNSON, JOHN O**

*Provider ID:* 126079

*Board Certified Specialty:* No

IHS RADIOLOGY MEDICAL

GROUP INC

4150 REGENTS PARK ROW

STE 195

LA JOLLA, CA 92037-9139

*Phone:* (858) 622-6464

*Fax:* (858) 622-6460

*After Hours Phone:* (858)

622-6464

*Provider Gender:* Male

*License number:* G59632

*NPI:* 1073565792

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy

Hospital, Scripps Mercy Hospital

Chula Vista

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KARIMI, AFSHIN**

*Provider ID:* 64934

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)

657-7000

*Provider Gender:* Male

*License number:* A96518

*NPI:* 1952511214

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Persian

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Green Hospital, Pioneers

Memorial Hospital, Southwest

Healthcare System Wildomar,

Southwest Healthcare System

Murrieta, University Of California

Irvine Med Ctr, Ucsd Medical Ctr,

Ucsd La Jolla John Sally

Thornton, Temecula Valley

Hospital Inc

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KAROW, DAVID S**

*Provider ID:* 64439

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6173

*Fax:*

*After Hours Phone:* (858)

822-6173

*Provider Gender:* Male

*License number:* A96935

*NPI:* 1932490703

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Santa Monica

Ucla Med Ctr, Ucsd Medical Ctr,

Ronald Reagan Ucla Med Ctr,

Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         ☞ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>3855 HEALTH SCIENCES DR<br/>         LA JOLLA, CA 92093-1503<br/> <i>Phone:</i> (858) 822-6173<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858)<br/>         822-6173<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> C54827<br/> <i>NPI:</i> 1568572832<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>         Hindi<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical<br/>         Ctr, Ucsd La Jolla John Sally<br/>         Thornton<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/>         No<br/>         ☞ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p> | <p>Ctr, Ucsd La Jolla John Sally<br/>         Thornton<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/>         No<br/>         ☞ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA<br/>         9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>KAROW, DAVID S</b><br/> <i>Provider ID:</i> 64935<br/> <i>Board Certified Specialty:</i> No<br/>         UCSD MEDICAL GROUP<br/>         9300 CAMPUS POINT DR<br/>         LA JOLLA, CA 92037-1300<br/> <i>Phone:</i> (858) 657-7000<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858)<br/>         657-7000<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A96935<br/> <i>NPI:</i> 1932490703<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>         Cultural Competency: No<br/> <i>Hospital Affiliation:</i> Santa Monica<br/>         UCLA Med Ctr, Ucsd Medical Ctr,<br/>         Ronald Reagan UCLA Med Ctr,<br/>         Ucsd La Jolla John Sally<br/>         Thornton<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/>         No<br/>         ☞ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA<br/>         9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p> | <p><b>KHANNA, PARITOSH</b><br/> <i>Provider ID:</i> 64938<br/> <i>Board Certified Specialty:</i> No<br/>         UCSD MEDICAL GROUP<br/>         9300 CAMPUS POINT DR<br/>         LA JOLLA, CA 92037-1300<br/> <i>Phone:</i> (858) 657-7000<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858)<br/>         657-7000<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> C54827<br/> <i>NPI:</i> 1568572832<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>         Hindi<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical</p>                                                                                                                                                                                                               | <p><b>KIKOLSKI, STEVEN G</b><br/> <i>Provider ID:</i> 64939<br/> <i>Board Certified Specialty:</i> No<br/>         UCSD MEDICAL GROUP<br/>         9300 CAMPUS POINT DR<br/>         LA JOLLA, CA 92037-1300<br/> <i>Phone:</i> (858) 657-7000<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858)<br/>         657-7000<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A106307<br/> <i>NPI:</i> 1063647485<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>         Cultural Competency: No<br/> <i>Hospital Affiliation:</i> Scripps<br/>         Memorial Hospital, Scripps<br/>         Mercy Hospital, Ucsd Medical<br/>         Ctr, Ucsd La Jolla John Sally<br/>         Thornton, Scripps Mercy Hospital<br/>         Chula Vista, Scripps Memorial<br/>         Hospital Encinitas, Scripps<br/>         Green Hospital<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/>         No<br/>         ☞ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA<br/>         9AM-5PM</p> |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KINNEY, THOMAS B**

*Provider ID:* 64941

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)

657-7000

*Provider Gender:* Male

*License number:* G64176

*NPI:* 1992732671

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KINNE, ERICA L**

*Provider ID:* 83294

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)

657-7000

*Provider Gender:* Female

*License number:* A110179

*NPI:* 1487803946

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Loma Linda University Med

Ctr, Scripps Memorial Hospital,

Scripps Mercy Hospital, Ucsd La

Jolla John Sally Thornton,

Scripps Mercy Hospital Chula

Vista, Scripps Memorial Hospital

Encinitas, Scripps Green

Hospital, Loma Linda University

Childrens Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KRUK, PETER G**

*Provider ID:* 64948

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A96070

*NPI:* 1366480634

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Sharp

Coronado Hosp And Healthcare

Ctr, Rady Childrens Hospital San

Diego, Grossmont Hospital,

Sharp Memorial Hospital, Ucsd

Medical Ctr, Sharp Chula Vista

Med Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **LADD, WILLIAM A**

*Provider ID:* 64949

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)

657-7000

*Provider Gender:* Male

*License number:* G63024

*NPI:* 1063463230

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Scripps

Memorial Hospital Encinitas,

Ucsd Medical Ctr, Ucsd La Jolla

John Sally Thornton

*Medi-Cal Open Panel:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **LECOMTE, MATTHEW D**

Provider ID: 283488  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A171824  
 NPI: 1508210683  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **LEE, ROLAND R**

Provider ID: 64954  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Male  
 License number: G57800  
 NPI: 1639190028  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **LIM, VIVIAN**

Provider ID: 125929  
 Board Certified Specialty: No  
 UCSD RADIOLOGY AT LA JOLLA  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-6641  
 Fax:  
 After Hours Phone: (858) 657-6641  
 Provider Gender: Female  
 License number: G58509  
 NPI: 1295796753  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **LIZERBRAM, ERIC K**

Provider ID: 126092  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 4150 REGENTS PARK ROW  
 STE 195  
 LA JOLLA, CA 92037-9139  
 Phone: (858) 622-6464  
 Fax: (858) 622-6460  
 After Hours Phone: (858) 622-6464  
 Provider Gender: Male  
 License number: G74959  
 NPI: 1598718926  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
*IPA:*  
**LUBISICH, JOHN P**  
*Provider ID:* 126098  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 4150 REGENTS PARK ROW  
 STE 195  
 LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:* (858) 622-6460  
*After Hours Phone:* (858)  
 622-6464  
*Provider Gender:* Male  
*License number:* G77575  
*NPI:* 1194863902  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
 Hospital Llc, Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**MAFEE, MAHMOOD F**  
*Provider ID:* 64965  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Male  
*License number:* A31751  
*NPI:* 1356431373  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**MAREK BYKOWSKI, JULIE L**  
*Provider ID:* 64969  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Female  
*License number:* A96803  
*NPI:* 1699988667  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr

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

**MEISINGER, QUINN C**  
*Provider ID:* 117245  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6641  
*Fax:*  
*After Hours Phone:* (858)  
 657-6641  
*Provider Gender:* Male  
*License number:* A123683  
*NPI:* 1215222757  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**MEISINGER, QUINN C**  
*Provider ID:* 118375

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Board Certified Specialty:* No  
*UCSD RADIOLOGY AT LA JOLLA*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6641  
*Fax:*  
*After Hours Phone:* (858) 657-6641  
*Provider Gender:* Male  
*License number:* A123683  
*NPI:* 1215222757  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MISRA, CHANDAN**

*Provider ID:* 118480  
*Board Certified Specialty:* No  
*UCSD RADIOLOGY AT LA JOLLA*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6641  
*Fax:*  
*After Hours Phone:* (858) 657-6641  
*Provider Gender:* Male  
*License number:* A146108  
*NPI:* 1821356825  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Spanish*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sutter Santa Rosa Regional Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MOFFIT, BRIAN J**

*Provider ID:* 126119  
*Board Certified Specialty:* No  
*IHS RADIOLOGY MEDICAL GROUP INC*  
 4150 REGENTS PARK ROW  
 STE 195  
 LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:* (858) 622-6460  
*After Hours Phone:* (858) 622-6464  
*Provider Gender:* Male  
*License number:* G51551  
*NPI:* 1508817305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Spanish*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MURPHY, PAUL M**

*Provider ID:* 118360  
*Board Certified Specialty:* No  
*UCSD MEDICAL GROUP*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6641  
*Fax:*  
*After Hours Phone:* (858) 657-6641  
*Provider Gender:* Male  
*License number:* A123586  
*NPI:* 1295050946  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Santa Monica Ucla Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **NAHEEDY, JOHN H**

*Provider ID:* 64461  
*Board Certified Specialty:* No  
*UCSD MEDICAL GROUP*  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

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## D. Specialist Provider Directory

Phone: (858) 822-6173  
 Fax:  
 After Hours Phone: (858) 822-6173  
 Provider Gender: Male  
 License number: A99832  
 NPI: 1760695761  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### NAHEEDY, JOHN H

Provider ID: 64991  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Male  
 License number: A99832  
 NPI: 1760695761  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare

Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### NEWTON, ISABEL G

Provider ID: 84301  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Female  
 License number: A108128  
 NPI: 1306068697  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### NEWTON, ISABEL G

Provider ID: 84302  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6173  
 Fax:  
 After Hours Phone: (858) 822-6173  
 Provider Gender: Female  
 License number: A108128  
 NPI: 1306068697  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### NORBASH, ALEXANDER M

Provider ID: 125637  
 Board Certified Specialty: No  
 UCSD RADIOLOGY AT LA JOLLA  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-6641  
 Fax:  
 After Hours Phone: (858) 657-6641  
 Provider Gender: Male  
 License number: G62865

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1790752269  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **OBOYLE, MARY K**

Provider ID: 64998  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: G73501  
 NPI: 1568487999  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA:  
**OBRZUT, SEBASTIAN**  
 Provider ID: 64999  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Male  
 License number: A85028  
 NPI: 1083714398  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **OJEDA-FOURNIER, HAYDEE**

Provider ID: 65000  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000

Provider Gender: Female  
 License number: A99462  
 NPI: 1871537191  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **OLOUGHLIN, BRIAN J**

Provider ID: 126125  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 4150 REGENTS PARK ROW  
 STE 195  
 LA JOLLA, CA 92037-9139  
 Phone: (858) 622-6464  
 Fax:  
 After Hours Phone: (858) 622-6464  
 Provider Gender: Male  
 License number: A120064  
 NPI: 1972709087  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Santa Monica Ucla Med Ctr, Alvarado Hospital Llc, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Scripps Memorial Hospital  
Encinitas, Scripps Green  
Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **OSHAUGHNESSY, LOUISE S**

*Provider ID:* 126131

*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC

4150 REGENTS PARK ROW  
STE 195

LA JOLLA, CA 92037-9139

*Phone:* (858) 622-6464

*Fax:* (858) 622-6460

*After Hours Phone:* (858)  
622-6464

*Provider Gender:* Female

*License number:* G48800

*NPI:* 1285685925

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Alvarado  
Hospital LLC, Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **PAKBAZ, RAMIN S**

*Provider ID:* 64463

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6173

*Fax:*

*After Hours Phone:* (858)

822-6173

*Provider Gender:* Male

*License number:* A73947

*NPI:* 1811072457

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi

*Cultural Competency:* No

*Hospital Affiliation:* Sutter

Roseville Medical Center, Mercy  
General Hospital, Mercy San  
Juan Hospital, Scripps Green

Hospital, Scripps Memorial  
Hospital, Scripps Mercy Hospital,  
Scripps Memorial Hospital

Encinitas, Ucsd Medical Ctr,

Paradise Valley Hospital, Scripps

Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **PAKBAZ, RAMIN S**

*Provider ID:* 65005

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)  
657-7000

*Provider Gender:* Male

*License number:* A73947

*NPI:* 1811072457

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Farsi

*Cultural Competency:* No

*Hospital Affiliation:* Sutter

Roseville Medical Center, Mercy  
General Hospital, Mercy San  
Juan Hospital, Scripps Green

Hospital, Scripps Memorial  
Hospital, Scripps Mercy Hospital,

Scripps Memorial Hospital

Encinitas, Ucsd Medical Ctr,

Paradise Valley Hospital, Scripps

Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **PATHRIA, MINI N**

*Provider ID:* 65011

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female

*License number:* A43771

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1699739318  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **PATIL, AMOL A**

Provider ID: 98854  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Male  
 License number: A133973  
 NPI: 1225355720  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Hindi  
 Cultural Competency: No  
 Hospital Affiliation: Sierra Vista Regional Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Goleta Valley Cottage Hosp  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **PRETORIUS, DOLORES H**

Provider ID: 65018  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Female  
 License number: C39102  
 NPI: 1902839418  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **RESNICK, DONALD L**

Provider ID: 65026  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-6641  
 Fax: (858) 657-6686  
 After Hours Phone: (858) 657-6641  
 Provider Gender: Male  
 License number: G18577  
 NPI: 1164450938  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **RIAD, SHAREEF M**

Provider ID: 65027  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 543-3405  
 Fax:  
 After Hours Phone: (619) 543-3405  
 Provider Gender: Male  
 License number: A106536  
 NPI: 1417111477  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Doctors

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Medical Center, West Hills  
Hospital Medical Center, Salinas  
Valley Memorial Hosp, Riverside  
Community Hosp, Parkview  
Community Hospital Medical  
Center, St Bernardine Med Ctr,  
Community Hosp Of San  
Bernardino, Kindred Hospital  
Ontario, Ucsd La Jolla John Sally  
Thornton, Dameron Hospital  
Assoc

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **RICHMAN, KATHERINE M**

*Provider ID:* 65028

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)  
657-7000

*Provider Gender:* Female

*License number:* G80333

*NPI:* 1992898993

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **ROBERTS, ANNE C**

*Provider ID:* 65032

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)  
657-7000

*Provider Gender:* Female

*License number:* G58654

*NPI:* 1669497996

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **ROMINE, LORENE E**

*Provider ID:* 65033

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)  
657-7000

*Provider Gender:* Female

*License number:* A87658

*NPI:* 1720209786

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Cedars Sinai Medical

Center, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **SAMPATH, SRINATH C**

*Provider ID:* 110180

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-6641

*Fax:*

*After Hours Phone:* (858)  
657-6641

*Provider Gender:* Male

*License number:* A108197

*NPI:* 1891982328

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tamil

*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SANTILLAN, CYNTHIA S**

*Provider ID:* 65043  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A90879  
*NPI:* 1932132404  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SCHECHTER, MARK S**

*Provider ID:* 126137  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
4150 REGENTS PARK ROW STE 195  
LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:* (858) 622-6460  
*After Hours Phone:* (858) 622-6464  
*Provider Gender:* Male  
*License number:* G42390  
*NPI:* 1942253018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, El Centro Regional Medical Center, Selma Community Hospital, Adventist Medical Center, Adventist Med Ctr Reedley, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SCHWARTZBERG, ROSS E**

*Provider ID:* 126144  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
4150 REGENTS PARK ROW STE 195  
LA JOLLA, CA 92037-9139

*Phone:* (858) 622-6464  
*Fax:* (858) 622-6460  
*After Hours Phone:* (858) 622-6464  
*Provider Gender:* Male  
*License number:* G72997  
*NPI:* 1215976766  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SIRLIN, CLAUDE B**

*Provider ID:* 65061  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* G80184  
*NPI:* 1730261793  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Saddleback Memorial Med Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>4150 REGENTS PARK ROW<br/> STE 195<br/> LA JOLLA, CA 92037-9139<br/> <i>Phone:</i> (858) 622-6464<br/> <i>Fax:</i> (866) 558-4329<br/> <i>After Hours Phone:</i> (858) 622-6464<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A65059<br/> <i>NPI:</i> 1477505162<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Alvarado Hospital Llc<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p> | <p>Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>SLATER, JERRY</b><br/> <i>Provider ID:</i> 283311<br/> <i>Board Certified Specialty:</i> No<br/> UCSD MEDICAL GROUP<br/> 9300 CAMPUS POINT DR<br/> LA JOLLA, CA 92037-1300<br/> <i>Phone:</i> (800) 926-8273<br/> <i>Fax:</i> (888) 539-8781<br/> <i>After Hours Phone:</i> (800) 926-8273<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A172254<br/> <i>NPI:</i> 1851746382<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Ucsd Medical Group</p> | <p><b>SPOTO, GARY P</b><br/> <i>Provider ID:</i> 126157<br/> <i>Board Certified Specialty:</i> No<br/> IHS RADIOLOGY MEDICAL GROUP INC<br/> 4150 REGENTS PARK ROW<br/> STE 195<br/> LA JOLLA, CA 92037-9139<br/> <i>Phone:</i> (858) 622-6464<br/> <i>Fax:</i> (858) 622-6460<br/> <i>After Hours Phone:</i> (858) 622-6464<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G58131<br/> <i>NPI:</i> 1659332062<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy</p>                                                                                                                                   | <p><b>STANFILL, JOHN G</b><br/> <i>Provider ID:</i> 84902<br/> <i>Board Certified Specialty:</i> No<br/> UCSD MEDICAL GROUP<br/> 9300 CAMPUS POINT DR<br/> LA JOLLA, CA 92037-1300<br/> <i>Phone:</i> (858) 657-7000<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 657-7000<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A124808<br/> <i>NPI:</i> 1831364330<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA</p> |
| <p><b>SNYDER, WILLIAM C</b><br/> <i>Provider ID:</i> 126151<br/> <i>Board Certified Specialty:</i> No<br/> IHS RADIOLOGY MEDICAL GROUP INC</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **TADROS, ANTHONY S**

Provider ID: 116033

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A128627

NPI: 1306112057

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **TADROS, ANTHONY S**

Provider ID: 268545

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A128627

NPI: 1306112057

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **TAMAYO-MURILLO, DORATHY E**

Provider ID: 126828

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-6641

Fax:

After Hours Phone: (858)

657-6641

Provider Gender: Female

License number: A152645

NPI: 1700225711

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **TAMAYO-MURILLO, DORATHY E**

Provider ID: 126832

Board Certified Specialty: No

UCSD RADIOLOGY AT LA

JOLLA

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-6641

Fax:

After Hours Phone: (858)

657-6641

Provider Gender: Female

License number: A152645

NPI: 1700225711

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **TENA, ROWENA G**

Provider ID: 126163

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 4150 REGENTS PARK ROW STE 195  
 LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:* (858) 622-6460  
*After Hours Phone:* (858) 622-6464  
*Provider Gender:* Female  
*License number:* A69607  
*NPI:* 1629029335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **TOBIN, MICHAEL L**

*Provider ID:* 126216  
*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 4150 REGENTS PARK ROW STE 195  
 LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:* (858) 622-6460  
*After Hours Phone:* (858) 622-6464  
*Provider Gender:* Male

*License number:* A45908  
*NPI:* 1730132150  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **TSUKADA, GLENN H**

*Provider ID:* 126201  
*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 4150 REGENTS PARK ROW STE 195  
 LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:* (858) 622-6460  
*After Hours Phone:* (858) 622-6464  
*Provider Gender:* Male  
*License number:* A60235  
*NPI:* 1710938394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Alvarado Hospital Llc, Scripps Memorial Hospital, Grossmont Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps

Green Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **TYAGI, AVISHKAR**

*Provider ID:* 84936  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Male  
*License number:* A123065  
*NPI:* 1740440148  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, San Dimas Community Hospital, Lakewood Regional Med Ctr, Pacific Alliance Medical Center, San Antonio Comm Hosp, Tri City Medical Ctr, Palomar Health Downtown Campus, Pomerado Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **VINOCUR, DANIEL N**

*Provider ID:* 64484

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR

LA JOLLA, CA 92093-1503

*Phone:* (858) 822-6173

*Fax:*

*After Hours Phone:* (858)

822-6173

*Provider Gender:* Male

*License number:* A115727

*NPI:* 1770711830

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **VINOCUR, DANIEL N**

*Provider ID:* 65086

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)

657-7000

*Provider Gender:* Male

*License number:* A115727

*NPI:* 1770711830

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **WAGNER, THAO N**

*Provider ID:* 84946

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-7000

*Fax:*

*After Hours Phone:* (858)

657-7000

*Provider Gender:* Female

*License number:* A123521

*NPI:* 1821067935

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton, Scripps Memorial

Hospital, Scripps Mercy Hospital,

Scripps Mercy Hospital Chula

Vista, Scripps Memorial Hospital

Encinitas, Scripps Green

*Hospital*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **WANG, LEE L**

*Provider ID:* 118161

*Board Certified Specialty:* No

UCSD RADIOLOGY AT LA

JOLLA

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-6641

*Fax:*

*After Hours Phone:* (858)

657-6641

*Provider Gender:* Male

*License number:* A146921

*NPI:* 1003119975

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy

Hospital, Scripps Green Hospital,

Ucsd Medical Ctr, Ucsd La Jolla

John Sally Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

### **WEIHE, ELIZABETH**

*Provider ID:* 102369  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6641  
*Fax:*  
*After Hours Phone:* (858) 657-6641  
*Provider Gender:* Female  
*License number:* A135679  
*NPI:* 1386884302  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **YEN, ANDREW C**

*Provider ID:* 65094  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A89413  
*NPI:* 1942499116

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ZAKHARY, MINA M**

*Provider ID:* 84249  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Male  
*License number:* A124821  
*NPI:* 1114185626  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Hebrew  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Green Hospital, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ZINK BRODY, GORDON C**

*Provider ID:* 126194  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 4150 REGENTS PARK ROW  
 STE 195  
 LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464  
*Fax:* (858) 622-6460  
*After Hours Phone:* (858) 622-6464  
*Provider Gender:* Male  
*License number:* G68636  
*NPI:* 1689610362  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital Llc, Oak Valley Dist Hosp, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Medical Group(s):

IPA:

### RADIOLOGY DIAGNOSTIC

#### BECKETT, RYAN D

Provider ID: 283217

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A172431

NPI: 1932561347

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

#### CHENG, KAREN Y

Provider ID: 283227

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A144517

NPI: 1427430511

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

#### COVELL, DUSTIN M

Provider ID: 239901

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A160221

NPI: 1942615893

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

#### EAJAZI, ALIREZA

Provider ID: 283522

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A171288

NPI: 1669835005

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

#### MORENO, MARIO A

Provider ID: 283316

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A151572  
 NPI: 1871957308  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SCHULTZ, HEATHER M**

Provider ID: 240343  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A139567  
 NPI: 1871910810  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **YORK, VINCENT M**

Provider ID: 283518  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A170712  
 NPI: 1790146611  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **RADIOLOGY**

### **DOEMENY, JOHN M**

Provider ID: 269748  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

4150 REGENTS PARK ROW  
 STE 195  
 LA JOLLA, CA 92037-9139  
 Phone: (858) 622-6464  
 Fax: (866) 558-4329  
 After Hours Phone: (858) 622-6464  
 Provider Gender: Male  
 License number: G50925  
 NPI: 1841243912  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **FRANKE, MARK A**

Provider ID: 269633  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 4150 REGENTS PARK ROW  
 STE 195  
 LA JOLLA, CA 92037-9139  
 Phone: (858) 622-6464  
 Fax: (866) 558-4329  
 After Hours Phone: (858) 622-6464  
 Provider Gender: Male  
 License number: A118792  
 NPI: 1114246329  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Santa Monica

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Ucla Med Ctr, Ronald Reagan  
Ucla Med Ctr, Alvarado Hospital  
Llc

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No

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

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### MOFFIT, BRIAN J

*Provider ID:* 269527  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
4150 REGENTS PARK ROW  
STE 195

LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464

*Fax:* (866) 558-4329  
*After Hours Phone:* (858)  
622-6464

*Provider Gender:* Male  
*License number:* G51551  
*NPI:* 1508817305

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No

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

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### SCHWARTZBERG, ROSS E

*Provider ID:* 245630  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
4150 REGENTS PARK ROW  
STE 195

LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464

*Fax:*  
*After Hours Phone:* (858)  
622-6464

*Provider Gender:* Male  
*License number:* G72997  
*NPI:* 1215976766

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
Hospital Llc

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

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

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### TENA, ROWENA G , MD

*Provider ID:* 269826  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
4150 REGENTS PARK ROW  
STE 195

LA JOLLA, CA 92037-9139  
*Phone:* (858) 622-6464

*Fax:* (866) 558-4329  
*After Hours Phone:* (858)  
622-6464

*Provider Gender:* Female  
*License number:* A69607  
*NPI:* 1629029335

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista, Vibra Hospital Of  
San Diego

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No

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

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

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### REGISTERED DIETITIAN / NUTRITIONIST

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### ROBERTS, TRACI L

*Provider ID:* 268237  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9850 GENESEE AVE STE 320  
LA JOLLA, CA 92037-1208

*Phone:* (858) 864-9800  
*Fax:*

*After Hours Phone:* (858)  
864-9800

*Provider Gender:* Female  
*License number:* 86084895  
*NPI:* 1003385691

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### ROBERTS, TRACI L

Provider ID: 268238  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6100  
 Fax:  
 After Hours Phone: (858)  
 822-6100  
 Provider Gender: Female  
 License number: 86084895  
 NPI: 1003385691  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### ROBERTS, TRACI L

Provider ID: 268239  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: 86084895  
 NPI: 1003385691  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### SIEVERING, DENISE

Provider ID: 268249  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: 86061948  
 NPI: 1356478929  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):

No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### REGISTERED PHYSICAL THERAPIST

### BECHERER, KELLEY D

Provider ID: 118456  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (855) 543-0333  
 Fax:  
 After Hours Phone: (855)  
 543-0333  
 Provider Gender: Female  
 License number: PT43240  
 NPI: 1306219472  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ucsd Medical Group

### BECHERER, KELLEY D

Provider ID: 258297  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # LLD

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PT43240  
NPI: 1306219472  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Ucsd Medical Group

**BERGERON, PATRICK R**  
Provider ID: 206533  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: PT41083  
NPI: 1285061390  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**BERGERON, PATRICK R**  
Provider ID: 258296  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # LLD  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: PT41083  
NPI: 1285061390  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**BUNOSKY, ABIGAIL S**  
Provider ID: 246021  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # LLD  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273

Provider Gender: Female  
License number: PT40519  
NPI: 1780018416  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**BURGESS, CATHERINE E**  
Provider ID: 258346  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # LLD  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PT35850  
NPI: 1205287687  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IPA: Ucsd Medical Group

### **CHIEN, PEI S**

Provider ID: 214699

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: PT295605

NPI: 1891260238

Provider English Spoken: Yes

Provider Language(s) Spoken:

Chinese

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **CHIEN, PEI S**

Provider ID: 258324

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # LLD

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: PT295605

NPI: 1891260238

Provider English Spoken: Yes

Provider Language(s) Spoken:

Chinese

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **HERMAS, LAUREN D**

Provider ID: 258316

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # LLD

LA JOLLA, CA 92037-1300

Phone: (858) 657-6879

Fax: (858) 657-6873

After Hours Phone: (858)

657-6879

Provider Gender: Female

License number: PT22469

NPI: 1376856153

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **HOOPER, JASON K**

Provider ID: 258357

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # LLD

LA JOLLA, CA 92037-1300

Phone: (858) 657-6590

Fax: (858) 657-1809

After Hours Phone: (858)

657-6590

Provider Gender: Male

License number: PT43019

NPI: 1699158022

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **KIERNAN, KRISTEN**

Provider ID: 258358

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # LLD

LA JOLLA, CA 92037-1300

Phone: (858) 657-6879

Fax: (858) 657-6873

After Hours Phone: (858)

657-6879

Provider Gender: Female

License number: PT292711

NPI: 1215216379

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **LE, YVONNE T**

*Provider ID:* 202665

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* PT295301

*NPI:* 1942780424

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **LE, YVONNE T**

*Provider ID:* 258444

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # LLD

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-6879

*Fax:* (858) 657-6873

*After Hours Phone:* (858)

657-6879

*Provider Gender:* Female

*License number:* PT295301

*NPI:* 1942780424

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MAROLLA, ALICE R**

*Provider ID:* 241145

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # LLD

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* PT296117

*NPI:* 1477018729

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MITCHELL, JEFFREY A**

*Provider ID:* 84286

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-6879

*Fax:* (858) 657-6873

*After Hours Phone:* (858)

657-6879

*Provider Gender:* Male

*License number:* PT37484

*NPI:* 1497827638

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **MOELLER, LISA K**

*Provider ID:* 258404

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # LLD  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6879  
*Fax:* (858) 657-6873  
*After Hours Phone:* (858) 657-6879  
*Provider Gender:* Female  
*License number:* PT18807  
*NPI:* 1033664677  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NALBANDIAN, SARAH**

*Provider ID:* 210312  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # LLD  
 LA JOLLA, CA 92037-1300  
*Phone:* (855) 543-0333  
*Fax:* (858) 857-1809  
*After Hours Phone:* (855) 543-0333  
*Provider Gender:* Female  
*License number:* PT295291  
*NPI:* 1871069922  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd

Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NUTHALL, KAITLIN M**

*Provider ID:* 129198  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PT291757  
*NPI:* 1992210090  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NUTHALL, KAITLIN M**

*Provider ID:* 202327

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PT291757  
*NPI:* 1992210090  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NUTHALL, KAITLIN M**

*Provider ID:* 258431  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # LLD  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PT291757  
*NPI:* 1992210090  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Memorial Hospital, Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **OBISPO MCQUERRY, MICHELLE A**

*Provider ID:* 258380  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # LLD  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6879  
*Fax:* (858) 657-6873  
*After Hours Phone:* (858)  
 657-6879  
*Provider Gender:* Female  
*License number:* PT38043  
*NPI:* 1962769075  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RUDD, CHRISTOPHER D**

*Provider ID:* 207559

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* PT291997  
*NPI:* 1831539337  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RUDD, CHRISTOPHER D**

*Provider ID:* 258372  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # LLD  
 LA JOLLA, CA 92037-1300  
*Phone:* (855) 543-0333  
*Fax:* (858) 657-6873  
*After Hours Phone:* (855)  
 543-0333  
*Provider Gender:* Male  
*License number:* PT291997  
*NPI:* 1831539337  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SANO, NISHIKI**

*Provider ID:* 276719  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* PT296276  
*NPI:* 1497399091  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SKINNER, NICOLE J**

*Provider ID:* 206546

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* PT18043  
*NPI:* 1386964997  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TRIMM, CASSIDY M**

*Provider ID:* 122382  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (855) 543-0333  
*Fax:*  
*After Hours Phone:* (855)  
543-0333  
*Provider Gender:* Male  
*License number:* PT293496  
*NPI:* 1740708478  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TRIMM, CASSIDY M**

*Provider ID:* 258442  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (855) 543-0333  
*Fax:* (858) 657-6873  
*After Hours Phone:* (855)  
543-0333  
*Provider Gender:* Male  
*License number:* PT293496  
*NPI:* 1740708478  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TRIMM, CASSIDY M**

*Provider ID:* 258443

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # LLD  
LA JOLLA, CA 92037-1300  
*Phone:* (855) 543-0333  
*Fax:* (858) 657-6873  
*After Hours Phone:* (855)  
543-0333  
*Provider Gender:* Male  
*License number:* PT293496  
*NPI:* 1740708478  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **VASQUEZ, BENJAMIN P**

*Provider ID:* 128896  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* PT294934  
*NPI:* 1568938413  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

John Sally Thornton, Ucsd  
Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **VASQUEZ, BENJAMIN P**

*Provider ID:* 200968

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Male

*License number:* PT294934

*NPI:* 1568938413

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **VASQUEZ, BENJAMIN P**

*Provider ID:* 258480

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # LLD

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-6879

*Fax:* (858) 657-6873

*After Hours Phone:* (858)  
657-6879

*Provider Gender:* Male

*License number:* PT294934

*NPI:* 1568938413

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **WILLIAMS, STACY M**

*Provider ID:* 258496

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # LLD

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-6879

*Fax:* (858) 657-6873

*After Hours Phone:* (858)  
657-6879

*Provider Gender:* Female

*License number:* PT37862

*NPI:* 1689962169

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **YU, AUDRINE A**

*Provider ID:* 128619

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female

*License number:* PT295026

*NPI:* 1639271208

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **YU, AUDRINE A**

*Provider ID:* 258481

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

9350 CAMPUS POINT DR # LLD  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-6879  
Fax: (858) 657-6873  
After Hours Phone: (858) 657-6879  
Provider Gender: Female  
License number: PT295026  
NPI: 1639271208  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### RHEUMATOLOGY

#### **CEPONIS, ARNOLDAS**

Provider ID: 65137  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # 2B  
LA JOLLA, CA 92037-1300  
Phone: (858) 249-2500  
Fax:  
After Hours Phone: (858) 249-2500  
Provider Gender: Male  
License number: A106525  
NPI: 1144423039  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No

Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

#### **CORR, MARY P**

Provider ID: 64854  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858) 657-7000  
Provider Gender: Female  
License number: G61357  
NPI: 1255389417  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

#### **FIRESTEIN, GARY S**

Provider ID: 65169  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # 2B

LA JOLLA, CA 92037-1300  
Phone: (858) 249-2500  
Fax:  
After Hours Phone: (858) 249-2500  
Provider Gender: Male  
License number: G46824  
NPI: 1699790808  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

#### **GINSBERG, MARK H**

Provider ID: 64885  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858) 657-7000  
Provider Gender: Male  
License number: G29521  
NPI: 1659396778  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

---

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **HEPBURN, BONNIE**

*Provider ID:* 100920

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # LLB (0912

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-8440

*Fax:*

*After Hours Phone:* (858)

657-8440

*Provider Gender:* Female

*License number:* G83568

*NPI:* 1104972850

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KAVANAUGH, ARTHUR F**

*Provider ID:* 65210

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # 2B

LA JOLLA, CA 92037-1300

*Phone:* (858) 249-2500

*Fax:*

*After Hours Phone:* (858)

249-2500

*Provider Gender:* Male

*License number:* C50307

*NPI:* 1679584486

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* P, EB, IB, E, R, T

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **LEE, SUSAN J**

*Provider ID:* 65230

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (858) 657-6110

*Fax:* (858) 657-6191

*After Hours Phone:* (858)

657-6110

*Provider Gender:* Female

*License number:* A67596

*NPI:* 1386677045

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **MIDDLETON, GREGORY D**

*Provider ID:* 124158

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

*Phone:* (858) 657-8200

*Fax:*

*After Hours Phone:* (858)

657-8200

*Provider Gender:* Male

*License number:* C54037

*NPI:* 1104891290

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **MIDDLETON, GREGORY D**

*Provider ID:* 65252

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

*Phone:* (619) 543-2347

*Fax:*

*After Hours Phone:* (619)

543-2347

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* C54037  
*NPI:* 1104891290  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SINGH, ABHA**

*Provider ID:* 102136  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6110  
*Fax:*  
*After Hours Phone:* (858) 657-6110  
*Provider Gender:* Female  
*License number:* A136137  
*NPI:* 1710144423  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:*

### **SPEECH PATHOLOGIST**

### **DOCKTER, ANDI M**

*Provider ID:* 248062  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # LLA  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Female  
*License number:* SP26061  
*NPI:* 1073150801  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DOCKTER, ANDI M**

*Provider ID:* 248064  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
*Phone:* (858) 657-8590  
*Fax:*  
*After Hours Phone:* (858) 657-8590  
*Provider Gender:* Female  
*License number:* SP26061

*NPI:* 1073150801  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KERR, LAUREN S**

*Provider ID:* 285970  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR # LLD  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* SP31784  
*NPI:* 1164929287  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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### **LINNEMEYER, KRISTEN E**

*Provider ID:* 83703  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-6879  
*Fax:* (858) 657-6873  
*After Hours Phone:* (858) 657-6879  
*Provider Gender:* Female  
*License number:* SP21053  
*NPI:* 1013070085  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SCHAEFER, LINDSEY A**

*Provider ID:* 286312  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* SP17349  
*NPI:* 1598200719  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **UNGER, LINDSEY A**

*Provider ID:* 265338  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* SP20362  
*NPI:* 1972936813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Sign Language  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

## **SURGERY CARDIOVASCULAR**

### **BOYS, JOSHUA A**

*Provider ID:* 243533  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7777  
*Fax:*  
*After Hours Phone:* (858) 657-7777  
*Provider Gender:* Male  
*License number:* A125954  
*NPI:* 1114368990  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **COLETTA, JOELLE M**

*Provider ID:* 210528  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-7777  
*Fax:*  
*After Hours Phone:* (619) 543-7777  
*Provider Gender:* Female  
*License number:* A55001

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## D. Specialist Provider Directory

*NPI: 1447222377*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Scripps*

*Green Hospital, Sharp Memorial*

*Hospital, Ucsd Medical Ctr, Rady*

*Childrens Hospital San Diego,*

*Ucsd La Jolla John Sally*

*Thornton*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health*

*Network, Ucsd Medical Group*

### **GOLTS, EUGENE M**

*Provider ID: 210077*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*9434 MEDICAL CENTER DR FL*

*1*

*LA JOLLA, CA 92037-1337*

*Phone: (800) 926-8273*

*Fax: (888) 539-8781*

*After Hours Phone: (800)*

*926-8273*

*Provider Gender: Male*

*License number: A82530*

*NPI: 1316000649*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Ukrainian*

*Cultural Competency: No*

*Hospital Affiliation: Rady*

*Childrens Hospital San Diego,*

*Sharp Memorial Hospital, Tri City*

*Medical Ctr, Ucsd Medical Ctr,*

*Ucsd La Jolla John Sally*

*Thornton*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health*

*Network, Ucsd Medical Group*

### **GRAMINS, DANIEL L**

*Provider ID: 210047*

*Board Certified Specialty: Yes*

*UCSD MEDICAL GROUP*

*9434 MEDICAL CENTER DR FL*

*1*

*LA JOLLA, CA 92037-1337*

*Phone: (800) 926-8273*

*Fax: (888) 539-8781*

*After Hours Phone: (800)*

*926-8273*

*Provider Gender: Male*

*License number: G79711*

*NPI: 1164495750*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Tri City*

*Medical Ctr, Ucsd Medical Ctr*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **MADANI, MICHAEL M**

*Provider ID: 210286*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*9300 CAMPUS POINT DR*

*LA JOLLA, CA 92037-1300*

*Phone: (619) 543-7777*

*Fax:*

*After Hours Phone: (619)*

*543-7777*

*Provider Gender: Male*

*License number: A67201*

*NPI: 1518999069*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Rady*

*Childrens Hospital San Diego,*

*Sharp Memorial Hospital, Tri City*

*Medical Ctr, Ucsd Medical Ctr,*

*Ucsd La Jolla John Sally*

*Thornton*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health*

*Network, Ucsd Medical Group*

### **ONAITIS, MARK**

*Provider ID: 210296*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*3855 HEALTH SCIENCES DR*

*LA JOLLA, CA 92093-1503*

*Phone: (858) 657-7777*

*Fax: (858) 657-5058*

*After Hours Phone: (858)*

*657-7777*

*Provider Gender: Male*

*License number: C144886*

*NPI: 1841310638*

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **ONAITIS, MARK**

*Provider ID:* 210297  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR # 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-7777  
*Fax:* (858) 657-5058  
*After Hours Phone:* (858) 657-7777  
*Provider Gender:* Male  
*License number:* C144886  
*NPI:* 1841310638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Ucsd Medical Group  
**POLLEMA, TRAVIS L**  
*Provider ID:* 210576  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* 20A12742  
*NPI:* 1871752956  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PRETORIUS, GERT D**

*Provider ID:* 210571  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-6886  
*Fax:*  
*After Hours Phone:* (619) 543-6886  
*Provider Gender:* Male  
*License number:* A113774

*NPI:* 1629385836  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Afrikaans  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **THISTLETHWAITE, PATRICIA A**

*Provider ID:* 210505  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-7777  
*Fax:*  
*After Hours Phone:* (619) 543-7777  
*Provider Gender:* Female  
*License number:* G84093  
*NPI:* 1831121789  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes

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## D. Specialist Provider Directory

Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A128073  
 NPI: 1043558653  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SURGERY COLON SURGERY**

**EISENSTEIN, SAMUEL G**  
 Provider ID: 110352  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 657-7237  
 Fax: (858) 228-1731  
 After Hours Phone: (858)  
 657-7237  
 Provider Gender: Male  
 License number: A132251  
 NPI: 1194983932  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, University  
 Hsp Of San Diego Co  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**LOPEZ, NICOLE E**  
 Provider ID: 286388  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6100  
 Fax:  
 After Hours Phone: (858)  
 822-6100  
 Provider Gender: Female  
 License number: A107945  
 NPI: 1518163005  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton

**PARRY, LISA A**  
 Provider ID: 278551  
 Board Certified Specialty: Yes  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A131297  
 NPI: 1235369067  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**LIU, SHANGLEI**  
 Provider ID: 273364  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

**RAMAMOORTHY, SONIA L**  
 Provider ID: 286371  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

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## D. Specialist Provider Directory

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A65709  
NPI: 1801812656  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SURGERY CRITICAL CARE**

**ADAMS, LAURA M**  
Provider ID: 284408  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A169184  
NPI: 1144616541  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd

Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**HIGGINSON, SARA M**  
Provider ID: 243003  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A123464  
NPI: 1578852471

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**POTENZA, BRUCE M**  
Provider ID: 277299  
Board Certified Specialty: No

UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-7200  
Fax:  
After Hours Phone: (619) 543-7200  
Provider Gender: Male  
License number: G77333  
NPI: 1548281496  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**TADLOCK, MATTHEW D**  
Provider ID: 272849  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: C54740  
NPI: 1881666956  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes

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## D. Specialist Provider Directory

Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **VENTRO, GEORGE J**

Provider ID: 284419  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A169299  
 NPI: 1548604648  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **WEAVER, JESSICA L**

Provider ID: 243240  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A163176  
 NPI: 1396044657  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SURGERY GENERAL** **VASCULAR**

### **BANDYK, DENNIS F**

Provider ID: 275339  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: G89003  
 NPI: 1649282039  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BANDYK, DENNIS F**

Provider ID: 275340  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: G89003  
 NPI: 1649282039  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BANDYK, DENNIS F**

Provider ID: 275341

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (888) 926-8273  
*Fax:*  
*After Hours Phone:* (888) 926-8273  
*Provider Gender:* Male  
*License number:* G89003  
*NPI:* 1649282039  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**BARLEBEN, ANDREW R**  
*Provider ID:* 275371  
*Board Certified Specialty:* Yes  
**UCSD MEDICAL GROUP**  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A99417  
*NPI:* 1497936900  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**BARLEBEN, ANDREW R**  
*Provider ID:* 275373  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A99417  
*NPI:* 1497936900  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**HOWE, STEVEN C**  
*Provider ID:* 206760  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-7777  
*Fax:* (858) 657-5058  
*After Hours Phone:* (858) 657-7777  
*Provider Gender:* Male  
*License number:* G79076  
*NPI:* 1497702740  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical

**GAFFEY, ANN C**

*Provider ID:* 287012  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A175295  
*NPI:* 1316232010  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**HOWE, STEVEN C**  
*Provider ID:* 206760  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
*Phone:* (858) 657-7777  
*Fax:* (858) 657-5058  
*After Hours Phone:* (858) 657-7777  
*Provider Gender:* Male  
*License number:* G79076  
*NPI:* 1497702740  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Ctr, Ucsd La Jolla John Sally  
Thornton, Tri City Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### LANE, JOHN S

Provider ID: 83682  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL  
1  
LA JOLLA, CA 92037-1337  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: G81602  
NPI: 1043390172  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, University Of California Irvine  
Med Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### SURGERY GENERAL

### AL-NOURI, OMAR

Provider ID: 211904  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL  
1  
LA JOLLA, CA 92037-1337  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: 20A16931  
NPI: 1770742264  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### AL-NOURI, OMAR

Provider ID: 211905  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: 20A16931  
NPI: 1770742264

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### ARMANI, AVA

Provider ID: 118845  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8200  
Fax:  
After Hours Phone: (858)  
657-8200  
Provider Gender: Female  
License number: A118231  
NPI: 1861759383  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Medical Ctr At  
Ucsf, Ucsf Medical Center At  
Mission Bay, Ucsf Medical  
Center At Mount Zion, Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **ARMANI, AVA**

Provider ID: 282142  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6100  
Fax:  
After Hours Phone: (858)  
822-6100  
Provider Gender: Female  
License number: A118231  
NPI: 1861759383  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Medical Ctr At  
Ucsf, Ucsf Medical Center At  
Mission Bay, Ucsf Medical  
Center At Mount Zion, Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **BANDYK, DENNIS F**

Provider ID: 65120  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: G89003  
NPI: 1649282039  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **BANDYK, DENNIS F**

Provider ID: 65370  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL  
1  
LA JOLLA, CA 92037-1337  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: G89003  
NPI: 1649282039  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No

Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **BARLEBEN, ANDREW R**

Provider ID: 83206  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL  
1  
LA JOLLA, CA 92037-1337  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A99417  
NPI: 1497936900  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **BAUMGARTNER, JOEL M**

Provider ID: 64407  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6100  
Fax: (858) 534-4813  
After Hours Phone: (858) 822-6100  
Provider Gender: Male  
License number: A121105  
NPI: 1679629257  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BLAIR, SARAH L**

Provider ID: 64410  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6100  
Fax:  
After Hours Phone: (858) 822-6100  
Provider Gender: Female  
License number: G85042  
NPI: 1710918008  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):

No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BOUVET, MICHAEL**

Provider ID: 64412  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6191  
Fax:  
After Hours Phone: (858) 822-6191  
Provider Gender: Male  
License number: G69035  
NPI: 1033177803  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CLARY, BRYAN M**

Provider ID: 202568  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: G134895  
NPI: 1982787131  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **COIMBRA, RAUL S**

Provider ID: 64851  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858) 657-7000  
Provider Gender: Male  
License number: A74573  
NPI: 1356372791  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Portuguese, Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **GOLTS, EUGENE M**

Provider ID: 65177

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR # LLB  
(0912

LA JOLLA, CA 92037-1300

Phone: (858) 657-8440

Fax:

After Hours Phone: (858)

657-8440

Provider Gender: Male

License number: A82530

NPI: 1316000649

Provider English Spoken: Yes

Provider Language(s) Spoken:

Ukrainian

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital, Tri City

Medical Ctr, Ucsd Medical Ctr,

Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network, Ucsd Medical Group

### **HORGAN, SANTIAGO**

Provider ID: 286380

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 471-0755

Fax:

After Hours Phone: (619)

471-0755

Provider Gender: Male

License number: F11

NPI: 1932297231

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **HORGAN, SANTIAGO**

Provider ID: 64912

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 471-0701

Fax: (619) 543-3763

After Hours Phone: (619)

471-0701

Provider Gender: Male

License number: F11

NPI: 1932297231

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **HORGAN, SANTIAGO**

Provider ID: 65193

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (619) 471-0701

Fax: (619) 543-7480

After Hours Phone: (619)

471-0701

Provider Gender: Male

License number: F11

NPI: 1932297231

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **JACOBSEN, GARTH R**

Provider ID: 201728  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 471-0755  
Fax:  
After Hours Phone: (619)  
471-0755  
Provider Gender: Male  
License number: A99668  
NPI: 1265649966  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **JACOBSEN, GARTH R**

Provider ID: 65200  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-6886  
Fax:  
After Hours Phone: (619)  
543-6886

Provider Gender: Male  
License number: A99668  
NPI: 1265649966  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **KELLY, KAITLYN J**

Provider ID: 83648  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6100  
Fax: (858) 312-7010  
After Hours Phone: (858)  
822-6100  
Provider Gender: Female  
License number: A124613  
NPI: 1124272430  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **LOWY, ANDREW M**

Provider ID: 64448  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 822-6100  
Fax: (858) 822-6192  
After Hours Phone: (858)  
822-6100  
Provider Gender: Male  
License number: G87988  
NPI: 1346218179  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MADANI, MICHAEL M**

Provider ID: 64963  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858)  
657-7000

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* A67201  
*NPI:* 1518999069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Tri City  
 Medical Ctr, Ucsd Medical Ctr,  
 Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **MEKEEL, KRISTIN L**

*Provider ID:* 65246  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-6886  
*Fax:*  
*After Hours Phone:* (619)  
 543-6886  
*Provider Gender:* Female  
*License number:* C54096  
*NPI:* 1104861947  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Rady Childrens Hospital San  
 Diego  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network

### **MICHELOTTI, MARCOS J**

*Provider ID:* 65251  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8200  
*Fax:*  
*After Hours Phone:* (858)  
 657-8200  
*Provider Gender:* Male  
*License number:* A107144  
*NPI:* 1275711590  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Loma Linda  
 University Childrens Hospital,  
 Loma Linda University Med Ctr,  
 Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA:

### **OWENS, ERIK L**

*Provider ID:* 65003

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Male  
*License number:* G84727  
*NPI:* 1578506523  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA:

### **PARRY, LISA A**

*Provider ID:* 110404  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A131297  
*NPI:* 1235369067  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RAMAMOORTHY, SONIA L**

*Provider ID:* 65022  
*Board Certified Specialty:* Yes  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858)  
 657-7000  
*Provider Gender:* Female  
*License number:* A65709  
*NPI:* 1801812656  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RASCHKE, ERIC T**

*Provider ID:* 270298  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* 20A17495  
*NPI:* 1316386659  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SANTORELLI, JARRETT E**

*Provider ID:* 272304  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A161482  
*NPI:* 1033529201  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd

Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SEDRAK, MICHAEL F**

*Provider ID:* 84776  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 471-0701  
*Fax:*  
*After Hours Phone:* (619)  
 471-0701  
*Provider Gender:* Male  
*License number:* A82582  
*NPI:* 1750464111  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SICKLICK, JASON K**

*Provider ID:* 64480  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6100  
 Fax:  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Male  
 License number: A112500  
 NPI: 1487700779  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**VEERAPONG, JULA**  
 Provider ID: 119378  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-6173  
 Fax:  
 After Hours Phone: (858) 822-6173  
 Provider Gender: Female  
 License number: C149942  
 NPI: 1801039490  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Sharp Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:  
**WALLACE, ANNE M**  
 Provider ID: 65087  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 294-3746  
 Fax:  
 After Hours Phone: (619) 294-3746  
 Provider Gender: Female  
 License number: G73000  
 NPI: 1699732941  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**WALLACE, ANNE M**  
 Provider ID: 65318  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

Phone: (619) 543-6886  
 Fax:  
 After Hours Phone: (619) 543-6886  
 Provider Gender: Female  
 License number: G73000  
 NPI: 1699732941  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**WHITE, REBEKAH R**  
 Provider ID: 110739  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (858) 822-2124  
 Fax:  
 After Hours Phone: (858) 822-2124  
 Provider Gender: Female  
 License number: C143450  
 NPI: 1750400784  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

No  
 ☞ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **YANG, GENE**

Provider ID: 280568  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A169156  
 NPI: 1568807089  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☞ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SURGERY HAND ORTHOPEDIC**

### **STEPHENSON, SAMUEL K**

Provider ID: 284935  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A154951  
 NPI: 1578058665  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☞ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **STEPHENSON, SAMUEL K**

Provider ID: 284936  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A154951  
 NPI: 1578058665  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☞ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **SURGERY HAND**

### **ABRAMS, REID**

Provider ID: 124050  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858)  
 657-7000  
 Provider Gender: Male  
 License number: G59829  
 NPI: 1548202245  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☞ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **SURGERY NEUROLOGICAL**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **BARBA, DAVID**

*Provider ID:* 275678  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR # 2A  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-5540  
*Fax:* (619) 287-7663  
*After Hours Phone:* (619) 543-5540  
*Provider Gender:* Male  
*License number:* G42092  
*NPI:* 1093730251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BARBA, DAVID**

*Provider ID:* 65122  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-5540  
*Fax:* (619) 287-7663  
*After Hours Phone:* (619) 543-5540  
*Provider Gender:* Male  
*License number:* G42092

*NPI:* 1093730251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BEAUMONT, THOMAS L**

*Provider ID:* 214126  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A159281  
*NPI:* 1497067573  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BEN-HAIM, SHARONA**

*Provider ID:* 244070  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A124866  
*NPI:* 1942469663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BLASKIEWICZ, DONALD J**

*Provider ID:* 270282  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

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## D. Specialist Provider Directory

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Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A109748  
NPI: 1215176839  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Palomar Health Downtown Campus, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **CIACCI, JOSEPH D**

Provider ID: 65149  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-6886  
Fax:  
After Hours Phone: (619) 543-6886  
Provider Gender: Male  
License number: A50933  
NPI: 1992725675  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Childrens Hosp And Resrch Ctr At Oakland, Rady

Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **KHALESSI, ALEXANDER A**

Provider ID: 244036  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A95850  
NPI: 1073786661  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network, Ucsd Medical Group

### **KHALESSI, ALEXANDER A**

Provider ID: 65212  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8630  
Fax: (619) 543-6832  
After Hours Phone: (858) 657-8630  
Provider Gender: Male  
License number: A95850  
NPI: 1073786661  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network, Ucsd Medical Group

### **MARSHALL, LAWRENCE F**

Provider ID: 244149  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

License number: C36547  
 NPI: 1750306171  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: German, Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **MARSHALL, LAWRENCE F**

Provider ID: 65245  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: C36547  
 NPI: 1750306171  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: German, Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA: Ucsd Medical Group  
**NGUYEN, ANDREW D**  
 Provider ID: 244139  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A91563  
 NPI: 1720216542  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Health Downtown Campus, Ucsd Medical Ctr, Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **OLSON, SCOTT E**

Provider ID: 244054  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male

License number: A83715  
 NPI: 1376568659  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Palomar Health Downtown Campus, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **OLSON, SCOTT E**

Provider ID: 244055  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL 1  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A83715  
 NPI: 1376568659  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr, Palomar Health Downtown Campus, Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Green Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **OSORIO, JOSEPH A**

*Provider ID:* 242005  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A128616  
*NPI:* 1437416591  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **OSORIO, JOSEPH A**

*Provider ID:* 242006  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A128616  
*NPI:* 1437416591  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PHAM, MARTIN H**

*Provider ID:* 244159  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A121590  
*NPI:* 1609130921  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd

Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SANTIAGO DIEPPA, DAVID R**

*Provider ID:* 271118  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A132049  
*NPI:* 1083984983  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SANTIAGO DIEPPA, DAVID R**

*Provider ID:* 271119  
*Board Certified Specialty:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A132049  
NPI: 1083984983  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SCHWARTZ, MARC S**

Provider ID: 244022  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: G86573  
NPI: 1508960188  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Good Samaritan Hospital Los Angeles,

Valley Presbyterian Hosp, Martin Luther King Jr Community Hospital, Huntington Memorial Hospital, Providence Saint Johns Health Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SCHWARTZ, MARC S**

Provider ID: 244023  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: G86573  
NPI: 1508960188  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Good Samaritan Hospital Los Angeles, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Valley Presbyterian Hosp, Martin Luther King Jr Community Hospital, Huntington Memorial Hospital, Providence Saint Johns Health Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **STEINBERG, JEFFREY A**

Provider ID: 271100  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A131786  
NPI: 1982044715  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **STEINBERG, JEFFREY A**

Provider ID: 271101  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

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## D. Specialist Provider Directory

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Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A131786  
NPI: 1982044715  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TAYLOR, WILLIAM R**

Provider ID: 65309  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-5540  
Fax:  
After Hours Phone: (619) 543-5540  
Provider Gender: Male  
License number: G72205  
NPI: 1528084522  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **TUNG, HOWARD**

Provider ID: 244083  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-5540  
Fax:  
After Hours Phone: (619) 543-5540  
Provider Gender: Male  
License number: G58235  
NPI: 1538153341  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Tri City Medical Ctr, Palomar Medical Center, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TUNG, HOWARD**

Provider ID: 65313  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

Phone: (619) 543-6886  
Fax:  
After Hours Phone: (619) 543-6886  
Provider Gender: Male  
License number: G58235  
NPI: 1538153341  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Tri City Medical Ctr, Palomar Medical Center, Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **U, HOI S**

Provider ID: 244133  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: G27898  
NPI: 1164468146  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd

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## D. Specialist Provider Directory

Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### YOO, FRANK K , MD

Provider ID: 248120  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9850 GENESEE AVE STE 560  
 LA JOLLA, CA 92037-1229  
 Phone: (858) 909-9033  
 Fax: (858) 429-4009  
 After Hours Phone: (858)  
 909-9033  
 Provider Gender: Male  
 License number: G86513  
 NPI: 1295774545  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Korean, Spanish, Telugu,  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas, Tri  
 City Medical Ctr, Palomar Health  
 Downtown Campus, Pomerado  
 Hospital, Alvarado Hospital Llc,  
 Paradise Valley Hospital,  
 Southwest Healthcare System  
 Wildomar, Southwest Healthcare  
 System Murrieta, Scripps Mercy  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### YOO, FRANK K

Provider ID: 91795  
 Board Certified Specialty: No  
 CALIFORNIA CANCER  
 ASSOCS FOR RESEARCH AND  
 EXCELL  
 9850 GENESEE AVE STE 560  
 LA JOLLA, CA 92037-1229  
 Phone: (858) 909-9033  
 Fax: (858) 429-4009  
 After Hours Phone: (858)  
 909-9033  
 Provider Gender: Male  
 License number: G86513  
 NPI: 1295774545  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Korean, Spanish, Telugu,  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas, Tri  
 City Medical Ctr, Palomar Health  
 Downtown Campus, Pomerado  
 Hospital, Alvarado Hospital Llc,  
 Paradise Valley Hospital,  
 Southwest Healthcare System  
 Wildomar, Southwest Healthcare  
 System Murrieta, Scripps Mercy  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:

Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### SURGERY ORTHOPEDIC

### ALLEN, RICHARD T

Provider ID: 124053  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (858) 657-8200  
 Fax:  
 After Hours Phone: (858)  
 657-8200  
 Provider Gender: Male  
 License number: A83513  
 NPI: 1962660175  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### ALLEN, RICHARD T

Provider ID: 65115  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300

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## D. Specialist Provider Directory

Phone: (858) 657-8200  
 Fax: (858) 657-8235  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: A83513  
 NPI: 1962660175  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**ATTENELLO, JOHN D**  
 Provider ID: 271083  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A166979  
 NPI: 1629456553  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):

No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**ATTENELLO, JOHN D**  
 Provider ID: 271084  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A166979  
 NPI: 1629456553  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**BALL, SCOTT T**  
 Provider ID: 124052  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350

Phone: (858) 657-8200  
 Fax:  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: A75221  
 NPI: 1952325318  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**BALL, SCOTT T**  
 Provider ID: 65119  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8200  
 Fax: (619) 543-7480  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: A75221  
 NPI: 1952325318  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BUKATA, SUSAN V**

Provider ID: 277947  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: C55109  
NPI: 1932140639  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **CHANG, DOUGLAS G**

Provider ID: 124123  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (858) 657-8200  
Fax:  
After Hours Phone: (858)  
657-8200

Provider Gender: Male  
License number: A77281  
NPI: 1962450031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
German  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CHANG, DOUGLAS G**

Provider ID: 65139  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-2347  
Fax:  
After Hours Phone: (619)  
543-2347  
Provider Gender: Male  
License number: A77281  
NPI: 1962450031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
German  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No

♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CHIARAPPA, FRANK E**

Provider ID: 244460  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A164466  
NPI: 1932536828  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **CHOI, JIHOON**

Provider ID: 284786  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (800) 926-8273  
 Fax: (888) 539-8181  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A151613  
 NPI: 1285097741  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **CHOI, JIHOON**

Provider ID: 284787  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A151613  
 NPI: 1285097741  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **CIDAMBI, KRISHNA R**

Provider ID: 124274  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 865-7820  
 Fax:  
 After Hours Phone: (858) 865-7820  
 Provider Gender: Male  
 License number: A118350  
 NPI: 1275836959  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tamil  
 Cultural Competency: No  
 Hospital Affiliation: Providence St Joseph Hospital, Hoag Orthopedic Institute, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **CIDAMBI, KRISHNA R**

Provider ID: 124275  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (858) 657-8235  
 Fax:  
 After Hours Phone: (858) 657-8235  
 Provider Gender: Male  
 License number: A118350  
 NPI: 1275836959  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tamil  
 Cultural Competency: No  
 Hospital Affiliation: Providence St Joseph Hospital, Hoag Orthopedic Institute, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **COVEY, DANA C**

Provider ID: 104619  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8200  
 Fax: (619) 543-7480  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: G89432  
 NPI: 1780651794  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **DALSTROM, DAVID J**

*Provider ID:* 125855

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

*Phone:* (858) 657-8200

*Fax:*

*After Hours Phone:* (858)

657-8200

*Provider Gender:* Male

*License number:* A112715

*NPI:* 1942333075

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Mammoth

Hospital, Ucsd La Jolla John

Sally Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **FLINT, JAMES H**

*Provider ID:* 203177

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A156864

*NPI:* 1629239140

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **GARFIN, STEVEN R**

*Provider ID:* 123783

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

*Phone:* (858) 657-8200

*Fax:*

*After Hours Phone:* (858)

657-8200

*Provider Gender:* Male

*License number:* G29309

*NPI:* 1679515829

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **GOEB, YANNICK L**

*Provider ID:* 284792

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A170529

*NPI:* 1730542747

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

German, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IPA: Ucsd Medical Group

### **GOEB, YANNICK L**

Provider ID: 284793  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A170529  
 NPI: 1730542747  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: German, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GONZALES, FRANCIS B**

Provider ID: 123851  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (858) 657-8200  
 Fax:  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: A112963

NPI: 1841476546

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GONZALES, FRANCIS B**

Provider ID: 65178  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8200  
 Fax: (619) 543-7480  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: A112963  
 NPI: 1841476546  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HENTZEN, ERIC R**

Provider ID: 65190  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8200  
 Fax: (619) 543-7480  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: A83117  
 NPI: 1245411180  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: German, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **KULIDJIAN, ANNA A**

Provider ID: 65224  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8200  
 Fax: (619) 543-7480  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Female  
 License number: A97060  
 NPI: 1215183066  
 Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:* No  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MEUNIER, MATTHEW J**

*Provider ID:* 126580  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 657-8200  
*Fax:*  
*After Hours Phone:* (858) 657-8200  
*Provider Gender:* Male  
*License number:* A72975  
*NPI:* 1265470553  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MEUNIER, MATTHEW J**

*Provider ID:* 65248

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8200  
*Fax:* (619) 543-7480  
*After Hours Phone:* (858) 657-8200  
*Provider Gender:* Male  
*License number:* A72975  
*NPI:* 1265470553  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MEYER, ROBERT S**

*Provider ID:* 65250  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8200  
*Fax:* (619) 543-7480  
*After Hours Phone:* (858) 657-8200  
*Provider Gender:* Male  
*License number:* G76677  
*NPI:* 1316997646  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ROBERTSON, CATHERINE M**

*Provider ID:* 65288  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-8200  
*Fax:* (619) 543-7480  
*After Hours Phone:* (858) 657-8200  
*Provider Gender:* Female  
*License number:* A87544  
*NPI:* 1952565780  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SCHWARTZ, ALEXANDRA K**

*Provider ID:* 124198  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

Phone: (858) 657-8200

Fax:

After Hours Phone: (858)  
657-8200

Provider Gender: Female

License number: A60259

NPI: 1740206747

Provider English Spoken: Yes

Provider Language(s) Spoken:  
German

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SCHWARTZ, ALEXANDRA K**

Provider ID: 65297

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8200

Fax: (619) 543-7480

After Hours Phone: (858)  
657-8200

Provider Gender: Female

License number: A60259

NPI: 1740206747

Provider English Spoken: Yes

Provider Language(s) Spoken:  
German

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SULLIVAN, THOMAS B**

Provider ID: 285245

Board Certified Specialty: No

UCSD MEDICAL GROUP

9400 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A138132

NPI: 1437565488

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SULLIVAN, THOMAS B**

Provider ID: 285246

Board Certified Specialty: No

UCSD MEDICAL GROUP

9300 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A138132

NPI: 1437565488

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **VITALE, KENNETH C**

Provider ID: 104657

Board Certified Specialty: No

UCSD MEDICAL GROUP

9350 CAMPUS POINT DR

LA JOLLA, CA 92037-1300

Phone: (858) 657-8200

Fax: (619) 543-7480

After Hours Phone: (858)  
657-8200

Provider Gender: Male

License number: C132964

NPI: 1730176868

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**ZLOMISLIC, VINKO**  
 Provider ID: 124281  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-8200  
 Fax: (619) 543-7480  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: A112819  
 NPI: 1346351509  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Serbo-Croatian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**ZLOMISLIC, VINKO**  
 Provider ID: 124285  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350

Phone: (858) 657-8200  
 Fax:  
 After Hours Phone: (858) 657-8200  
 Provider Gender: Male  
 License number: A112819  
 NPI: 1346351509  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Serbo-Croatian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### SURGERY PLASTIC

**CHAO, JAMES J**  
 Provider ID: 65141  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 543-2347  
 Fax:  
 After Hours Phone: (619) 543-2347  
 Provider Gender: Male  
 License number: G85358  
 NPI: 1093740789  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Chinese, Mandarin  
 Cultural Competency: No  
 Hospital Affiliation: Temecula

Valley Hospital Inc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**GOSMAN, AMANDA A**  
 Provider ID: 64887  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 Fax: (858) 966-4064  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Female  
 License number: A96153  
 NPI: 1164436291  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **HINCHCLIFF, KATHARINE**

*Provider ID:* 277289  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A135631  
*NPI:* 1346674561  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **KOLB, FREDERIC J**

*Provider ID:* 246238  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* F39  
*NPI:* 1790341832

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **REID, CHRISTOPHER M**

*Provider ID:* 224796  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A122947  
*NPI:* 1982964276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **SURGERY THORACIC**

### **COLETTA, JOELLE M**

*Provider ID:* 64852  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
*Phone:* (858) 657-7000  
*Fax:*  
*After Hours Phone:* (858) 657-7000  
*Provider Gender:* Female  
*License number:* A55001  
*NPI:* 1447222377  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **HOWE, STEVEN C**

*Provider ID:* 90049  
*Board Certified Specialty:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL 1  
LA JOLLA, CA 92037-1337  
Phone: (858) 657-7777  
Fax: (858) 657-5058  
After Hours Phone: (858) 657-7777  
Provider Gender: Male  
License number: G79076  
NPI: 1497702740  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Tri City Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**JAMIESON, STUART W**  
Provider ID: 65201  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-6886  
Fax:  
After Hours Phone: (619) 543-6886  
Provider Gender: Male  
License number: A35080  
NPI: 1649203415  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Rady

Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**KEARNS, MARK J**  
Provider ID: 274296  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-8817  
Fax: (888) 539-8781  
After Hours Phone: (858) 657-8817  
Provider Gender: Male  
License number: A158916  
NPI: 1033683719  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**KEARNS, MARK J**  
Provider ID: 274297  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9434 MEDICAL CENTER DR FL 1  
LA JOLLA, CA 92037-1337  
Phone: (858) 647-8817  
Fax: (858) 853-9878  
After Hours Phone: (858) 647-8817  
Provider Gender: Male  
License number: A158916  
NPI: 1033683719  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**ONAITIS, MARK**  
Provider ID: 112339  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093-1503  
Phone: (858) 657-7777  
Fax:  
After Hours Phone: (858) 657-7777  
Provider Gender: Male  
License number: C144886

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## D. Specialist Provider Directory

**NPI:** 1841310638  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Tri City Medical Ctr  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

### **POLLEMA, TRAVIS L**

**Provider ID:** 99659  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**9434 MEDICAL CENTER DR FL 1**  
**LA JOLLA, CA 92037-1337**  
**Phone:** (800) 926-8273  
**Fax:**  
**After Hours Phone:** (800) 926-8273  
**Provider Gender:** Male  
**License number:** 20A12742  
**NPI:** 1871752956  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**

**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group  
**PRETORIUS, GERT D**  
**Provider ID:** 65019  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**9300 CAMPUS POINT DR**  
**LA JOLLA, CA 92037-1300**  
**Phone:** (858) 657-7000  
**Fax:** (619) 543-3604  
**After Hours Phone:** (858) 657-7000

**Provider Gender:** Male  
**License number:** A113774  
**NPI:** 1629385836  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Afrikaans  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:** W  
**Hours:** M-F 8AM-5PM, SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Rady Childrens Health Network, Ucsd Medical Group

### **RAMIREZ, ALFREDO R**

**Provider ID:** 256390  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**9434 MEDICAL CENTER DR FL 1**

**LA JOLLA, CA 92037-1337**  
**Phone:** (800) 926-8273  
**Fax:**  
**After Hours Phone:** (800) 926-8273  
**Provider Gender:** Male  
**License number:** A101070  
**NPI:** 1003829417  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** University Hsp Of San Diego Co, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

### **SAKAKIBARA, NAOHIDE**

**Provider ID:** 65291  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**9350 CAMPUS POINT DR**  
**LA JOLLA, CA 92037-1300**  
**Phone:** (619) 543-7777  
**Fax:**  
**After Hours Phone:** (619) 543-7777  
**Provider Gender:** Male  
**License number:** A67153  
**NPI:** 1588697916  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr  
**Medi-Cal Open Panel:** No

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## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### SIDERIS, ANTONIOS

Provider ID: 285652  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A173526  
 NPI: 1134495336  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Greek, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### SIDERIS, ANTONIOS

Provider ID: 285653  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A173526  
 NPI: 1134495336  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Greek, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### SIDERIS, ANTONIOS

Provider ID: 285654  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9434 MEDICAL CENTER DR FL  
 1  
 LA JOLLA, CA 92037-1337  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A173526  
 NPI: 1134495336  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Greek, Spanish  
 Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### THISTLETHWAITE, PATRICIA A

Provider ID: 65311  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7777  
 Fax: (619) 543-2652  
 After Hours Phone: (858)  
 657-7777  
 Provider Gender: Female  
 License number: G84093  
 NPI: 1831121789  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego, Tri  
 City Medical Ctr, Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IPA: Rady Childrens Health  
Network, Ucsd Medical Group

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### SURGICAL ONCOLOGY

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#### **HYAMS, DAVID M**

*Provider ID:* 276537  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* G42387  
*NPI:* 1992755391  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Desert Regional Med  
Ctr, Eisenhower Medical Ctr,  
John F Kennedy Memorial Hosp  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

#### **RACE, ALICE J**

*Provider ID:* 271831  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300

*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A169163  
*NPI:* 1982086922  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

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### UROLOGY

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#### **ALBO, MICHAEL E**

*Provider ID:* 65112  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
*Phone:* (619) 543-6886  
*Fax:*  
*After Hours Phone:* (619)  
543-6886  
*Provider Gender:* Male  
*License number:* G81920  
*NPI:* 1912938499  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ronald

Reagan UCLA Med Ctr, Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

#### **BUTLER, PHILIP A**

*Provider ID:* 65710  
*Board Certified Specialty:* No  
GENESIS HEALTHCARE  
PARTNERS PC  
9850 GENESEE AVE STE 440  
LA JOLLA, CA 92037-1212  
*Phone:* (858) 453-5944  
*Fax:*  
*After Hours Phone:* (858)  
453-5944  
*Provider Gender:* Male  
*License number:* G47129  
*NPI:* 1184665911  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

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## D. Specialist Provider Directory

### **BUTLER, PHILIP A , MD**

*Provider ID:* 65710  
*Board Certified Specialty:* Yes  
**GENESIS HEALTHCARE PARTNERS PC**  
 9850 GENESEE AVE STE 440  
 LA JOLLA, CA 92037-1212  
*Phone:* (858) 453-5944  
*Fax:* (858) 429-7295  
*After Hours Phone:* (858) 453-5944  
*Provider Gender:* Male  
*License number:* G47129  
*NPI:* 1184665911  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **COHEN, EDWARD S , MD**

*Provider ID:* 65713  
*Board Certified Specialty:* Yes  
**GENESIS HEALTHCARE PARTNERS PC**  
 9850 GENESEE AVE STE 440  
 LA JOLLA, CA 92037-1212  
*Phone:* (858) 453-5944  
*Fax:* (858) 429-7925  
*After Hours Phone:* (858) 453-5944  
*Provider Gender:* Male  
*License number:* G56844

*NPI:* 1093756827  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **COHEN, EDWARD S**

*Provider ID:* 65713  
*Board Certified Specialty:* No  
**GENESIS HEALTHCARE PARTNERS PC**  
 9850 GENESEE AVE STE 440  
 LA JOLLA, CA 92037-1212  
*Phone:* (858) 453-5944  
*Fax:*  
*After Hours Phone:* (858) 453-5944  
*Provider Gender:* Male  
*License number:* G56844  
*NPI:* 1093756827  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Ucsd Medical Ctr, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CRAWFORD, ELWARD D**

*Provider ID:* 244131  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 657-7876  
*Fax:* (888) 539-8781  
*After Hours Phone:* (858) 657-7876  
*Provider Gender:* Male  
*License number:* G35350  
*NPI:* 1902814379  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DERWEESH, ITHAAR H**

*Provider ID:* 64424  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (858) 822-6100  
 Fax: (858) 822-6316  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Male  
 License number: C53383  
 NPI: 1003873720  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### HSIEH, TUNG CHIN

Provider ID: 277239  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9850 GENESEE AVE STE 800  
 LA JOLLA, CA 92037-1219  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A120604  
 NPI: 1073758652  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):

No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### KADER, ANDREW K

Provider ID: 65204  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 543-6886  
 Fax: (858) 822-6188  
 After Hours Phone: (619) 543-6886  
 Provider Gender: Male  
 License number: A116234  
 NPI: 1184731127  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### KANE, CHRISTOPHER J

Provider ID: 64438  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503

Phone: (858) 822-6100  
 Fax:  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Male  
 License number: G69249  
 NPI: 1083636294  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### KANE, CHRISTOPHER J

Provider ID: 64932  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (619) 657-7876  
 Fax:  
 After Hours Phone: (619) 657-7876  
 Provider Gender: Male  
 License number: G69249  
 NPI: 1083636294  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **NAITOH, JOHN, MD**

*Provider ID:* 55260  
*Board Certified Specialty:* No  
**GENESIS HEALTHCARE PARTNERS PC**  
 9850 GENESEE AVE STE 440  
 LA JOLLA, CA 92037-1212  
*Phone:* (858) 453-5944  
*Fax:* (858) 429-7925  
*After Hours Phone:* (858) 453-5944  
*Provider Gender:* Male  
*License number:* G82079  
*NPI:* 1629010509  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NAITOH, JOHN**

*Provider ID:* 55260  
*Board Certified Specialty:* No  
**GENESIS HEALTHCARE**

**PARTNERS PC**  
 9850 GENESEE AVE STE 440  
 LA JOLLA, CA 92037-1212  
*Phone:* (858) 453-5944  
*Fax:* (858) 429-7925  
*After Hours Phone:* (858) 453-5944  
*Provider Gender:* Male  
*License number:* G82079  
*NPI:* 1629010509  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NGUYEN, HUNG H , MD**

*Provider ID:* 246842  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 9850 GENESEE AVE STE 440  
 LA JOLLA, CA 92037-1212  
*Phone:* (858) 453-5944  
*Fax:* (858) 429-7925  
*After Hours Phone:* (858) 453-5944  
*Provider Gender:* Male  
*License number:* A142209  
*NPI:* 1023488806  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps

**Memorial Hospital Encinitas**  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SAKAMOTO, KYOKO**

*Provider ID:* 64473  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093-1503  
*Phone:* (858) 822-6193  
*Fax:*  
*After Hours Phone:* (858) 822-6193  
*Provider Gender:* Female  
*License number:* A80808  
*NPI:* 1740223619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SUR, ROGER L**

*Provider ID:* 65070  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858)  
657-7000  
Provider Gender: Male  
License number: G80585  
NPI: 1932208022  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SUR, ROGER L**

Provider ID: 65307  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037-1300  
Phone: (619) 543-6886  
Fax:  
After Hours Phone: (619)  
543-6886  
Provider Gender: Male  
License number: G80585  
NPI: 1932208022  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):

No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **UOKO, MARIA I**

Provider ID: 284963  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A166093  
NPI: 1326426016  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **YUH, BENJAMIN J**

Provider ID: 283442  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9850 GENESEE AVE STE 440  
LA JOLLA, CA 92037-1212

Phone: (858) 453-5944  
Fax: (858) 429-7933  
After Hours Phone: (858)  
453-5944  
Provider Gender: Male  
License number: A125637  
NPI: 1487092417  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Mandarin, Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Methodist  
Hosp Of Southern California, City  
Of Hope National Med Ctr,  
Huntington Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

## LA MESA

## ALLERGY IMMUNOLOGY

### **REDDY, SUMANA**

Provider ID: 262115  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
8860 CENTER DR STE 320  
LA MESA, CA 91942-7001  
Phone: (619) 377-6565  
Fax: (619) 450-2111  
After Hours Phone: (619)  
377-6565  
Provider Gender: Female  
License number: C52581  
NPI: 1053300251

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cambodian, Hindi, Spanish,  
 Telugu  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **REDDY, SUMANA**

*Provider ID:* 82087  
*Board Certified Specialty:* No  
 SUMANA AND ANANTHRAM  
 REDDY MD INC  
 8860 CENTER DR STE 320  
 LA MESA, CA 91942-7001  
*Phone:* (619) 377-6565  
*Fax:*  
*After Hours Phone:* (619)  
 377-6565  
*Provider Gender:* Female  
*License number:* C52581  
*NPI:* 1053300251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cambodian, Hindi, Spanish,  
 Telugu  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **REDDY, SUMANA, MD**

*Provider ID:* 82087  
*Board Certified Specialty:* No  
 SUMANA AND ANANTHRAM  
 REDDY MD INC  
 8860 CENTER DR STE 320  
 LA MESA, CA 91942-7001  
*Phone:* (619) 377-6565  
*Fax:* (619) 450-2111  
*After Hours Phone:* (619)  
 377-6565  
*Provider Gender:* Female  
*License number:* C52581  
*NPI:* 1053300251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cambodian, Hindi, Spanish,  
 Telugu  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **ANESTHESIOLOGY PAIN MANAGEMENT**

### **FISHER, CASEY J**

*Provider ID:* 204414  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 7051 ALVARADO RD # 101  
 LA MESA, CA 91942-8901  
*Phone:* (619) 625-1144  
*Fax:*  
*After Hours Phone:* (619)  
 625-1144  
*Provider Gender:* Male  
*License number:* A118592  
*NPI:* 1275780686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital, Pomerado  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Scripps Memorial  
 Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **VERDOLIN, MICHAEL H , MD**

*Provider ID:* 203328  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 7051 ALVARADO RD # 101  
 LA MESA, CA 91942-8901  
*Phone:* (619) 625-1144  
*Fax:* (619) 872-0964  
*After Hours Phone:* (619)  
 625-1144  
*Provider Gender:* Male  
*License number:* A92149

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1477525657

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Italian, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Chula Vista Med  
Ctr, Sharp Coronado Hosp And  
Healthcare Ctr, Scripps Mercy  
Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Blue Shield Promise Health  
Plan Direct, Community Care Ipa  
Llc

### CARDIOLOGY

#### SHEREV, DIMITRI A , MD

Provider ID: 65688

Board Certified Specialty: No  
SHEREV HEART AND  
VASCULAR CLINIC INC

8851 CENTER DR STE 304

LA MESA, CA 91942-3048

Phone: (619) 867-0557

Fax: (619) 867-0558

After Hours Phone: (619)

867-0557

Provider Gender: Male

License number: A70917

NPI: 1154323996

Provider English Spoken: Yes

Provider Language(s) Spoken:

Bulgarian, Malayalam, Russian,  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Grossmont Hospital,  
Alvarado Community Hospital,  
Sharp Memorial Hospital, Scripps  
Memorial Hospital, Alvarado  
Hospital Llc, Sharp Chula Vista  
Med Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### YELLEN, LAURENCE G , MD

Provider ID: 269173

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
8851 CENTER DR STE 405  
LA MESA, CA 91942-3198

Phone: (619) 582-2404

Fax: (619) 243-3236

After Hours Phone: (619)

582-2404

Provider Gender: Male

License number: G15453

NPI: 1477680551

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Alvarado Hospital Llc

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### CARDIOVASCULAR DISEASE

#### BOGHAIRI, ANOUSHIRAVAN, MD

Provider ID: 269055

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
5565 GROSSMONT CENTER  
DR STE 115

LA MESA, CA 91942-3021

Phone: (619) 698-6667

Fax: (619) 698-6684

After Hours Phone: (619)

698-6667

Provider Gender: Male

License number: A33832

NPI: 1255549184

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Persian

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### KOTHA, PURUSHOTHAM, MD

Provider ID: 32053

Board Certified Specialty: No  
PURUSHOTHAM AND AKTHER  
KOTHA MD INC

8860 CENTER DR STE 400

LA MESA, CA 91942-7003

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## D. Specialist Provider Directory

*Phone:* (619) 229-1995  
*Fax:*  
*After Hours Phone:* (619) 229-1995  
*Provider Gender:* Male  
*License number:* A41538  
*NPI:* 1093730814  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Spanish, Telugu  
*Cultural Competency:* No  
*Hospital Affiliation:* Mercy Medical Center Merced Dominican Campus, Alvarado Hospital Llc, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**REDDY, REDDIWANDLA S**  
*Provider ID:* 265393  
*Board Certified Specialty:* No  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 5565 GROSSMONT CENTER DR STE 202  
 LA MESA, CA 91942-3022  
*Phone:* (619) 461-6130  
*Fax:* (619) 461-3108  
*After Hours Phone:* (619) 461-6130  
*Provider Gender:* Male  
*License number:* A38098  
*NPI:* 1710996384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Kannada, Spanish, Telugu  
*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct

### **CERTIFIED BEHAVIORAL ANALYST MASTERS**

**ALLEN, DAVID**  
*Provider ID:* 104053  
*Board Certified Specialty:* No  
 LETS GROW INC  
 7373 UNIVERSITY AVE STE 202  
 LA MESA, CA 91942-0524  
*Phone:* (619) 713-0737  
*Fax:*  
*After Hours Phone:* (619) 713-0737  
*Provider Gender:* Male  
*License number:* BCBA13011  
*NPI:* 1306186549  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM  
*Website:*  
<https://www.letsgrowaba.com/home.html>

*Email:*  
*Medical Group(s):*  
*IPA:*  
**ALLEN, SHARRONDA**  
*Provider ID:* 103951  
*Board Certified Specialty:* No  
 LETS GROW INC  
 7373 UNIVERSITY AVE STE 202  
 LA MESA, CA 91942-0524  
*Phone:* (619) 713-0737  
*Fax:*  
*After Hours Phone:* (619) 713-0737  
*Provider Gender:* Female  
*License number:* BCBA8724  
*NPI:* 1124385398  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA 9AM-5PM  
*Website:*  
<https://www.letsgrowaba.com/home.html>  
*Email:*  
*Medical Group(s):*  
*IPA:*

**MEDRANO, JOSEPH**  
*Provider ID:* 104072  
*Board Certified Specialty:* No  
 LETS GROW INC  
 7373 UNIVERSITY AVE STE 202  
 LA MESA, CA 91942-0524

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (619) 713-0737  
 Fax:  
 After Hours Phone: (619) 713-0737  
 Provider Gender: Male  
 License number: BCBA15889  
 NPI: 1902218605  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
<https://www.letsgrowaba.com/home.html>  
 Email:  
 Medical Group(s):  
 IPA:

---

### **CERTIFIED NURSE PRACTITIONER**

---

**ALBANO, RIZALINA**  
 Provider ID: 128828  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
 Phone: (619) 461-3880  
 Fax:  
 After Hours Phone: (619) 461-3880  
 Provider Gender: Female  
 License number: NP95005436  
 NPI: 1811430820  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Tagalog

Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**LOYOLA, MARY ANN P , NPA**  
 Provider ID: 242398  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
 Phone: (619) 461-3880  
 Fax: (619) 461-3895  
 After Hours Phone: (619) 461-3880  
 Provider Gender: Female  
 License number: NP95011408  
 NPI: 1881154037  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Tagalog

Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**NGILLA MCGRAW, MEAGHAN D**  
 Provider ID: 238730

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942-3135  
 Phone: (619) 464-6434  
 Fax:  
 After Hours Phone: (619) 464-6434  
 Provider Gender: Female  
 License number: NP23792  
 NPI: 1356461842  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**NGILLA MCGRAW, MEAGHAN D**  
 Provider ID: 238731  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 8881 FLETCHER PKWY STE 205  
 LA MESA, CA 91942-3187  
 Phone: (619) 464-6434  
 Fax:  
 After Hours Phone: (619) 464-6434  
 Provider Gender: Female  
 License number: NP23792  
 NPI: 1356461842

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### RESTELLI, LYNDSEY

*Provider ID:* 217692  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942-3135  
*Phone:* (619) 464-6434  
*Fax:*  
*After Hours Phone:* (619) 464-6434  
*Provider Gender:* Female  
*License number:* NP95007632  
*NPI:* 1558854000  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health

Network

### RESTELLI, LYNDSEY

*Provider ID:* 217693  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 8881 FLETCHER PKWY STE 205  
 LA MESA, CA 91942-3187  
*Phone:* (619) 464-6434  
*Fax:*  
*After Hours Phone:* (619) 464-6434  
*Provider Gender:* Female  
*License number:* NP95007632  
*NPI:* 1558854000  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### EMERGENCY MEDICINE

### BELLOMO, THOMAS N

*Provider ID:* 205600  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 5565 GROSSMONT CENTER DR STE 2 # 2  
 LA MESA, CA 91942-3037

*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619) 713-5375  
*Provider Gender:* Male  
*License number:* G69193  
*NPI:* 1700926698  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/25  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### CHOW, BYRON C

*Provider ID:* 206096  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 5565 GROSSMONT CENTER DR STE 2 # 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619) 713-5375  
*Provider Gender:* Male  
*License number:* A78116  
*NPI:* 1619907607  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**KEARNEY, LAUREN K**  
*Provider ID:* 206220  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
5565 GROSSMONT CENTER  
DR STE 2 # 2  
LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619)  
713-5375  
*Provider Gender:* Female  
*License number:* G83666  
*NPI:* 1740296268  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Palomar Health Downtown  
Campus, Palomar Medical  
Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network  
**LOVEJOY, AMY E**  
*Provider ID:* 206106  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
5565 GROSSMONT CENTER  
DR STE 2 # 2  
LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619)  
713-5375  
*Provider Gender:* Female  
*License number:* A75176  
*NPI:* 1790856557  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Childrens Hospital Of Orange  
County  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**MINKA, GENEVIEVE M**  
*Provider ID:* 205335  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

5565 GROSSMONT CENTER  
DR STE 2  
LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619)  
713-5375  
*Provider Gender:* Female  
*License number:* A77841  
*NPI:* 1689646689  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**MISHRA-OCCHINO, SEEMA S**  
*Provider ID:* 205405  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
5565 GROSSMONT CENTER  
DR STE 2 # 2  
LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619)  
713-5375  
*Provider Gender:* Female  
*License number:* A100307  
*NPI:* 1689612830  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PARIKH, PAYAL**

*Provider ID:* 205868  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 5565 GROSSMONT CENTER  
 DR STE 2 # 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619)  
 713-5375  
*Provider Gender:* Female  
*License number:* 20A10898  
*NPI:* 1871757989  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Gujarati, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Kaiser Foundation Hospital San  
 Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network  
**PARKER, SHERINE B**  
*Provider ID:* 205786  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 5565 GROSSMONT CENTER  
 DR STE 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619)  
 713-5375  
*Provider Gender:* Female  
*License number:* G81658  
*NPI:* 1477626513  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Glendale  
 Adventist Med Ctr, Glendale  
 Memorial Hosp And Health Ctr,  
 Tri City Medical Ctr, Rady  
 Childrens Hospital San Diego,  
 Valley Childrens Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**RILEY-HAGAN, MARGARET**  
*Provider ID:* 205986  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 5565 GROSSMONT CENTER  
 DR STE 2 # 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619)  
 713-5375  
*Provider Gender:* Female  
*License number:* A143536  
*NPI:* 1740560044

**ROSE, OLGA D**  
*Provider ID:* 205953  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 5565 GROSSMONT CENTER  
 DR STE 2 # 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619)  
 713-5375  
*Provider Gender:* Female  
*License number:* A143536  
*NPI:* 1740560044

**ROSE, OLGA D**  
*Provider ID:* 205953  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 5565 GROSSMONT CENTER  
 DR STE 2 # 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619)  
 713-5375  
*Provider Gender:* Female  
*License number:* A143536  
*NPI:* 1740560044

**ROSE, OLGA D**  
*Provider ID:* 205953  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 5565 GROSSMONT CENTER  
 DR STE 2 # 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619)  
 713-5375  
*Provider Gender:* Female  
*License number:* A143536  
*NPI:* 1740560044

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HEARING AID DEALER / SUPPLIER**

**ANDERSON, ELAINE M , MD**  
*Provider ID:* 268693  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 5565 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3020  
*Phone:* (619) 589-5414  
*Fax:* (619) 589-7391  
*After Hours Phone:* (619) 589-5414  
*Provider Gender:* Female  
*License number:* HA7100  
*NPI:* 1063558856  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**DANDURAND, JOHN M , MD**  
*Provider ID:* 269782  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 5565 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3020  
*Phone:* (619) 589-5414  
*Fax:* (619) 589-7391  
*After Hours Phone:* (619) 589-5414  
*Provider Gender:* Male  
*License number:* HA2056  
*NPI:* 1497901680

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HEMATOLOGY / ONCOLOGY**

**MEDIC, IGOR, MD**  
*Provider ID:* 119509  
*Board Certified Specialty:* No  
 CANCER CENTER ONCOLOGY MEDICAL GROUP INC

5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 644-3030  
*Fax:* (619) 644-3638  
*After Hours Phone:* (619) 644-3030  
*Provider Gender:* Male  
*License number:* A146970  
*NPI:* 1154618593  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Serbian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **INFECTIOUS DISEASE**

**HADDAD, FADI A**  
*Provider ID:* 40943  
*Board Certified Specialty:* No  
 FADI A HADDAD MD INC  
 8860 CENTER DR STE 320  
 LA MESA, CA 91942-7001  
*Phone:* (619) 376-1904  
*Fax:*  
*After Hours Phone:* (619) 376-1904  
*Provider Gender:* Male  
*License number:* A80687  
*NPI:* 1689692956  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Mercy Hospital Chula Vista, Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:* www.haddadclinic.com  
*Email:*  
*Medical Group(s):*  
*IPA:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

*Phone:* (619) 713-5014  
*Fax:*  
*After Hours Phone:* (619) 713-5014  
*Provider Gender:* Female  
*License number:* A83701  
*NPI:* 1477641967  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### INTERNAL MEDICINE

#### DELA CRUZ, JUNE T

*Provider ID:* 57266  
*Board Certified Specialty:* No  
 SAN DIEGO CRITICAL CARE MED GRP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 713-5014  
*Fax:*  
*After Hours Phone:* (619) 713-5014  
*Provider Gender:* Female  
*License number:* A54445  
*NPI:* 1689784886  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W

#### FAHID, AMIR H

*Provider ID:* 101612  
*Board Certified Specialty:* No  
 SAN DIEGO CRITICAL CARE MED GRP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 713-5014  
*Fax:*  
*After Hours Phone:* (619) 713-5014  
*Provider Gender:* Male  
*License number:* A128773  
*NPI:* 1568740355  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

#### GARLAPATI, ANITHA R

*Provider ID:* 57273  
*Board Certified Specialty:* No  
 SAN DIEGO CRITICAL CARE MED GRP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019

#### HASSANEIN, MOHAMED K

*Provider ID:* 109541  
*Board Certified Specialty:* No  
 SAN DIEGO CRITICAL CARE MED GRP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 713-5014  
*Fax:*  
*After Hours Phone:* (619) 713-5014  
*Provider Gender:* Male  
*License number:* A135448  
*NPI:* 1164794673  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sutter Medical Center Sacramento, Sutter Roseville Medical Center, Marin General Hosp

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## D. Specialist Provider Directory

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

### **JALIL, ANMAR B**

Provider ID: 108361  
Board Certified Specialty: No  
SAN DIEGO CRITICAL CARE  
MED GRP INC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 713-5014  
Fax:  
After Hours Phone: (619) 713-5014  
Provider Gender: Male  
License number: A139378  
NPI: 1588907174  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MOHEDIN, BARZAN**

Provider ID: 52461  
Board Certified Specialty: No  
SAN DIEGO CRITICAL CARE

MED GRP INC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 713-5014  
Fax:  
After Hours Phone: (619) 713-5014  
Provider Gender: Male  
License number: A50839  
NPI: 1639235096  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Arabic, Farsi, Kurdish  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MURALIDHARA, SOWMYA A**

Provider ID: 102750  
Board Certified Specialty: No  
SAN DIEGO CRITICAL CARE  
MED GRP INC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 713-5014  
Fax:  
After Hours Phone: (619) 713-5014  
Provider Gender: Female  
License number: A114660  
NPI: 1851533285  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Hindi, Kannada, Tamil  
Cultural Competency: No  
Hospital Affiliation: Alvarado Hospital Llc  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **PAUL, RABEE Y**

Provider ID: 102682  
Board Certified Specialty: No  
SAN DIEGO CRITICAL CARE  
MED GRP INC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 713-5014  
Fax:  
After Hours Phone: (619) 713-5014  
Provider Gender: Male  
License number: A133752  
NPI: 1659503241  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

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## D. Specialist Provider Directory

### SEIKALY, VICTOR E

Provider ID: 58388  
 Board Certified Specialty: No  
 SAN DIEGO CRITICAL CARE  
 MED GRP INC  
 5555 GROSSMONT CENTER  
 DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 713-5014  
 Fax:  
 After Hours Phone: (619)  
 713-5014  
 Provider Gender: Male  
 License number: A50852  
 NPI: 1235158320  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### INTERVENTIONAL CARDIOLOGY

### TAGHIZADEH, BEHZAD, MD

Provider ID: 269161  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR STE 405  
 LA MESA, CA 91942-3198

Phone: (619) 582-2404  
 Fax:  
 After Hours Phone: (619)  
 582-2404  
 Provider Gender: Male  
 License number: C56208  
 NPI: 1275514986  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### MATERNAL AND FETAL MEDICINE

### ADAMCZAK, JOANNA E

Provider ID: 258903  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 5555 GROSSMONT CENTER  
 DR  
 LA MESA, CA 91942-3019  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Female  
 License number: A116982  
 NPI: 1447428420  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady

Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Tri City  
 Medical Ctr, Sharp Mary Birch  
 Hosp For Women And Newborns  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### ADAMCZAK, JOANNA E

Provider ID: 287121  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 8851 CENTER DR STE 201  
 LA MESA, CA 91942-3044  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Female  
 License number: A116982  
 NPI: 1447428420  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Tri City  
 Medical Ctr, Sharp Mary Birch  
 Hosp For Women And Newborns  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **ADAMI, REBECCA R**

*Provider ID:* 272676  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK

5555 GROSSMONT CENTER DR

LA MESA, CA 91942-3019

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858) 966-6710

*Provider Gender:* Female

*License number:* A149389

*NPI:* 1992149447

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **ADAMI, REBECCA R**

*Provider ID:* 287131

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK

8851 CENTER DR STE 201

LA MESA, CA 91942-3044

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858) 966-6710

*Provider Gender:* Female

*License number:* A149389

*NPI:* 1992149447

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **CASELE, HOLLY L**

*Provider ID:* 258872

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK

5555 GROSSMONT CENTER DR

LA MESA, CA 91942-3019

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858) 966-6710

*Provider Gender:* Female

*License number:* G87630

*NPI:* 1255348744

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **CASELE, HOLLY L**

*Provider ID:* 287073

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK

8851 CENTER DR STE 201

LA MESA, CA 91942-3044

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858) 966-6710

*Provider Gender:* Female

*License number:* G87630

*NPI:* 1255348744

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego

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## D. Specialist Provider Directory

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CATANZARITE, VALERIAN A**

*Provider ID:* 258848  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* G46026  
*NPI:* 1174694939  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CATANZARITE, VALERIAN A**

*Provider ID:* 278851  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 5565 GROSSMONT CENTER DR STE 2 # 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619) 713-5375  
*Provider Gender:* Male  
*License number:* G46026  
*NPI:* 1174694939  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Grossmont Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CATANZARITE, VALERIAN A**

*Provider ID:* 287063  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 8851 CENTER DR STE 201  
 LA MESA, CA 91942-3044  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* G46026  
*NPI:* 1174694939  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Grossmont Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MCCULLOUGH, DEIRDRE M**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider ID:* 244873  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* C159758  
*NPI:* 1639153018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MCCULLOUGH, DEIRDRE M**

*Provider ID:* 287116  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 8851 CENTER DR STE 201  
 LA MESA, CA 91942-3044  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* C159758

*NPI:* 1639153018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **RICHARDSON, ALVIE C**

*Provider ID:* 287095  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 8851 CENTER DR STE 201  
 LA MESA, CA 91942-3044  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* C160063  
*NPI:* 1154305977  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Rady Childrens Hospital San Diego, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SCHWENDEMANN, WADE D**

*Provider ID:* 287081  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 8851 CENTER DR STE 201  
 LA MESA, CA 91942-3044  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* A109228  
*NPI:* 1477563302  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Grossmont Hospital, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health

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## D. Specialist Provider Directory

Network

### **TITH, TEVY**

*Provider ID:* 287053

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

8851 CENTER DR STE 201

LA MESA, CA 91942-3044

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)

966-6710

*Provider Gender:* Female

*License number:* A103521

*NPI:* 1588816086

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital, Tri City

Medical Ctr, Sharp Mary Birch

Hosp For Women And

Newborns, University Of

California Irvine Med Ctr, Sharp

Grossmont Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **WESTERMANN, MELISSA L**

*Provider ID:* 255794

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

5555 GROSSMONT CENTER

DR # 2

LA MESA, CA 91942-3019

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)

966-6710

*Provider Gender:* Female

*License number:* A130149

*NPI:* 1760730758

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Mary

Birch Hosp For Women And

Newborns, Earl And Lorraine

Miller Childrens Hsp, Long Beach

Memorial Med Ctr, University Of

California Irvine Med Ctr, Sharp

Memorial Hospital, Grossmont

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **WESTERMANN, MELISSA L**

*Provider ID:* 287085

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

8851 CENTER DR STE 201

LA MESA, CA 91942-3044

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)

966-6710

*Provider Gender:* Female

*License number:* A130149

*NPI:* 1760730758

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Mary

Birch Hosp For Women And

Newborns, Earl And Lorraine

Miller Childrens Hsp, Long Beach

Memorial Med Ctr, University Of

California Irvine Med Ctr, Sharp

Memorial Hospital, Grossmont

Hospital, Sharp Grossmont

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **WILLIAMS, KRISTIN M**

*Provider ID:* 277384

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

5555 GROSSMONT CENTER

DR

LA MESA, CA 91942-3019

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)

966-6710

*Provider Gender:* Female

*License number:* A72985

*NPI:* 1992847131

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Stanford

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Health Care, Lucile Salter  
Packard Childrens Hosp, San  
Mateo Medical Ctr, Sharp  
Memorial Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns, Tri City Medical Ctr,  
California Pacific Med Ctr, Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/18*  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Rady Childrens Health*  
Network

### **WILLIAMS, KRISTIN M**

*Provider ID: 287113*  
*Board Certified Specialty: No*  
RADY CHILDRENS HEALTH  
NETWORK  
8851 CENTER DR STE 201  
LA MESA, CA 91942-3044  
*Phone: (858) 966-6710*  
*Fax: (858) 966-6711*  
*After Hours Phone: (858)*  
966-6710  
*Provider Gender: Female*  
*License number: A72985*  
*NPI: 1992847131*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Stanford*  
Health Care, Lucile Salter  
Packard Childrens Hosp, San  
Mateo Medical Ctr, Sharp  
Memorial Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns, Tri City Medical Ctr,  
California Pacific Med Ctr, Rady

Childrens Hospital San Diego  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/18*  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Rady Childrens Health*  
Network

### **NEPHROLOGY**

### **DO, LUAN K**

*Provider ID: 262108*  
*Board Certified Specialty: No*  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
8851 CENTER DR STE 505  
LA MESA, CA 91942-3059  
*Phone: (619) 461-3880*  
*Fax: (619) 461-3895*  
*After Hours Phone: (619)*  
461-3880  
*Provider Gender: Male*  
*License number: A65161*  
*NPI: 1538156245*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
Vietnamese  
*Cultural Competency: No*  
*Hospital Affiliation: Alvarado*  
Hospital Llc, Grossmont Hospital  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL):*  
No  
*♿ Accessibility: P, EB, IB, E, R, T*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc,*

Imperial Health Holdings Medical  
Group-Sd

### **DO, LUAN K , MD**

*Provider ID: 43077*  
*Board Certified Specialty: No*  
BALBOA NEPHROLOGY MED  
GRP INC  
8851 CENTER DR STE 505  
LA MESA, CA 91942-3059  
*Phone: (619) 461-3880*  
*Fax: (619) 461-3895*  
*After Hours Phone: (619)*  
461-3880  
*Provider Gender: Male*  
*License number: A65161*  
*NPI: 1538156245*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
Vietnamese  
*Cultural Competency: No*  
*Hospital Affiliation: Alvarado*  
Hospital Llc, Grossmont Hospital  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: None*  
*American Sign Language (ASL):*  
No  
*♿ Accessibility: P, EB, IB, E, R, T*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc,*  
Imperial Health Holdings Medical  
Group-Sd

### **DO, LUAN K**

*Provider ID: 43077*  
*Board Certified Specialty: No*  
BALBOA NEPHROLOGY MED  
GRP INC  
8851 CENTER DR STE 505  
LA MESA, CA 91942-3059

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## D. Specialist Provider Directory

Phone: (619) 461-3880  
 Fax: (619) 461-3895  
 After Hours Phone: (619) 461-3880  
 Provider Gender: Male  
 License number: A65161  
 NPI: 1538156245  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Grossmont Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website: www.balboacare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **FADDA, GEORGE Z**

Provider ID: 262184  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
 Phone: (619) 461-3880  
 Fax: (619) 461-3895  
 After Hours Phone: (619) 461-3880  
 Provider Gender: Male  
 License number: A44918  
 NPI: 1619972247  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, French

Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **FADDA, GEORGE Z , MD**

Provider ID: 26465  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
 Phone: (619) 461-3880  
 Fax: (619) 461-3895  
 After Hours Phone: (619) 461-3880  
 Provider Gender: Male  
 License number: A44918  
 NPI: 1619972247  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, French  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,

Imperial Health Holdings Medical Group-Sd

### **FADDA, GEORGE Z**

Provider ID: 26466  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
 Phone: (619) 461-3880  
 Fax: (619) 461-3895  
 After Hours Phone: (619) 461-3880  
 Provider Gender: Male  
 License number: A44918  
 NPI: 1619972247  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, French  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website: www.balboacare.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MILLER, LUCY M**

Provider ID: 262152  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Phone:* (619) 461-3880  
*Fax:* (619) 461-3895  
*After Hours Phone:* (619) 461-3880  
*Provider Gender:* Female  
*License number:* A53843  
*NPI:* 1467458620  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese, Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MILLER, LUCY M , MD**

*Provider ID:* 26595  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
*Phone:* (619) 461-3880  
*Fax:* (619) 461-3895  
*After Hours Phone:* (619) 461-3880  
*Provider Gender:* Female  
*License number:* A53843  
*NPI:* 1467458620  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese, Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont

Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/0  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MILLER, LUCY M**

*Provider ID:* 26595  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
*Phone:* (619) 461-3880  
*Fax:*  
*After Hours Phone:* (619) 461-3880  
*Provider Gender:* Female  
*License number:* A53843  
*NPI:* 1467458620  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese, Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:* www.balboacare.com  
*Email:*  
*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **THOMPSON, JOHN C , MD**

*Provider ID:* 24866  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
*Phone:* (619) 461-3880  
*Fax:* (619) 461-3895  
*After Hours Phone:* (619) 461-3880  
*Provider Gender:* Male  
*License number:* G83902  
*NPI:* 1770663890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **THOMPSON, JOHN C**

*Provider ID:* 24866  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Phone:* (619) 461-3880  
*Fax:*  
*After Hours Phone:* (619) 461-3880  
*Provider Gender:* Male  
*License number:* G83902  
*NPI:* 1770663890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:* www.balboacare.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### THOMPSON, JOHN C

*Provider ID:* 262352  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
*Phone:* (619) 461-3880  
*Fax:* (619) 461-3895  
*After Hours Phone:* (619) 461-3880  
*Provider Gender:* Male  
*License number:* G83902  
*NPI:* 1770663890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### NEUROLOGY

### CHENG, YU D

*Provider ID:* 26929  
*Board Certified Specialty:* No  
 ER KAI GAO MD INC  
 8851 CENTER DR STE 603  
 LA MESA, CA 91942-3063  
*Phone:* (619) 667-4545  
*Fax:* (619) 667-4550  
*After Hours Phone:* (619) 667-4545  
*Provider Gender:* Male  
*License number:* A79461  
*NPI:* 1336226471  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:*

### GAO, ER-KAI

*Provider ID:* 26677  
*Board Certified Specialty:* No  
 ER KAI GAO MD INC  
 8851 CENTER DR STE 603  
 LA MESA, CA 91942-3063  
*Phone:* (619) 667-4545  
*Fax:* (619) 667-4550  
*After Hours Phone:* (619) 667-4545  
*Provider Gender:* Male  
*License number:* A71659  
*NPI:* 1710064944  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### MOHAMMAD, AHMAD SHAH, MD

*Provider ID:* 39868  
*Board Certified Specialty:* No  
 EAST COUNTY NEUROLOGY ASSOCIATES INC  
 8851 CENTER DR STE 307  
 LA MESA, CA 91942-6006

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Phone:* (619) 337-7900  
*Fax:* (619) 337-7902  
*After Hours Phone:* (619) 337-7900  
*Provider Gender:* Male  
*License number:* A98831  
*NPI:* 1902973472  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Farsi, French, German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MOHAMMAD, AHMAD SHAH**

*Provider ID:* 39868  
*Board Certified Specialty:* No  
 EAST COUNTY NEUROLOGY ASSOCIATES INC  
 8851 CENTER DR STE 307  
 LA MESA, CA 91942-6006  
*Phone:* (619) 337-7900  
*Fax:* (619) 337-7902  
*After Hours Phone:* (619) 337-7900  
*Provider Gender:* Male  
*License number:* A98831  
*NPI:* 1902973472  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Farsi, French, German,

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **OPHTHALMOLOGY**

### **BINDER, NICHOLAS R**

*Provider ID:* 262355  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 5565 GROSSMONT CENTER DR STE 2 # 3  
 LA MESA, CA 91942-3037  
*Phone:* (619) 697-4600  
*Fax:* (619) 464-5526  
*After Hours Phone:* (619) 697-4600  
*Provider Gender:* Male  
*License number:* A124698  
*NPI:* 1306076716  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **BINDER, NICHOLAS R , MD**

*Provider ID:* 268754  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 5565 GROSSMONT CENTER DR STE 2 # 3  
 LA MESA, CA 91942-3037  
*Phone:* (619) 697-4600  
*Fax:* (619) 464-5526  
*After Hours Phone:* (619) 697-4600

*Provider Gender:* Male  
*License number:* A124698  
*NPI:* 1306076716  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **BINDER, NICHOLAS R**

*Provider ID:* 288647  
*Board Certified Specialty:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

COMMUNITY CARE IPA LLC  
7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942-7435  
Phone: (619) 722-8460  
Fax: (619) 722-8465  
After Hours Phone: (619)  
722-8460  
Provider Gender: Male  
License number: A124698  
NPI: 1306076716  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Grossmont  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

**CARRABY, ARNETT**  
Provider ID: 116394  
Board Certified Specialty: No  
CALIFORNIA RETINA ASSOCS  
8851 CENTER DR # 406  
LA MESA, CA 91942-3017  
Phone: (619) 425-7755  
Fax:  
After Hours Phone: (619)  
425-7755  
Provider Gender: Male  
License number: G47836  
NPI: 1366530792  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Spanish, Tagalog, Vietnamese  
Cultural Competency: No  
Hospital Affiliation: El Centro  
Regional Medical Center,  
Pioneers Memorial Hospital,  
Alvarado Hospital Llc  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**CARRABY, ARNETT, MD**  
Provider ID: 269060  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
8851 CENTER DR # 406  
LA MESA, CA 91942-3017  
Phone: (619) 425-7755  
Fax: (619) 425-2138  
After Hours Phone: (619)  
425-7755  
Provider Gender: Male  
License number: G47836  
NPI: 1366530792  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Tagalog, Vietnamese  
Cultural Competency: No  
Hospital Affiliation: El Centro  
Regional Medical Center,  
Pioneers Memorial Hospital,  
Alvarado Hospital Llc  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:

Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**CHAVEZ, CESAR T , MD**  
Provider ID: 268778  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
8851 CENTER DR # 406  
LA MESA, CA 91942-3017  
Phone: (619) 425-7755  
Fax: (619) 425-2138  
After Hours Phone: (619)  
425-7755  
Provider Gender: Male  
License number: G51615  
NPI: 1720082563  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: El Centro  
Regional Medical Center,  
Paradise Valley Hospital, Scripps  
Mercy Hospital, Scripps  
Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**CODEN, DANIEL J**  
Provider ID: 288657  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942-7435

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460  
 Provider Gender: Male  
 License number: G57587  
 NPI: 1942317508  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **DELENGOCKY, TAYSON**

Provider ID: 116393  
 Board Certified Specialty: No  
 CALIFORNIA RETINA ASSOCS  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
 Phone: (619) 425-7755  
 Fax:  
 After Hours Phone: (619) 425-7755  
 Provider Gender: Male  
 License number: 20A12784  
 NPI: 1164637153  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, French, Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: El Centro Regional Medical Center, Alvarado Hospital Llc  
 Medi-Cal Open Panel: No

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **DELENGOCKY, TAYSON**

Provider ID: 268959  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619) 425-7755  
 Provider Gender: Male  
 License number: 20A12784  
 NPI: 1164637153  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, French, Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: El Centro Regional Medical Center, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ECHEGOYEN, JULIO C , MD**

Provider ID: 268935  
 Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619) 425-7755  
 Provider Gender: Male  
 License number: A121431  
 NPI: 1770801540  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Paradise Valley Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **GOLLOGLY, HEIDRUN E**

Provider ID: 262383  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 5565 GROSSMONT CENTER DR STE 551  
 LA MESA, CA 91942-3078  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Female  
 License number: A134761

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

**NPI:** 1477879823

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**  
French, German, Spanish

**Cultural Competency:** No

**Hospital Affiliation:** Scripps Mercy Hospital Chula Vista, Adventist Health And Rideout, Grossmont Hospital, Desert Regional Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0/999

**American Sign Language (ASL):**  
No

**♿ Accessibility:**

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

**Website:**

**Email:**

**Medical Group(s):**

**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **GOLLOGLY, HEIDRUN E , MD**

**Provider ID:** 269127

**Board Certified Specialty:** No  
COMMUNITY CARE IPA LLC  
5565 GROSSMONT CENTER  
DR STE 551

**LA MESA, CA 91942-3078**

**Phone:** (800) 898-2020

**Fax:** (844) 897-3788

**After Hours Phone:** (800)

898-2020

**Provider Gender:** Female

**License number:** A134761

**NPI:** 1477879823

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**  
French, German, Spanish

**Cultural Competency:** No

**Hospital Affiliation:** Scripps Mercy Hospital Chula Vista, Adventist

Health And Rideout, Grossmont Hospital, Desert Regional Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0/999

**American Sign Language (ASL):**  
No

**♿ Accessibility:**

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

**Website:**

**Email:**

**Medical Group(s):**

**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **GOLLOGLY, HEIDRUN E**

**Provider ID:** 288654

**Board Certified Specialty:** No  
COMMUNITY CARE IPA LLC  
7339 EL CAJON BLVD STE J  
AND K

**LA MESA, CA 91942-7435**

**Phone:** (619) 722-8460

**Fax:** (619) 722-8465

**After Hours Phone:** (619)

722-8460

**Provider Gender:** Female

**License number:** A134761

**NPI:** 1477879823

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**  
French, German, Spanish

**Cultural Competency:** No

**Hospital Affiliation:** Scripps Mercy Hospital Chula Vista, Adventist Health And Rideout, Grossmont Hospital, Desert Regional Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital, Sharp Memorial Hospital

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0/999

**American Sign Language (ASL):**  
No

**♿ Accessibility:**

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

**Website:**

**Email:**

**Medical Group(s):**

**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **HAIGHT, BRUCE T , MD**

**Provider ID:** 269112

**Board Certified Specialty:** No  
COMMUNITY CARE IPA LLC  
5565 GROSSMONT CENTER  
DR STE 3 # 551

**LA MESA, CA 91942-3007**

**Phone:** (619) 465-2020

**Fax:** (619) 698-1189

**After Hours Phone:** (619)

465-2020

**Provider Gender:** Male

**License number:** G41117

**NPI:** 1427029628

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**  
Cultural Competency: No

**Hospital Affiliation:** Grossmont Hospital

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0/999

**American Sign Language (ASL):**  
No

**♿ Accessibility:**

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

**Website:**

**Email:**

**Medical Group(s):**

**IPA:** Community Care Ipa Llc

### **HAIGHT, BRUCE T**

**Provider ID:** 288660

**Board Certified Specialty:** No  
COMMUNITY CARE IPA LLC

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

7339 EL CAJON BLVD STE J  
AND K

LA MESA, CA 91942-7435

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Provider Gender: Male

License number: G41117

NPI: 1427029628

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### HO, JOSEPH, MD

Provider ID: 268884

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
5565 GROSSMONT CENTER  
DR STE 2 # 3

LA MESA, CA 91942-3037

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)  
898-2020

Provider Gender: Male

License number: A137389

NPI: 1962766451

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Temecula  
Valley Hospital Inc, Southwest

Healthcare System Murrieta,  
Scripps Memorial Hospital,  
Desert Regional Med Ctr,  
Grossmont Hospital, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### KATZMAN, BARRY

Provider ID: 288704

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
7339 EL CAJON BLVD STE J  
AND K

LA MESA, CA 91942-7435

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Provider Gender: Male

License number: A34834

NPI: 1760473797

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog, Vietnamese

Cultural Competency: No

Hospital Affiliation: Alvarado  
Hosp Med Ctr, Sharp Memorial  
Hospital, Paradise Valley  
Hospital, Alvarado Hospital Llc,  
Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### KOWNACKI, JOHN

Provider ID: 262426

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
5565 GROSSMONT CENTER  
DR STE 3 # 551

LA MESA, CA 91942-3007

Phone: (619) 465-2020

Fax: (844) 897-3788

After Hours Phone: (619)  
465-2020

Provider Gender: Male

License number: G84672

NPI: 1225189418

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Imperial Health Holdings  
Medical Group-Sd

### MANI, MAJID

Provider ID: 116386

Board Certified Specialty: Yes  
CALIFORNIA RETINA ASSOCS  
8851 CENTER DR # 406  
LA MESA, CA 91942-3017

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Phone:* (619) 425-7755  
*Fax:*  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A60640  
*NPI:* 1043261373  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Pioneers Memorial Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MANI, MAJID, MD**

*Provider ID:* 269194  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A60640  
*NPI:* 1043261373  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No

*Hospital Affiliation:* El Centro Regional Medical Center, Sharp Memorial Hospital, Pioneers Memorial Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MANI, NASRIN**

*Provider ID:* 116388  
*Board Certified Specialty:* No  
 CALIFORNIA RETINA ASSOCS  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:*  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Female  
*License number:* A40473  
*NPI:* 1023061314  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MANI, NASRIN, MD**

*Provider ID:* 269200  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Female  
*License number:* A40473  
*NPI:* 1023061314  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Faroese, Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MCGRAW, JOSEPH P , MD**

*Provider ID:* 269699  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 5565 GROSSMONT CENTER DR STE 551  
 LA MESA, CA 91942-3078

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619) 465-2020  
 Provider Gender: Male  
 License number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **MCGRAW, JOSEPH P**

Provider ID: 288659  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 7339 EL CAJON BLVD STE J AND K  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460  
 Provider Gender: Male  
 License number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):

No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**MILLER, DOUGLAS G**  
 Provider ID: 262448  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 5565 GROSSMONT CENTER DR STE 2 # 3  
 LA MESA, CA 91942-3037  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800) 898-2020  
 Provider Gender: Male  
 License number: G52627  
 NPI: 1982636031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

Provider ID: 288693  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

### **MILLER, DOUGLAS G**

Provider ID: 288693  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

7339 EL CAJON BLVD STE J AND K  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460  
 Provider Gender: Male  
 License number: G52627  
 NPI: 1982636031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Tagalog, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MORRISON-REYES, JOSHUA A**

Provider ID: 262325  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 5565 GROSSMONT CENTER DR STE 3 # 551  
 LA MESA, CA 91942-3007  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619) 465-2020  
 Provider Gender: Male  
 License number: A125435  
 NPI: 1235366782  
 Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MORRISON-REYES, JOSHUA A , MD**

*Provider ID:* 269182  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 5565 GROSSMONT CENTER DR STE 3 # 551  
 LA MESA, CA 91942-3007  
*Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
*After Hours Phone:* (619) 465-2020  
*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MORRISON-REYES, JOSHUA A**

*Provider ID:* 288662  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 7339 EL CAJON BLVD STE J AND K  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:* (619) 722-8460  
*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical

Group-Sd

### **MOSS, JASON M , MD**

*Provider ID:* 268758  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A130529  
*NPI:* 1386961423  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NAJAFI, DAVID J**

*Provider ID:* 39835  
*Board Certified Specialty:* No  
 ALLIANCE RETINA CONSULTANTS INC  
 8262 UNIVERSITY AVE  
 LA MESA, CA 91942-9321

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Phone:* (619) 668-0045

*Fax:*

*After Hours Phone:* (619)  
668-0045

*Provider Gender:* Male

*License number:* A68124

*NPI:* 1396715991

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi, Persian, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Sharp

Memorial Hospital, Grossmont

Hospital, Scripps Mercy Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **PAPASTERGIOU, GEORGIOS**

*Provider ID:* 116392

*Board Certified Specialty:* Yes

CALIFORNIA RETINA ASSOCS

8851 CENTER DR # 406

LA MESA, CA 91942-3017

*Phone:* (619) 425-7755

*Fax:*

*After Hours Phone:* (619)

425-7755

*Provider Gender:* Male

*License number:* A127706

*NPI:* 1790054393

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic, Farsi, French, Greek,  
Italian, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* El Centro

Regional Medical Center, Scripps

Memorial Hospital, Sharp

Memorial Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical  
Group-Sd

### **PAPASTERGIOU, GEORGIOS, MD**

*Provider ID:* 269191

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

8851 CENTER DR # 406

LA MESA, CA 91942-3017

*Phone:* (619) 425-7755

*Fax:* (619) 425-2138

*After Hours Phone:* (619)

425-7755

*Provider Gender:* Male

*License number:* A127706

*NPI:* 1790054393

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic, Farsi, French, Greek,  
Italian, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* El Centro

Regional Medical Center, Scripps

Memorial Hospital, Sharp

Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PATEL, GITANE**

*Provider ID:* 262322

*Board Certified Specialty:* No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

5565 GROSSMONT CENTER

DR STE 2 # 3

LA MESA, CA 91942-3037

*Phone:* (800) 898-2020

*Fax:* (844) 897-3788

*After Hours Phone:* (800)

898-2020

*Provider Gender:* Male

*License number:* A108603

*NPI:* 1710171434

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic, Gujarati, Spanish,  
Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont

Hospital, Paradise Valley

Hospital, Scripps Memorial

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PATEL, GITANE**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider ID:* 288653  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 7339 EL CAJON BLVD STE J  
 AND K  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:* (619)  
 722-8460  
*Provider Gender:* Male  
*License number:* A108603  
*NPI:* 1710171434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, Gujarati, Spanish,  
 Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Paradise Valley  
 Hospital, Scripps Memorial  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

**PATEL, SARJAN H**  
*Provider ID:* 262406  
*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD**  
 5565 GROSSMONT CENTER  
 DR STE 2 # 3  
 LA MESA, CA 91942-3037

*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800)  
 898-2020  
*Provider Gender:* Male  
*License number:* A114976  
*NPI:* 1316199326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Gujarati, Hindi, Spanish,  
 Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
 Hospital Llc, Grossmont Hospital,  
 Scripps Memorial Hospital,  
 Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

**PATEL, SARJAN H**  
*Provider ID:* 288663  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 7339 EL CAJON BLVD STE J  
 AND K  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:* (619)  
 722-8460  
*Provider Gender:* Male  
*License number:* A114976  
*NPI:* 1316199326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Gujarati, Hindi, Spanish,  
 Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
 Hospital Llc, Grossmont Hospital,  
 Scripps Memorial Hospital,  
 Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

**PEAIRS, JAMES J**  
*Provider ID:* 126598  
*Board Certified Specialty:* No  
**CALIFORNIA RETINA ASSOCS**  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:*  
*After Hours Phone:* (619)  
 425-7755  
*Provider Gender:* Male  
*License number:* A155296  
*NPI:* 1609135623  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Scripps Memorial  
 Hospital, El Centro Regional  
 Medical Center, Sharp Memorial  
 Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PEAIRS, JAMES J , MD**

*Provider ID:* 268820  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A155296  
*NPI:* 1609135623  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PERRY, ARTHUR C**

*Provider ID:* 288656  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC

7339 EL CAJON BLVD STE J AND K  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:* (619) 722-8460  
*Provider Gender:* Male  
*License number:* C37934  
*NPI:* 1194832725  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PONS, MAURICIO E**

*Provider ID:* 116389  
*Board Certified Specialty:* No  
 CALIFORNIA RETINA ASSOCS  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:*  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A87650  
*NPI:* 1376723759  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PONS, MAURICIO E , MD**

*Provider ID:* 269243  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A87650  
*NPI:* 1376723759  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PRABHU, SUJATA P**

*Provider ID:* 262395  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 5565 GROSSMONT CENTER  
 DR STE 2 # 3  
 LA MESA, CA 91942-3037  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800)  
 898-2020  
*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog, Telugu,  
 Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise  
 Valley Hospital, Alvarado  
 Community Hospital, Scripps  
 Memorial Hospital, Grossmont  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **PRABHU, SUJATA P**

*Provider ID:* 262396  
*Board Certified Specialty:* No

IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 5565 GROSSMONT CENTER  
 DR STE 3 # 551  
 LA MESA, CA 91942-3007  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800)  
 898-2020  
*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog, Telugu,  
 Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise  
 Valley Hospital, Alvarado  
 Community Hospital, Scripps  
 Memorial Hospital, Grossmont  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **PRABHU, SUJATA P**

*Provider ID:* 288696  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 7339 EL CAJON BLVD STE J  
 AND K  
 LA MESA, CA 91942-7435

*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:* (619)  
 722-8460  
*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog, Telugu,  
 Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise  
 Valley Hospital, Alvarado  
 Community Hospital, Scripps  
 Memorial Hospital, Grossmont  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **PRATT, STEVEN G**

*Provider ID:* 288655  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 7339 EL CAJON BLVD STE J  
 AND K  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:* (619)  
 722-8460  
*Provider Gender:* Male  
*License number:* G32379  
*NPI:* 1407963044  
*Provider English Spoken:* Yes

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## D. Specialist Provider Directory

*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **RAJSBAUM, MARTIN**

*Provider ID:* 117838  
*Board Certified Specialty:* No  
 CALIFORNIA RETINA ASSOCS  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:*  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A42670  
*NPI:* 1912999400  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Russian, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **RICE, LAWRENCE S , MD**

*Provider ID:* 269038  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 5565 GROSSMONT CENTER DR STE 551  
 LA MESA, CA 91942-3078  
*Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
*After Hours Phone:* (619) 465-2020  
*Provider Gender:* Male  
*License number:* C31021  
*NPI:* 1922060805  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **RICE, LAWRENCE S**

*Provider ID:* 288646  
*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC  
 7339 EL CAJON BLVD STE J AND K  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:* (619) 722-8460  
*Provider Gender:* Male  
*License number:* C31021  
*NPI:* 1922060805  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SASSANI, PATRICK P , MD**

*Provider ID:* 269077  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A150205  
*NPI:* 1033411061

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Sharp Chula  
 Vista Med Ctr, El Centro  
 Regional Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SCHER, BARRY M , MD**

*Provider ID:* 268829  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619)  
 425-7755  
*Provider Gender:* Male  
*License number:* G23827  
*NPI:* 1235106899  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
 Vista Med Ctr, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Mercy Hospital, Paradise Valley  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
  
**SKAF, AYHAM R**  
*Provider ID:* 116391  
*Board Certified Specialty:* No  
 CALIFORNIA RETINA ASSOCS  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017  
*Phone:* (619) 425-7755  
*Fax:*  
*After Hours Phone:* (619)  
 425-7755  
*Provider Gender:* Male  
*License number:* A120584  
*NPI:* 1285888628  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro  
 Regional Medical Center, Sharp  
 Memorial Hospital, Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
  
**SKAF, AYHAM R , MD**  
*Provider ID:* 269075  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**SKAF, AYHAM R , MD**  
*Provider ID:* 269075  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR # 406  
 LA MESA, CA 91942-3017

*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619)  
 425-7755  
*Provider Gender:* Male  
*License number:* A120584  
*NPI:* 1285888628  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro  
 Regional Medical Center, Sharp  
 Memorial Hospital, Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ZABANEH, ALEXANDER I**

*Provider ID:* 262170  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 5565 GROSSMONT CENTER  
 DR STE 3  
 LA MESA, CA 91942-3007  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800)  
 898-2020  
*Provider Gender:* Male  
*License number:* A154697  
*NPI:* 1346687233  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic  
*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **ZABANEH, ALEXANDER I , MD**

*Provider ID:* 269123

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
5565 GROSSMONT CENTER  
DR STE 551

LA MESA, CA 91942-3078

*Phone:* (800) 898-2020

*Fax:* (844) 897-3788

*After Hours Phone:* (800) 898-2020

*Provider Gender:* Male

*License number:* A154697

*NPI:* 1346687233

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Arabic

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **OTOLARYNGOLOGY**

### **BUSINO, ROWLEY S**

*Provider ID:* 262172

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
5565 GROSSMONT CENTER  
DR STE 3 # 101

LA MESA, CA 91942-3007

*Phone:* (619) 464-3353

*Fax:* (619) 464-6720

*After Hours Phone:* (619) 464-3353

*Provider Gender:* Female

*License number:* A112508

*NPI:* 1396997664

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Arabic, French, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, South Coast Global Medical Center Inc, Orange County Global Medical Center Inc, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Alvarado Hospital Llc

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **BUSINO, ROWLEY S , MD**

*Provider ID:* 53306

*Board Certified Specialty:* No  
EAR NOSE AND THROAT OF  
SAN DIEGO A MED CORP  
5565 GROSSMONT CENTER  
DR STE 101

LA MESA, CA 91942-3021

*Phone:* (619) 464-3353

*Fax:* (619) 464-6720

*After Hours Phone:* (619) 464-3353

*Provider Gender:* Female

*License number:* A112508

*NPI:* 1396997664

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Arabic, French, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, South Coast Global Medical Center Inc, Orange County Global Medical Center Inc, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Rady Childrens Hospital San Diego, Alvarado Hospital Llc

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **DRISKILL, BRENT R**

*Provider ID:* 121484  
*Board Certified Specialty:* No  
**EAR NOSE AND THROAT OF SAN DIEGO A MED CORP**  
 5565 GROSSMONT CENTER  
 DR STE 101  
 LA MESA, CA 91942-3021  
*Phone:* (619) 464-3353  
*Fax:* (619) 464-6720  
*After Hours Phone:* (619) 464-3353  
*Provider Gender:* Male  
*License number:* C146197  
*NPI:* 1477612372  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Alvarado Hosp Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **DRISKILL, BRENT R**

*Provider ID:* 121484  
*Board Certified Specialty:* No  
**EAR NOSE AND THROAT OF SAN DIEGO A MED CORP**  
 5565 GROSSMONT CENTER  
 DR STE 101  
 LA MESA, CA 91942-3021

*Phone:* (619) 464-3353  
*Fax:* (619) 464-6720  
*After Hours Phone:* (619) 464-3353  
*Provider Gender:* Male  
*License number:* C146197  
*NPI:* 1477612372  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Alvarado Hosp Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MCCALLION, PATRICK G**

*Provider ID:* 26600  
*Board Certified Specialty:* Yes  
**EAR NOSE AND THROAT OF SAN DIEGO A MED CORP**  
 5565 GROSSMONT CENTER  
 DR STE 3 # 101  
 LA MESA, CA 91942-3007  
*Phone:* (619) 464-3353  
*Fax:* (619) 464-6720  
*After Hours Phone:* (619) 464-3353  
*Provider Gender:* Male  
*License number:* G64989  
*NPI:* 1134144454  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MCCALLION, PATRICK G , MD**

*Provider ID:* 26600  
*Board Certified Specialty:* Yes  
**EAR NOSE AND THROAT OF SAN DIEGO A MED CORP**  
 5565 GROSSMONT CENTER  
 DR STE 3 # 101  
 LA MESA, CA 91942-3007  
*Phone:* (619) 464-3353  
*Fax:* (619) 464-6720  
*After Hours Phone:* (619) 464-3353  
*Provider Gender:* Male  
*License number:* G64989  
*NPI:* 1134144454  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Medical Group(s):*  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MOLES, JEREMIAH J , MD**

*Provider ID:* 46814  
*Board Certified Specialty:* No  
EAR NOSE AND THROAT OF  
SAN DIEGO A MED CORP  
5565 GROSSMONT CENTER  
DR STE 3 # 101  
LA MESA, CA 91942-3007  
*Phone:* (619) 464-3353  
*Fax:* (619) 464-6720  
*After Hours Phone:* (619)  
464-3353  
*Provider Gender:* Male  
*License number:* A112009  
*NPI:* 1003067745  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, Farsi, Spanish, Tongan  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Sharp Chula Vista Med  
Ctr, Scripps Mercy Hospital  
Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MOLES, JEREMIAH J**

*Provider ID:* 46814  
*Board Certified Specialty:* No  
EAR NOSE AND THROAT OF

SAN DIEGO A MED CORP  
5565 GROSSMONT CENTER  
DR STE 3 # 101  
LA MESA, CA 91942-3007  
*Phone:* (619) 464-3353  
*Fax:* (619) 464-6720  
*After Hours Phone:* (619)  
464-3353  
*Provider Gender:* Male  
*License number:* A112009  
*NPI:* 1003067745  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, Farsi, Spanish, Tongan  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Sharp Chula Vista Med  
Ctr, Scripps Mercy Hospital  
Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PATSIAS, ALEXIS, MD**

*Provider ID:* 243551  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
5565 GROSSMONT CENTER  
DR STE 101  
LA MESA, CA 91942-3021  
*Phone:* (619) 464-3353  
*Fax:* (619) 464-6720  
*After Hours Phone:* (619)  
464-3353  
*Provider Gender:* Female  
*License number:* A160436

*NPI:* 1326452855  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital, Sharp Chula Vista Med  
Ctr, Sharp Memorial Hospital,  
Scripps Mercy Hospital Chula  
Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc

### **PITZER, GEOFFREY B**

*Provider ID:* 103378  
*Board Certified Specialty:* Yes  
EAR NOSE AND THROAT OF  
SAN DIEGO A MED CORP  
5565 GROSSMONT CENTER  
DR STE 3 # 101  
LA MESA, CA 91942-3007  
*Phone:* (619) 464-3353  
*Fax:* (619) 464-6720  
*After Hours Phone:* (619)  
464-3353  
*Provider Gender:* Male  
*License number:* A125888  
*NPI:* 1770673238  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Alvarado Hospital Llc,  
Sharp Memorial Hospital, Sharp  
Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PITZER, GEOFFREY B , MD**

Provider ID: 103378  
 Board Certified Specialty: Yes  
 MOUNTAIN HLTH & COMM SERVICES  
 5565 GROSSMONT CENTER DR STE 3 # 101  
 LA MESA, CA 91942-3007  
 Phone: (619) 464-3353  
 Fax: (619) 464-6720  
 After Hours Phone: (619) 464-3353  
 Provider Gender: Male  
 License number: A125888  
 NPI: 1770673238  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,

Imperial Health Holdings Medical Group-Sd

### **PITZER, GEOFFREY B**

Provider ID: 103378  
 Board Certified Specialty: Yes  
 MOUNTAIN HLTH & COMM SERVICES  
 5565 GROSSMONT CENTER DR STE 3 # 101  
 LA MESA, CA 91942-3007  
 Phone: (619) 464-3353  
 Fax: (619) 464-6720  
 After Hours Phone: (619) 464-3353  
 Provider Gender: Male  
 License number: A125888  
 NPI: 1770673238  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PITZER, GEOFFREY B , MD**

Provider ID: 103378  
 Board Certified Specialty: Yes  
 EAR NOSE AND THROAT OF SAN DIEGO A MED CORP

5565 GROSSMONT CENTER DR STE 3 # 101  
 LA MESA, CA 91942-3007  
 Phone: (619) 464-3353  
 Fax: (619) 464-6720  
 After Hours Phone: (619) 464-3353  
 Provider Gender: Male  
 License number: A125888  
 NPI: 1770673238  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SCHALCH LEPE, PAUL, MD**

Provider ID: 122525  
 Board Certified Specialty: No  
 MOUNTAIN HLTH & COMM SERVICES  
 5565 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3020  
 Phone: (619) 464-3353  
 Fax: (619) 464-6720  
 After Hours Phone: (619) 464-3353  
 Provider Gender: Male  
 License number: A92839

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**NPI:** 1558550053

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**  
Arabic, German, Spanish

**Cultural Competency:** No

**Hospital Affiliation:** Grossmont  
Hospital, Scripps Mercy Hospital,  
Sharp Memorial Hospital, Scripps  
Mercy Hospital Chula Vista,  
Scripps Memorial Hospital, Sharp  
Chula Vista Med Ctr, Alvarado

Hospital Llc, Sharp Coronado

Hosp And Healthcare Ctr

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** None

**American Sign Language (ASL):**  
No

**Accessibility:**

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

**Website:**

**Email:**

**Medical Group(s):**

**IPA:** Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **SCHALCH LEPE, PAUL, MD**

**Provider ID:** 269980

**Board Certified Specialty:** No  
COMMUNITY CARE IPA LLC  
5565 GROSSMONT CENTER  
DR STE 101

LA MESA, CA 91942-3021

**Phone:** (619) 464-3353

**Fax:** (619) 464-6720

**After Hours Phone:** (619)  
464-3353

**Provider Gender:** Male

**License number:** A92839

**NPI:** 1558550053

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**  
Arabic, German, Spanish

**Cultural Competency:** No

**Hospital Affiliation:** Grossmont

Hospital, Scripps Mercy Hospital, No

Sharp Memorial Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Memorial Hospital, Sharp

Chula Vista Med Ctr, Alvarado

Hospital Llc, Sharp Coronado

Hosp And Healthcare Ctr

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0/999

**American Sign Language (ASL):**  
No

**Accessibility:**

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

**Website:**

**Email:**

**Medical Group(s):**

**IPA:** Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **SKELTON, SEAN C**

**Provider ID:** 122638

**Board Certified Specialty:** Yes  
EAR NOSE AND THROAT OF  
SAN DIEGO A MED CORP  
5565 GROSSMONT CENTER  
DR STE 3 # 101

LA MESA, CA 91942-3007

**Phone:** (619) 464-3353

**Fax:** (619) 464-6720

**After Hours Phone:** (619)  
464-3353

**Provider Gender:** Male

**License number:** 20A7852

**NPI:** 1063592277

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**  
Japanese

**Cultural Competency:** No

**Hospital Affiliation:** Grossmont  
Hospital, Sharp Chula Vista Med  
Ctr, Sharp Memorial Hospital

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** None

**American Sign Language (ASL):**

No

**Accessibility:**

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

**Website:**

**Email:**

**Medical Group(s):**

**IPA:** Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **SKELTON, SEAN C**

**Provider ID:** 269028

**Board Certified Specialty:** Yes  
COMMUNITY CARE IPA LLC  
5565 GROSSMONT CENTER  
DR STE 3 # 101

LA MESA, CA 91942-3007

**Phone:** (619) 464-3353

**Fax:** (619) 464-6720

**After Hours Phone:** (619)  
464-3353

**Provider Gender:** Male

**License number:** 20A7852

**NPI:** 1063592277

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**  
Japanese

**Cultural Competency:** No

**Hospital Affiliation:** Grossmont  
Hospital, Sharp Chula Vista Med  
Ctr, Sharp Memorial Hospital

**Medi-Cal Open Panel:** Yes

**Min/Max Age:** 0/999

**American Sign Language (ASL):**  
No

**Accessibility:**

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

**Website:**

**Email:**

**Medical Group(s):**

**IPA:** Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

## **PEDIATRIC EMERGENCY**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

| MEDICINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Phone: (619) 713-5375<br/>Fax: (619) 713-5379<br/>After Hours Phone: (619) 713-5375<br/>Provider Gender: Female<br/>License number: A126911<br/>NPI: 1659632362<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency: No<br/>Hospital Affiliation: Rady<br/>Childrens Hospital San Diego<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0/18<br/>American Sign Language (ASL):<br/>No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Rady Childrens Health<br/>Network</p>                                                                                                                                                                                           | <p>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0/18<br/>American Sign Language (ASL):<br/>No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Rady Childrens Health<br/>Network</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>JOSHI, WEENA E</b><br/>Provider ID: 262233<br/>Board Certified Specialty: No<br/>RADY CHILDRENS HEALTH<br/>NETWORK<br/>5565 GROSSMONT CENTER<br/>DR STE 2 # 2<br/>LA MESA, CA 91942-3037<br/>Phone: (619) 713-5375<br/>Fax: (619) 713-5379<br/>After Hours Phone: (619) 713-5375<br/>Provider Gender: Female<br/>License number: A91208<br/>NPI: 1376862177<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency: No<br/>Hospital Affiliation: Rady<br/>Childrens Hospital San Diego,<br/>Pomerado Hospital<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0/18<br/>American Sign Language (ASL):<br/>No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Rady Childrens Health<br/>Network</p> | <p><b>VARGAS, JACLYN</b><br/>Provider ID: 285936<br/>Board Certified Specialty: No<br/>RADY CHILDRENS HEALTH<br/>NETWORK<br/>5555 GROSSMONT CENTER<br/>DR<br/>LA MESA, CA 91942-3019<br/>Phone: (858) 966-6710<br/>Fax: (858) 966-6711<br/>After Hours Phone: (858) 966-6710<br/>Provider Gender: Female<br/>License number: A144447<br/>NPI: 1619359718<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency: No<br/>Hospital Affiliation: Rady<br/>Childrens Hospital San Diego,<br/>Lac Usc Medical Center</p>                                                                                                                                                                                                           | PEDIATRIC INFECTIOUS<br>DISEASES                                                                                                                                                                                                     |
| <p><b>KANTHARIA, TINA H</b><br/>Provider ID: 206290<br/>Board Certified Specialty: No<br/>RADY CHILDRENS HEALTH<br/>NETWORK<br/>5565 GROSSMONT CENTER<br/>DR # 22<br/>LA MESA, CA 91942-3020</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>CHRISTMAN, JAMESINA C</b><br/>Provider ID: 259981<br/>Board Certified Specialty: No<br/>RADY CHILDRENS HEALTH<br/>NETWORK<br/>5565 GROSSMONT CENTER<br/>DR STE 2<br/>LA MESA, CA 91942-3037<br/>Phone: (619) 713-5375<br/>Fax: (619) 713-5379<br/>After Hours Phone: (619) 713-5375<br/>Provider Gender: Female<br/>License number: A93574<br/>NPI: 1538372032<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency: No<br/>Hospital Affiliation: Childrens<br/>Hosp Of Los Angeles, Rady<br/>Childrens Hospital San Diego<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0/19<br/>American Sign Language (ASL):<br/>No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):</p> |                                                                                                                                                                                                                                      |

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## D. Specialist Provider Directory

IPA: Rady Childrens Health Network

### PEDIATRIC PULMONOLOGY

#### DUONG, THU A

Provider ID: 260355

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

5565 GROSSMONT CENTER  
DR STE 2 # 2

LA MESA, CA 91942-3037

Phone: (619) 713-5375

Fax: (619) 713-5379

After Hours Phone: (619)

713-5375

Provider Gender: Female

License number: A127187

NPI: 1326309881

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

Phone: (619) 698-2184

Fax: (619) 698-2084

After Hours Phone: (619)  
698-2184

Provider Gender: Female

License number: A45273

NPI: 1982686200

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Rady Childrens

Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/21

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### CLAY, CORRIE T

Provider ID: 278807

Board Certified Specialty: No

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

8881 FLETCHER PKWY STE  
200

LA MESA, CA 91942-3135

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619)

464-6434

Provider Gender: Female

License number: A91977

NPI: 1437207750

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Grossmont Hospital, Sharp Mary

Birch Hosp For Women And  
Newborns

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Blue Shield Promise Health

Plan Direct

#### DE LA ROSA, IVONNE E

Provider ID: 206028

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

5565 GROSSMONT CENTER

DR STE 2

LA MESA, CA 91942-3037

Phone: (619) 713-5375

Fax: (619) 713-5379

After Hours Phone: (619)

713-5375

Provider Gender: Female

License number: A49734

NPI: 1174695795

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas,

Scripps Memorial Hospital, Sharp

Memorial Hospital, Rady

Childrens Hospital San Diego, El

Centro Regional Medical Center,

Valley Childrens Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

### PEDIATRICS

#### ADIGOPULA, BINA, MD

Provider ID: 218149

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

6942 UNIVERSITY AVE STE A

LA MESA, CA 91942-5963

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **DUONG, THU A**

*Provider ID:* 103010  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 5565 GROSSMONT CENTER DR STE 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:*  
*After Hours Phone:* (619) 713-5375  
*Provider Gender:* Female  
*License number:* A127187  
*NPI:* 1326309881  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **LANGLEY, GREGORY H**

*Provider ID:* 205699  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK

5565 GROSSMONT CENTER DR STE 2 # 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619) 713-5375  
*Provider Gender:* Male  
*License number:* G88047  
*NPI:* 1427049675  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PARKER, PAUL C**

*Provider ID:* 276193  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619) 713-5375  
*Provider Gender:* Male  
*License number:* A54747  
*NPI:* 1841202710  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Marian Regional Medical Center, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SARWAR, NADIA**

*Provider ID:* 257470  
*Board Certified Specialty:* No  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 5565 GROSSMONT CENTER DR STE 2 # 2  
 LA MESA, CA 91942-3037  
*Phone:* (619) 713-5375  
*Fax:* (619) 713-5379  
*After Hours Phone:* (619) 713-5375  
*Provider Gender:* Female  
*License number:* C53771  
*NPI:* 1093729022  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

IPA: Blue Shield Promise Health Plan Direct

### **WANG, EMILY J**

Provider ID: 126803

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED FNDTN

5565 GROSSMONT CENTER DR STE 2

LA MESA, CA 91942-3037

Phone: (619) 713-5375

Fax:

After Hours Phone: (619)

713-5375

Provider Gender: Female

License number: A89393

NPI: 1427142363

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Scripps

Memorial Hospital Encinitas,

Rady Childrens Hospital San

Diego, Scripps Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL): No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

5565 GROSSMONT CENTER DR STE 112

LA MESA, CA 91942-3021

Phone: (619) 465-0083

Fax: (619) 465-2267

After Hours Phone: (619)

465-0083

Provider Gender: Male

License number: PA22121

NPI: 1073886289

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Alvarado

Hospital Llc

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **HOLM, TYLER A , NPA**

Provider ID: 241022

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

8851 CENTER DR STE 601

LA MESA, CA 91942-3062

Phone: (619) 441-9811

Fax:

After Hours Phone: (619)

441-9811

Provider Gender: Male

License number: PA55864

NPI: 1326524299

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: 18/99

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **ELO, KRISTIN M , NPA**

Provider ID: 241862

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

5555 GROSSMONT CENTER

DR

LA MESA, CA 91942-3019

Phone: (619) 644-3030

Fax:

After Hours Phone: (619)

644-3030

Provider Gender: Female

License number: PA19305

NPI: 1164664306

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital

### **KEYES, AMY J , NPA**

Provider ID: 247011

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

### **PHYSICIANS ASSISTANT**

### **BARKER, SCOTT H**

Provider ID: 269071

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

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## D. Specialist Provider Directory

5565 GROSSMONT CENTER  
DR STE 101  
LA MESA, CA 91942-3021  
Phone: (619) 464-3353  
Fax:  
After Hours Phone: (619)  
464-3353  
Provider Gender: Female  
License number: PA56805  
NPI: 1689046310  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**RAYMOND, ALAIN L , NPA**  
Provider ID: 269057  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
8851 CENTER DR STE 505  
LA MESA, CA 91942-3059  
Phone: (619) 461-3880  
Fax: (619) 461-3895  
After Hours Phone: (619)  
461-3880  
Provider Gender: Male  
License number: PA21466  
NPI: 1164729125  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**SACKNOFF, STEFANIE S**  
Provider ID: 268946  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 644-3030  
Fax: (619) 644-3638  
After Hours Phone: (619)  
644-3030  
Provider Gender: Female  
License number: PA51280  
NPI: 1720418833  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Ucsd Medical Group

**SUNA SITTO, MOHEEN**  
Provider ID: 269776  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
7051 ALVARADO RD # 101  
LA MESA, CA 91942-8901

Phone: (619) 625-1144  
Fax:  
After Hours Phone: (619)  
625-1144  
Provider Gender: Female  
License number: PA22855  
NPI: 1497196729  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**WRAY, AMY G**  
Provider ID: 268840  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 644-3030  
Fax: (619) 644-3638  
After Hours Phone: (619)  
644-3030  
Provider Gender: Female  
License number: PA17578  
NPI: 1396762076  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:

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## D. Specialist Provider Directory

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### PODIATRIST

#### **COLLINS, MICHAEL L**

Provider ID: 108901  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
8851 CENTER DR STE 601  
LA MESA, CA 91942-3062  
Phone: (619) 441-9811  
Fax: (619) 425-0539  
After Hours Phone: (619)  
441-9811  
Provider Gender: Male  
License number: DPM5146  
NPI: 1912294711  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

#### **VALLONE, MELCHIOR P**

Provider ID: 26555  
Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
5129 GARFIELD ST  
LA MESA, CA 91941-5103  
Phone: (619) 465-3200  
Fax: (619) 465-3700  
After Hours Phone: (619)  
465-3200  
Provider Gender: Male  
License number: DPM2201  
NPI: 1093998965  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### PULMONARY DISEASES

#### **AL-NASER, RAED A**

Provider ID: 57289  
Board Certified Specialty: No  
SAN DIEGO CRITICAL CARE  
MED GRP INC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 461-1920  
Fax:  
After Hours Phone: (619)  
461-1920  
Provider Gender: Male  
License number: A71932  
NPI: 1770589293  
Provider English Spoken: Yes

Provider Language(s) Spoken:  
Arabic, Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

#### **BAGHERI, KAVEH**

Provider ID: 57290  
Board Certified Specialty: No  
SAN DIEGO CRITICAL CARE  
MED GRP INC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 713-5014  
Fax:  
After Hours Phone: (619)  
713-5014  
Provider Gender: Male  
License number: A52496  
NPI: 1174542252  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:

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## D. Specialist Provider Directory

*Medical Group(s):*

*IPA:*

### **POKALA, SATHYA P**

*Provider ID:* 57292

*Board Certified Specialty:* No  
SAN DIEGO CRITICAL CARE  
MED GRP INC

5555 GROSSMONT CENTER  
DR

LA MESA, CA 91942-3019

*Phone:* (619) 713-5014

*Fax:*

*After Hours Phone:* (619)  
713-5014

*Provider Gender:* Male

*License number:* A51070

*NPI:* 1972523769

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Hindi

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont  
Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

*Phone:* (619) 644-4500

*Fax:* (619) 740-4547

*After Hours Phone:* (619)  
644-4500

*Provider Gender:* Female

*License number:* G78635

*NPI:* 1053348920

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Palomar  
Health Downtown Campus,  
Sharp Chula Vista Med Ctr,  
Sharp Memorial Hospital,  
Grossmont Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 19/100

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **DEWITT, KELLY D , MD**

*Provider ID:* 206385

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
5555 GROSSMONT CENTER  
DR

LA MESA, CA 91942-3019

*Phone:* (619) 740-4500

*Fax:* (619) 740-8499

*After Hours Phone:* (619)  
740-4500

*Provider Gender:* Female

*License number:* A74873

*NPI:* 1184668741

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Palomar  
Health Downtown Campus,  
Palomar Medical Center, Sharp  
Chula Vista Med Ctr, Grossmont  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 19/100

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **JABBARI, SIAVASH, MD**

*Provider ID:* 268785

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
5555 GROSSMONT CENTER  
DR

LA MESA, CA 91942-3019

*Phone:* (619) 740-4500

*Fax:* (619) 740-8499

*After Hours Phone:* (619)  
740-4500

*Provider Gender:* Male

*License number:* A99269

*NPI:* 1720314107

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Farsi

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Grossmont  
Hospital, Sharp Memorial  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

### **RADIATION ONCOLOGY**

### **COLEMAN, LORI A , MD**

*Provider ID:* 221089

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
5555 GROSSMONT CENTER  
DR

LA MESA, CA 91942-3019

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## D. Specialist Provider Directory

Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **PEJAVAR, SUNANDA M , MD**

Provider ID: 221075  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 740-4500  
Fax:  
After Hours Phone: (619)  
740-4500  
Provider Gender: Female  
License number: A103733  
NPI: 1912232513  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Kannada, Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Sharp Memorial  
Hospital, Sharp Chula Vista Med  
Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 19/100  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **VOLPP, PAUL B , MD**

Provider ID: 221104  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019

Phone: (619) 740-4500  
Fax:  
After Hours Phone: (619)  
740-4500  
Provider Gender: Male  
License number: A86307  
NPI: 1225186232  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Sharp Chula  
Vista Med Ctr, Grossmont  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 19/100  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **WEINSTEIN, GEOFFREY D , MD**

Provider ID: 220040  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 740-4500  
Fax:  
After Hours Phone: (619)  
740-4500  
Provider Gender: Male  
License number: A54109  
NPI: 1841233947  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Sharp Memorial  
Hospital, Palomar Health  
Downtown Campus, Sharp Chula  
Vista Med Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 19/100  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **RADIOLOGY DIAGNOSTIC X-RAY**

### **BRANNIGAN, THOMAS J**

Provider ID: 114572  
Board Certified Specialty: No  
X RAY MEDICAL GROUP INC  
8860 CENTER DR STE 100  
LA MESA, CA 91942-7000  
Phone: (619) 740-4045  
Fax:  
After Hours Phone: (619)  
740-4045  
Provider Gender: Male  
License number: G65789  
NPI: 1598710030  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:

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## D. Specialist Provider Directory

Medical Group(s):  
IPA: Community Care Ipa Llc

### **BRANNIGAN, THOMAS J**

Provider ID: 41347  
Board Certified Specialty: No  
X RAY MEDICAL GROUP INC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 740-5100  
Fax:  
After Hours Phone: (619)  
740-5100  
Provider Gender: Male  
License number: G65789  
NPI: 1598710030  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **CHANG, WEILING**

Provider ID: 118293  
Board Certified Specialty: No  
X RAY MEDICAL GROUP INC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 740-5100  
Fax:  
After Hours Phone: (619)  
740-5100  
Provider Gender: Female

License number: A90535  
NPI: 1659326460  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **ELLISON, HARRY P**

Provider ID: 114776  
Board Certified Specialty: No  
X RAY MEDICAL GROUP INC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 740-5100  
Fax:  
After Hours Phone: (619)  
740-5100  
Provider Gender: Male  
License number: G50309  
NPI: 1780639039  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:

Medical Group(s):  
IPA: Community Care Ipa Llc

### **ELLISON, HARRY P**

Provider ID: 114778  
Board Certified Specialty: No  
X RAY MEDICAL GROUP INC  
8860 CENTER DR STE 100  
LA MESA, CA 91942-7000  
Phone: (619) 740-4045  
Fax:  
After Hours Phone: (619)  
740-4045  
Provider Gender: Male  
License number: G50309  
NPI: 1780639039  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **ELLISON, JON G**

Provider ID: 111122  
Board Certified Specialty: No  
X RAY MEDICAL GROUP INC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 740-5100  
Fax:  
After Hours Phone: (619)  
740-5100  
Provider Gender: Male  
License number: A117199

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## D. Specialist Provider Directory

*NPI: 1760630669*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Grossmont Hospital*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*♿ Accessibility: W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc*

### **ELLISON, JON G**

*Provider ID: 111124*

*Board Certified Specialty: No*

*X RAY MEDICAL GROUP INC*

*8860 CENTER DR STE 100*

*LA MESA, CA 91942-7000*

*Phone: (619) 740-4045*

*Fax:*

*After Hours Phone: (619)*

*740-4045*

*Provider Gender: Male*

*License number: A117199*

*NPI: 1760630669*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Grossmont Hospital*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*♿ Accessibility: W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc*

### **JACOBSEN, JAMES C**

*Provider ID: 114564*

*Board Certified Specialty: No*

*X RAY MEDICAL GROUP INC*

*5555 GROSSMONT CENTER*

*DR*

*LA MESA, CA 91942-3019*

*Phone: (619) 740-5100*

*Fax:*

*After Hours Phone: (619)*

*740-5100*

*Provider Gender: Male*

*License number: A87878*

*NPI: 1356394811*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Grossmont Hospital*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*♿ Accessibility: W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc*

### **JACOBSEN, JAMES C**

*Provider ID: 114567*

*Board Certified Specialty: No*

*X RAY MEDICAL GROUP INC*

*8860 CENTER DR STE 100*

*LA MESA, CA 91942-7000*

*Phone: (619) 740-4045*

*Fax:*

*After Hours Phone: (619)*

*740-4045*

*Provider Gender: Male*

*License number: A87878*

*NPI: 1356394811*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Grossmont Hospital*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*♿ Accessibility: W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc*

### **LIU, JENNA I**

*Provider ID: 269009*

*Board Certified Specialty: No*

*COMMUNITY CARE IPA LLC*

*5555 GROSSMONT CENTER*

*DR*

*LA MESA, CA 91942-3019*

*Phone: (619) 461-1830*

*Fax:*

*After Hours Phone: (619)*

*461-1830*

*Provider Gender: Female*

*License number: A91263*

*NPI: 1952514978*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Ucsd Medical Ctr, Grossmont Hospital*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL): No*

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc*

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## D. Specialist Provider Directory

### **MOORE, BRIAN S**

*Provider ID:* 115375  
*Board Certified Specialty:* No  
 X RAY MEDICAL GROUP INC  
 8860 CENTER DR STE 100  
 LA MESA, CA 91942-7000  
*Phone:* (619) 740-4045  
*Fax:*  
*After Hours Phone:* (619) 740-4045  
*Provider Gender:* Male  
*License number:* G68336  
*NPI:* 1831144005  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NAUMANN, MICHAEL T**

*Provider ID:* 113619  
*Board Certified Specialty:* No  
 X RAY MEDICAL GROUP INC  
 8881 FLETCHER PKWY STE 102  
 LA MESA, CA 91942-3129  
*Phone:* (619) 461-1830  
*Fax:* (619) 460-2774  
*After Hours Phone:* (619) 461-1830  
*Provider Gender:* Female  
*License number:* A116596  
*NPI:* 1386821171  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NAUMANN, MICHAEL T**

*Provider ID:* 113621  
*Board Certified Specialty:* No  
 X RAY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 740-5100  
*Fax:*  
*After Hours Phone:* (619) 740-5100  
*Provider Gender:* Female  
*License number:* A116596  
*NPI:* 1386821171  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NAUMANN, MICHAEL T**

*Provider ID:* 113622  
*Board Certified Specialty:* No  
 X RAY MEDICAL GROUP INC  
 8860 CENTER DR STE 100  
 LA MESA, CA 91942-7000  
*Phone:* (619) 740-4045  
*Fax:* (619) 460-2774  
*After Hours Phone:* (619) 740-4045  
*Provider Gender:* Female  
*License number:* A116596  
*NPI:* 1386821171  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NAUMANN, MICHAEL T , MD**

*Provider ID:* 269664  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8881 FLETCHER PKWY STE 102  
 LA MESA, CA 91942-3129  
*Phone:* (619) 461-1830  
*Fax:* (619) 258-8553  
*After Hours Phone:* (619) 461-1830  
*Provider Gender:* Female  
*License number:* A116596  
*NPI:* 1386821171  
*Provider English Spoken:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NAUMANN, MICHAEL T , MD**

*Provider ID:* 269665  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8860 CENTER DR STE 100  
 LA MESA, CA 91942-7000  
*Phone:* (619) 460-2770  
*Fax:* (619) 460-2774  
*After Hours Phone:* (619) 460-2770  
*Provider Gender:* Female  
*License number:* A116596  
*NPI:* 1386821171  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SUN, ALEX W**

*Provider ID:* 268633  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 740-4008  
*Fax:*  
*After Hours Phone:* (619) 740-4008  
*Provider Gender:* Male  
*License number:* A133334  
*NPI:* 1538502331  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **TROUT, TERE E**

*Provider ID:* 115359  
*Board Certified Specialty:* No  
 X RAY MEDICAL GROUP INC  
 8860 CENTER DR STE 100  
 LA MESA, CA 91942-7000  
*Phone:* (619) 740-4045  
*Fax:*  
*After Hours Phone:* (619) 740-4045  
*Provider Gender:* Female

*License number:* G70276  
*NPI:* 1649223140  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **TROUT, TERE E**

*Provider ID:* 41265  
*Board Certified Specialty:* No  
 X RAY MEDICAL GROUP INC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 740-5100  
*Fax:*  
*After Hours Phone:* (619) 740-5100  
*Provider Gender:* Female  
*License number:* G70276  
*NPI:* 1649223140  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **URIOSTE, ALEXANDER S**

*Provider ID: 114930*  
*Board Certified Specialty: No*  
*X RAY MEDICAL GROUP INC*  
*5555 GROSSMONT CENTER*  
*DR*  
*LA MESA, CA 91942-3019*  
*Phone: (619) 740-5100*  
*Fax:*  
*After Hours Phone: (619)*  
*740-5100*  
*Provider Gender: Male*  
*License number: A78795*  
*NPI: 1528011020*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Grossmont*  
*Hospital, Ucsd La Jolla John*  
*Sally Thornton*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*  
*American Sign Language (ASL):*  
*No*  
*♿ Accessibility: W*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **URIOSTE, ALEXANDER S**

*Provider ID: 114936*  
*Board Certified Specialty: No*  
*X RAY MEDICAL GROUP INC*  
*8860 CENTER DR STE 100*  
*LA MESA, CA 91942-7000*  
*Phone: (619) 740-4045*  
*Fax: (619) 460-2774*  
*After Hours Phone: (619)*  
*740-4045*  
*Provider Gender: Male*

*License number: A78795*  
*NPI: 1528011020*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Grossmont*  
*Hospital, Ucsd La Jolla John*  
*Sally Thornton*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*  
*American Sign Language (ASL):*  
*No*  
*♿ Accessibility: W*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **VENKATESH, VIJAY B**

*Provider ID: 114938*  
*Board Certified Specialty: No*  
*X RAY MEDICAL GROUP INC*  
*5555 GROSSMONT CENTER*  
*DR*  
*LA MESA, CA 91942-3019*  
*Phone: (619) 740-5100*  
*Fax:*  
*After Hours Phone: (619)*  
*740-5100*  
*Provider Gender: Male*  
*License number: A94476*  
*NPI: 1689627085*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Grossmont*  
*Hospital*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*  
*American Sign Language (ASL):*  
*No*  
*♿ Accessibility: W*  
*Hours: M-SA 9AM-5PM*  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **VENKATESH, VIJAY B**

*Provider ID: 114942*  
*Board Certified Specialty: No*  
*X RAY MEDICAL GROUP INC*  
*8860 CENTER DR STE 100*  
*LA MESA, CA 91942-7000*  
*Phone: (619) 740-4045*  
*Fax: (619) 668-0377*  
*After Hours Phone: (619)*  
*740-4045*  
*Provider Gender: Male*  
*License number: A94476*  
*NPI: 1689627085*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Grossmont*  
*Hospital*  
*Medi-Cal Open Panel: No*  
*Min/Max Age: None*  
*American Sign Language (ASL):*  
*No*  
*♿ Accessibility: W*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

## **RADIOLOGY DIAGNOSTIC**

### **MORTEZAIE, ALAN R**

*Provider ID: 268883*  
*Board Certified Specialty: No*  
*COMMUNITY CARE IPA LLC*  
*5555 GROSSMONT CENTER*  
*DR*  
*LA MESA, CA 91942-3019*

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## D. Specialist Provider Directory

Phone: (661) 326-9600  
 Fax:  
 After Hours Phone: (661) 326-9600  
 Provider Gender: Male  
 License number: A116100  
 NPI: 1013112820  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Bakersfield Memorial Hosp, Mercy Hospital Bakersfield  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**TIEFENBRUN, JONATHAN, MD**  
 Provider ID: 268966  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942-3059  
 Phone: (619) 461-3880  
 Fax: (619) 461-3895  
 After Hours Phone: (619) 461-3880  
 Provider Gender: Male  
 License number: G85951  
 NPI: 1265437727  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):

No  
 Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### RADIOLOGY

**BRANNIGAN, THOMAS J**  
 Provider ID: 269041  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 460-2770  
 Fax: (619) 740-5150  
 After Hours Phone: (619) 460-2770  
 Provider Gender: Male  
 License number: G65789  
 NPI: 1598710030  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**CHANG, WEILING**  
 Provider ID: 269040  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC

5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
 Phone: (619) 460-2770  
 Fax:  
 After Hours Phone: (619) 460-2770  
 Provider Gender: Female  
 License number: A90535  
 NPI: 1659326460  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**ELLISON, HARRY P**  
 Provider ID: 268985  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 5555 GROSSMONT CENTER DR # 1  
 LA MESA, CA 91942-3019  
 Phone: (619) 740-5100  
 Fax: (619) 740-8100  
 After Hours Phone: (619) 740-5100  
 Provider Gender: Male  
 License number: G50309  
 NPI: 1780639039  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital

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## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### ELLISON, JON G

Provider ID: 268993  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (619) 460-2774  
Fax:  
After Hours Phone: (619) 460-2774  
Provider Gender: Male  
License number: A117199  
NPI: 1760630669  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### HA, TUAN X

Provider ID: 268900  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (508) 295-7271  
Fax:  
After Hours Phone: (508) 295-7271  
Provider Gender: Male  
License number: C131942  
NPI: 1285673699  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### HONOWITZ, SCOTT C

Provider ID: 268846  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (508) 295-7271  
Fax:  
After Hours Phone: (508) 295-7271  
Provider Gender: Male  
License number: A134287  
NPI: 1346684156  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Stanford Health Care, Lucile Salter

Packard Childrens Hosp  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### JACOBSEN, JAMES C , MD

Provider ID: 243974  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
8881 FLETCHER PKWY STE  
102  
LA MESA, CA 91942-3129  
Phone: (619) 460-2770  
Fax: (619) 797-1484  
After Hours Phone: (619) 460-2770  
Provider Gender: Male  
License number: A87878  
NPI: 1356394811  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### JACOBSEN, JAMES C , MD

Provider ID: 243975  
Board Certified Specialty: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

COMMUNITY CARE IPA LLC  
8860 CENTER DR STE 100  
LA MESA, CA 91942-7000  
Phone: (619) 460-2770

Fax:

After Hours Phone: (619)  
460-2770

Provider Gender: Male

License number: A87878

NPI: 1356394811

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### LANCE, VALENTIN A

Provider ID: 268974

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

5555 GROSSMONT CENTER

DR

LA MESA, CA 91942-3019

Phone: (800) 841-5200

Fax:

After Hours Phone: (800)  
841-5200

Provider Gender: Male

License number: A118759

NPI: 1720303191

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### MOORE, BRIAN S , MD

Provider ID: 243959

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

8881 FLETCHER PKWY STE

102

LA MESA, CA 91942-3129

Phone: (619) 460-2770

Fax: (619) 797-1484

After Hours Phone: (619)

460-2770

Provider Gender: Male

License number: G68336

NPI: 1831144005

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### MOORE, BRIAN S , MD

Provider ID: 243960

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

8860 CENTER DR STE 100

LA MESA, CA 91942-7000

Phone: (619) 460-2770

Fax:

After Hours Phone: (619)

460-2770

Provider Gender: Male

License number: G68336

NPI: 1831144005

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### TROUT, TERE E

Provider ID: 268982

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

5555 GROSSMONT CENTER

DR

LA MESA, CA 91942-3019

Phone: (619) 460-2770

Fax: (619) 740-5150

After Hours Phone: (619)

460-2770

Provider Gender: Female

License number: G70276

NPI: 1649223140

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital

Medi-Cal Open Panel: Yes

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## D. Specialist Provider Directory

Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### URIOSTE, ALEXANDER S

Provider ID: 269251  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8860 CENTER DR STE 100  
 LA MESA, CA 91942-7000  
 Phone: (619) 460-2770  
 Fax: (619) 460-2774  
 After Hours Phone: (619)  
 460-2770  
 Provider Gender: Male  
 License number: A78795  
 NPI: 1528011020  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Grossmont  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### VENKATESH, VIJAY B , MD

Provider ID: 269659  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8860 CENTER DR STE 100

LA MESA, CA 91942-7000  
 Phone: (619) 740-5100  
 Fax: (619) 740-8100  
 After Hours Phone: (619)  
 740-5100  
 Provider Gender: Male  
 License number: A94476  
 NPI: 1689627085  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### VENKATESH, VIJAY B , MD

Provider ID: 269660  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8881 FLETCHER PKWY STE  
 102  
 LA MESA, CA 91942-3129  
 Phone: (619) 461-1830  
 Fax: (619) 460-2774  
 After Hours Phone: (619)  
 461-1830  
 Provider Gender: Male  
 License number: A94476  
 NPI: 1689627085  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

## RHEUMATOLOGY

### KOTHA, AKTHER J

Provider ID: 29099  
 Board Certified Specialty: No  
 PURUSHOTHAM AND AKTHER  
 KOTHA MD INC  
 8860 CENTER DR STE 400  
 LA MESA, CA 91942-7003  
 Phone: (619) 229-1995  
 Fax: (619) 229-1109  
 After Hours Phone: (619)  
 229-1995  
 Provider Gender: Female  
 License number: A45440  
 NPI: 1780609503  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic, Hindi, Spanish, Telugu,  
 Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 T, W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **KOTHA, AKTHER J**

**Provider ID:** 29099  
**Board Certified Specialty:** No  
**PURUSHOTHAM AND AKTHER KOTHA MD INC**  
 8860 CENTER DR STE 400  
 LA MESA, CA 91942-7003  
**Phone:** (619) 229-1995  
**Fax:** (619) 229-1109  
**After Hours Phone:** (619) 229-1995  
**Provider Gender:** Female  
**License number:** A45440  
**NPI:** 1780609503  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Arabic, Hindi, Spanish, Telugu, Urdu  
**Cultural Competency:** No  
**Hospital Affiliation:** Grossmont Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:** P, EB, IB, E, R, T  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **KOTHA, ROSHAN**

**Provider ID:** 63454  
**Board Certified Specialty:** No  
**PURUSHOTHAM AND AKTHER KOTHA MD INC**  
 8860 CENTER DR STE 400  
 LA MESA, CA 91942-7003  
**Phone:** (619) 229-1995  
**Fax:** (619) 229-1109  
**After Hours Phone:** (619) 229-1995  
**Provider Gender:** Female

**License number:** A106044  
**NPI:** 1417117839  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Hindi, Spanish, Telugu  
**Cultural Competency:** No  
**Hospital Affiliation:** Grossmont Hospital  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** P, EB, IB, E, R, T, W  
**Hours:** M-F 9AM-5PM, SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **KOTHA, ROSHAN, MD**

**Provider ID:** 63454  
**Board Certified Specialty:** No  
**PURUSHOTHAM AND AKTHER KOTHA MD INC**  
 8860 CENTER DR STE 400  
 LA MESA, CA 91942-7003  
**Phone:** (619) 229-1995  
**Fax:** (619) 229-1109  
**After Hours Phone:** (619) 229-1995  
**Provider Gender:** Female  
**License number:** A106044  
**NPI:** 1417117839  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Hindi, Spanish, Telugu  
**Cultural Competency:** No  
**Hospital Affiliation:** Grossmont Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No

**Accessibility:** P, EB, IB, E, R, T  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

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### **SURGERY GENERAL**

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### **LIN, HONG-DER**

**Provider ID:** 284965  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
 5565 GROSSMONT CENTER DR STE 1 # 221  
 LA MESA, CA 91942-3000  
**Phone:** (619) 462-8100  
**Fax:** (619) 462-7933  
**After Hours Phone:** (619) 462-8100  
**Provider Gender:** Male  
**License number:** C42964  
**NPI:** 1174539035  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Grossmont Hospital, Alvarado Hosp Med Ctr, Alvarado Hospital Llc  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **ORR, CARL E , MD**

**Provider ID:** 26549  
**Board Certified Specialty:** No  
**GROSSMONT SURGICAL**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

ASSOCS A MED CORP  
5565 GROSSMONT CENTER  
DR STE 221  
LA MESA, CA 91942-3022  
Phone: (619) 462-8100  
Fax: (619) 462-7933  
After Hours Phone: (619)  
462-8100  
Provider Gender: Male  
License number: G58899  
NPI: 1730195694  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Hebrew, Mandarin, Russian,  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc, Grossmont Hospital,  
Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### SURGERY ORTHOPEDIC

**ALLSING, STEVEN R , MD**  
Provider ID: 211762  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
5565 GROSSMONT CENTER  
DR STE 1 # 112  
LA MESA, CA 91942-3000  
Phone: (619) 465-0083  
Fax: (619) 465-2267  
After Hours Phone: (619)  
465-0083  
Provider Gender: Male  
License number: G84903

NPI: 1538274709  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**BAGHERI, ALI**  
Provider ID: 125035  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
8851 CENTER DR STE 601  
LA MESA, CA 91942-3062  
Phone: (619) 441-9811  
Fax: (619) 401-8766  
After Hours Phone: (619)  
441-9811  
Provider Gender: Male  
License number: A123272  
NPI: 1760632947

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Mercy Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings  
Medical Group-Sd

**BALLARD, BROOKE L**  
Provider ID: 262205  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
8860 CENTER DR STE 350  
LA MESA, CA 91942-7003  
Phone: (619) 286-9480  
Fax: (619) 286-4568  
After Hours Phone: (619)  
286-9480  
Provider Gender: Female  
License number: A104161  
NPI: 1841447950  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc, Sharp Coronado  
Hosp And Healthcare Ctr, Sharp  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings  
Medical Group-Sd

**BATES, JAMES E**  
Provider ID: 262141  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS

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## D. Specialist Provider Directory

MEDICAL GROUP-SD  
8860 CENTER DR STE 350A  
LA MESA, CA 91942-7003  
Phone: (619) 286-9480  
Fax: (619) 286-4568  
After Hours Phone: (619) 286-9480  
Provider Gender: Male  
License number: G73930  
NPI: 1174692206  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings Medical Group-Sd

**FINKENBERG, JOHN G**  
Provider ID: 262200  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
8860 CENTER DR STE 350  
LA MESA, CA 91942-7003  
Phone: (619) 286-9480  
Fax: (619) 286-4568  
After Hours Phone: (619) 286-9480  
Provider Gender: Male  
License number: G56283  
NPI: 1285703413  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish

Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings Medical Group-Sd

**JACOBSON, MARK D**  
Provider ID: 262261  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
8860 CENTER DR STE 350  
LA MESA, CA 91942-7003  
Phone: (619) 286-9480  
Fax: (619) 286-4568  
After Hours Phone: (619) 286-9480  
Provider Gender: Male  
License number: G71151  
NPI: 1760551915  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings Medical Group-Sd

**KIMBALL, MICHAEL P , MD**  
Provider ID: 44005  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
8851 CENTER DR STE 601  
LA MESA, CA 91942-3062  
Phone: (619) 441-9811  
Fax: (619) 401-8766  
After Hours Phone: (619) 441-9811  
Provider Gender: Male  
License number: G76060  
NPI: 1588648653  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KIMBALL, MICHAEL P**  
Provider ID: 44005  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

8851 CENTER DR STE 601  
LA MESA, CA 91942-3062  
Phone: (619) 441-9811  
Fax: (619) 401-8766  
After Hours Phone: (619) 441-9811  
Provider Gender: Male  
License number: G76060  
NPI: 1588648653  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **RICKARDS, ENASS N**

Provider ID: 125036  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
8851 CENTER DR STE 601  
LA MESA, CA 91942-3062  
Phone: (858) 455-6460  
Fax: (619) 401-8766  
After Hours Phone: (858) 455-6460  
Provider Gender: Female  
License number: G79785  
NPI: 1609850080  
Provider English Spoken: Yes

Provider Language(s) Spoken: Arabic  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **RICKARDS, ENASS N , MD**

Provider ID: 268907  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
8851 CENTER DR STE 601  
LA MESA, CA 91942-3062  
Phone: (858) 455-6460  
Fax: (619) 401-8766  
After Hours Phone: (858) 455-6460  
Provider Gender: Female  
License number: G79785  
NPI: 1609850080  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Arabic  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **ROSENFELD, ALAN L**

Provider ID: 262175  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
8851 CENTER DR STE 601  
LA MESA, CA 91942-3062  
Phone: (858) 455-6460  
Fax: (619) 401-8766  
After Hours Phone: (858) 455-6460  
Provider Gender: Male  
License number: G75293  
NPI: 1588648968  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Paradise Valley Hospital, Sharp Chula Vista Med Ctr, Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **RYNNING, RALPH E**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider ID:* 262194  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 8860 CENTER DR STE 350  
 LA MESA, CA 91942-7003  
*Phone:* (619) 286-9480  
*Fax:* (619) 286-4568  
*After Hours Phone:* (619)  
 286-9480  
*Provider Gender:* Male  
*License number:* A103946  
*NPI:* 1952595316  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, German, Norwegian,  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
 Hospital Llc, Sharp Coronado  
 Hosp And Healthcare Ctr,  
 Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Imperial Health Holdings  
 Medical Group-Sd

### **TAYYAB, NEIL A**

*Provider ID:* 262104  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 8851 CENTER DR STE 601  
 LA MESA, CA 91942-3062  
*Phone:* (858) 455-6460  
*Fax:* (619) 401-8766  
*After Hours Phone:* (858)  
 455-6460

*Provider Gender:* Male  
*License number:* A94408  
*NPI:* 1831149970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital, Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **SURGERY THORACIC**

### **KOUMJIAN, MICHAEL P**

*Provider ID:* 26527  
*Board Certified Specialty:* Yes  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 5525 GROSSMONT CENTER  
 DR STE 609  
 LA MESA, CA 91942-3009  
*Phone:* (619) 466-5700  
*Fax:* (619) 460-8975  
*After Hours Phone:* (619)  
 466-5700  
*Provider Gender:* Male  
*License number:* G37886  
*NPI:* 1366403321  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont

Hospital, Loma Linda University  
 Med Ctr Murrieta, Alvarado  
 Hospital Llc, Scripps Mercy  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Imperial Health Holdings  
 Medical Group-Sd

### **UROLOGY**

### **DATO, PAUL E , MD**

*Provider ID:* 112527  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 8851 CENTER DR STE 501  
 LA MESA, CA 91942-3033  
*Phone:* (619) 697-2456  
*Fax:* (858) 429-7930  
*After Hours Phone:* (619)  
 697-2456  
*Provider Gender:* Male  
*License number:* A43540  
*NPI:* 1588632715  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Sharp Grossmont  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **DATO, PAUL E**

Provider ID: 116241  
Board Certified Specialty: No  
GENESIS HEALTHCARE  
PARTNERS PC  
8851 CENTER DR STE 501  
LA MESA, CA 91942-3033  
Phone: (619) 697-2456  
Fax: (619) 697-2494  
After Hours Phone: (619)  
697-2456  
Provider Gender: Male  
License number: A43540  
NPI: 1588632715  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Sharp Grossmont  
Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **KEARSE, WILFRED S**

Provider ID: 268850  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
8851 CENTER DR STE 501  
LA MESA, CA 91942-3033

Phone: (619) 697-2456  
Fax: (858) 429-7930  
After Hours Phone: (619)  
697-2456  
Provider Gender: Male  
License number: G83318  
NPI: 1144232778  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SALMASI, AMIRALI, MD**

Provider ID: 129643  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
8851 CENTER DR STE 501  
LA MESA, CA 91942-3033  
Phone: (619) 697-2456  
Fax: (858) 429-7930  
After Hours Phone: (619)  
697-2456  
Provider Gender: Male  
License number: A135118  
NPI: 1609187962  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Grossmont Hospital  
Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Ucsd Medical Group

### **SIEGEL, JORDAN A**

Provider ID: 101015  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
8851 CENTER DR STE 501  
LA MESA, CA 91942-3033  
Phone: (619) 697-2456  
Fax: (858) 429-7930  
After Hours Phone: (619)  
697-2456  
Provider Gender: Male  
License number: A110507  
NPI: 1275865958  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc, Paradise Valley  
Hospital, Sharp Chula Vista Med  
Ctr, Scripps Green Hospital,  
Scripps Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **TANAGHO, YOUSSEF, MD**

Provider ID: 124747

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* Yes  
**COMMUNITY CARE IPA LLC**  
 8851 CENTER DR STE 501  
 LA MESA, CA 91942-3033  
*Phone:* (619) 697-2456  
*Fax:* (858) 429-7930  
*After Hours Phone:* (619) 697-2456  
*Provider Gender:* Male  
*License number:* A125924  
*NPI:* 1003029372  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French  
*Cultural Competency:* No  
*Hospital Affiliation:* Eisenhower Medical Ctr, John F Kennedy Memorial Hosp, Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **TANAGHO, YOUSSEF**

*Provider ID:* 125197  
*Board Certified Specialty:* No  
**GENESIS HEALTHCARE PARTNERS PC**  
 8851 CENTER DR STE 501  
 LA MESA, CA 91942-3033  
*Phone:* (619) 697-2456  
*Fax:*  
*After Hours Phone:* (619) 697-2456  
*Provider Gender:* Male  
*License number:* A125924  
*NPI:* 1003029372

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French  
*Cultural Competency:* No  
*Hospital Affiliation:* Eisenhower Medical Ctr, John F Kennedy Memorial Hosp, Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **LAKESIDE**

#### **CHIROPRACTOR**

### **HOURIHAN, KEITH M**

*Provider ID:* 257549  
*Board Certified Specialty:* No  
**BLUE SHIELD PROMISE HEALTH PLAN DIRECT**  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
*Phone:* (619) 390-9975  
*Fax:* (858) 633-4690  
*After Hours Phone:* (619) 390-9975  
*Provider Gender:* Male  
*License number:* DC29314  
*NPI:* 1306916994  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct

#### **FAMILY PRACTICE**

### **MARSHALL, LARRY J**

*Provider ID:* 37825  
*Board Certified Specialty:* No  
**LARRY J MARSHALL MD**  
 12517 LAKESHORE DR  
 LAKESIDE, CA 92040-3103  
*Phone:* (619) 443-3843  
*Fax:* (619) 390-1810  
*After Hours Phone:* (619) 443-3843  
*Provider Gender:* Male  
*License number:* A52344  
*NPI:* 1114018132  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

#### **PREVENTATIVE MEDICINE GENERAL**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

### **MANNINO, ELIZABETH A**

*Provider ID:* 24748  
*Board Certified Specialty:* No  
**NEIGHBORHOOD  
 HEALTHCARE LAKESIDE**  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
*Phone:* (858) 218-3000  
*Fax:*  
*After Hours Phone:* (858)  
 218-3000  
*Provider Gender:* Female  
*License number:* A43914  
*NPI:* 1548290463  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Italian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:* www.ihpsocal.org  
*Email:*  
*Medical Group(s):* Neighborhood  
 Healthcare Lakeside  
*IPA:*

### **LEMON GROVE**

#### **CERTIFIED NURSE PRACTITIONER**

### **TOTH, JESSICA R**

*Provider ID:* 107200  
*Board Certified Specialty:* No  
**LEMON GROVE FAMILY  
 HEALTH CENTER**  
 7592 BROADWAY

**LEMON GROVE, CA**  
 91945-1604  
*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619)  
 515-2550  
*Provider Gender:* Female  
*License number:* NP95001050  
*NPI:* 1578993788  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
 Medi-Cal Open Panel: Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):* Lemon Grove  
 Family Health Center  
*IPA:*

### **FAMILY PRACTICE**

### **KIM, YUHEE**

*Provider ID:* 63465  
*Board Certified Specialty:* No  
**LEMON GROVE FAMILY  
 HEALTH CENTER**  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619)  
 515-2550  
*Provider Gender:* Female  
*License number:* A107323  
*NPI:* 1629289400  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Korean  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Medi-Cal Open Panel: Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):* Lemon Grove  
 Family Health Center  
*IPA:*

### **OBSTETRICS / GYNECOLOGY**

### **ALIMONOS, LYSISTRATI A**

*Provider ID:* 114835  
*Board Certified Specialty:* No  
**FAMILY HLTH CTR SAN  
 DIEGO-LEMON GROVE**  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619)  
 515-2500  
*Provider Gender:* Female  
*License number:* 20A14919  
*NPI:* 1619397031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

9AM-5PM

Website:

Email:

Medical Group(s): Lemon Grove  
Family Health Center

IPA:

### **BUECHNER, CHARLENE A**

Provider ID: 127442

Board Certified Specialty: No  
LEMON GROVE FAMILY

HEALTH CENTER

7592 BROADWAY

LEMON GROVE, CA

91945-1604

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)

515-2550

Provider Gender: Female

License number: A68463

NPI: 1376663831

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Sharp Mary

Birch Hosp For Women And

Newborns

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s): Lemon Grove  
Family Health Center

IPA:

### **CARTER, KHALIL J**

Provider ID: 127379

Board Certified Specialty: No

LEMON GROVE FAMILY

HEALTH CENTER

7592 BROADWAY

LEMON GROVE, CA

91945-1604

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)

515-2550

Provider Gender: Male

License number: A113001

NPI: 1225231582

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s): Lemon Grove  
Family Health Center

IPA:

### **CERVANTES, SANDRA M**

Provider ID: 114878

Board Certified Specialty: No

LEMON GROVE FAMILY

HEALTH CENTER

7592 BROADWAY

LEMON GROVE, CA

91945-1604

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)

515-2550

Provider Gender: Female

License number: A118095

NPI: 1073701041

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Sharp Coronado Hosp

And Healthcare Ctr, Grossmont

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, T

Hours: M-F 9AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s): Lemon Grove  
Family Health Center

IPA:

### **FOLCH TORRES-AGUIAR, BEATRIZ M**

Provider ID: 120516

Board Certified Specialty: No

LEMON GROVE FAMILY

HEALTH CENTER

7592 BROADWAY

LEMON GROVE, CA

91945-1604

Phone: (619) 515-2550

Fax:

After Hours Phone: (619)

515-2550

Provider Gender: Female

License number: A148014

NPI: 1457794752

Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:* Spanish, Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

⚡ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):* Lemon Grove Family Health Center  
*IPA:*

### **LIPSCHITZ, LISA S**

*Provider ID:* 115430  
*Board Certified Specialty:* No  
**LEMON GROVE FAMILY HEALTH CENTER**  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619) 515-2550  
*Provider Gender:* Female  
*License number:* A72005  
*NPI:* 1649208711  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital, Sharp Coronado Hosp And Healthcare Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

⚡ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):* Lemon Grove Family Health Center  
*IPA:*

### **MELLENDEZ BERRIOS, IARA DEL M**

*Provider ID:* 115047  
*Board Certified Specialty:* No  
**LEMON GROVE FAMILY HEALTH CENTER**  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619) 515-2550  
*Provider Gender:* Female  
*License number:* A114181  
*NPI:* 1740514249  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

⚡ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):* Lemon Grove Family Health Center  
*IPA:*

### **RODRIGUEZ JEREZ,**

### **ROBERTO D**

*Provider ID:* 130081  
*Board Certified Specialty:* No  
**FAMILY HLTH CTR SAN DIEGO-LEMON GROVE**  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Provider Gender:* Male  
*License number:* A154298  
*NPI:* 1710316450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ⚡ *Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):* Lemon Grove Family Health Center  
*IPA:*

### **WINESBURG, JENNIFER J**

*Provider ID:* 114810  
*Board Certified Specialty:* No  
**FAMILY HLTH CTR SAN DIEGO-LEMON GROVE**  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

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## D. Specialist Provider Directory

*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Provider Gender:* Female  
*License number:* 20A11535  
*NPI:* 1811162456  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Desert Regional Med Ctr, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):* Lemon Grove Family Health Center  
*IPA:*

### ZIEG, ALAN J

*Provider ID:* 114833  
*Board Certified Specialty:* No  
 FAMILY HLTH CTR SAN DIEGO-LEMON GROVE  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2500  
*Fax:*  
*After Hours Phone:* (619) 515-2500  
*Provider Gender:* Male  
*License number:* G78814  
*NPI:* 1699790634  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):* Lemon Grove Family Health Center  
*IPA:*

### PHYSICIANS ASSISTANT

#### FLEMING, DAVID E

*Provider ID:* 115067  
*Board Certified Specialty:* No  
 LEMON GROVE FAMILY HEALTH CENTER  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2550  
*Fax:*  
*After Hours Phone:* (619) 515-2550  
*Provider Gender:* Male  
*License number:* PA12416  
*NPI:* 1932329505  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* P, EB, IB, E, T  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):* Lemon Grove Family Health Center  
*IPA:*

### NATIONAL CITY

#### ANESTHESIOLOGY PAIN MANAGEMENT

#### WYNN, BRENTON D , MD

*Provider ID:* 268987  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 502 EUCLID AVE STE 200  
 NATIONAL CITY, CA  
 91950-2984  
*Phone:* (619) 434-4019  
*Fax:* (877) 264-8373  
*After Hours Phone:* (619) 434-4019  
*Provider Gender:* Male  
*License number:* A73257  
*NPI:* 1528069820  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

| CARDIOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>CAMACHO, BENJAMIN O , MD</b><br/> Provider ID: 269129<br/> Board Certified Specialty: No<br/> COMMUNITY CARE IPA LLC<br/> 1615 SWEETWATER RD<br/> NATIONAL CITY, CA<br/> 91950-7655<br/> Phone: (619) 474-2233<br/> Fax: (619) 474-2211<br/> After Hours Phone: (619) 474-2233<br/> Provider Gender: Male<br/> License number: A52660<br/> NPI: 1699759936<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Tagalog<br/> Cultural Competency: No<br/> Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0/999<br/> American Sign Language (ASL): No<br/> Accessibility: W<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> | <p>Phone: (619) 474-2233<br/> Fax: (619) 474-2211<br/> After Hours Phone: (619) 474-2233<br/> Provider Gender: Male<br/> License number: A52660<br/> NPI: 1699759936<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Tagalog<br/> Cultural Competency: No<br/> Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: None<br/> American Sign Language (ASL): No<br/> Accessibility: W<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> | <p>Medical Center, Oak Valley Dist Hosp<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0/999<br/> American Sign Language (ASL): No<br/> Accessibility:<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA: Community Care Ipa Llc</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <p><b>CAMACHO, BENJAMIN O</b><br/> Provider ID: 35045<br/> Board Certified Specialty: No<br/> IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD<br/> 1615 SWEETWATER RD<br/> NATIONAL CITY, CA<br/> 91950-7655</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>DUBEY, RAJESH K</b><br/> Provider ID: 269343<br/> Board Certified Specialty: No<br/> COMMUNITY CARE IPA LLC<br/> 610 EUCLID AVE STE 302<br/> NATIONAL CITY, CA<br/> 91950-2953<br/> Phone: (209) 521-9661<br/> Fax:<br/> After Hours Phone: (209) 521-9661<br/> Provider Gender: Male<br/> License number: A83527<br/> NPI: 1225011299<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Bengali, Hindi, Spanish<br/> Cultural Competency: No<br/> Hospital Affiliation: Doctors</p>                                                                                                                  | <p><b>FERNANDEZ, GENARO C , MD</b><br/> Provider ID: 121669<br/> Board Certified Specialty: No<br/> COMMUNITY CARE IPA LLC<br/> 610 EUCLID AVE STE 201<br/> NATIONAL CITY, CA<br/> 91950-2952<br/> Phone: (619) 267-8181<br/> Fax: (619) 479-6750<br/> After Hours Phone: (619) 267-8181<br/> Provider Gender: Male<br/> License number: A45754<br/> NPI: 1871504498<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Chinese, Spanish, Tagalog<br/> Cultural Competency: No<br/> Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0/999<br/> American Sign Language (ASL): No<br/> Accessibility: W<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):</p> |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **FERNANDEZ, GENARO, MD**

*Provider ID:* 268889  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
610 EUCLID AVE STE 201  
NATIONAL CITY, CA  
91950-2952  
*Phone:* (619) 267-8181  
*Fax:* (619) 479-6750  
*After Hours Phone:* (619)  
267-8181  
*Provider Gender:* Male  
*License number:* A122302  
*NPI:* 1073768891  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French, Italian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital, Sharp Chula  
Vista Med Ctr, Scripps Memorial  
Hospital, Grossmont Hospital,  
Alvarado Hosp Med Ctr, Sharp  
Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc

### **FERNANDEZ, GENARO C**

*Provider ID:* 27197  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

610 EUCLID AVE STE 201  
NATIONAL CITY, CA  
91950-2952  
*Phone:* (619) 267-8181  
*Fax:* (619) 479-6750  
*After Hours Phone:* (619)  
267-8181  
*Provider Gender:* Male  
*License number:* A45754  
*NPI:* 1871504498  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Chinese, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital, Paradise Valley  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **NANAVATI, VIMAL I**

*Provider ID:* 269553  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
2345 E 8TH ST STE 111  
NATIONAL CITY, CA  
91950-2861  
*Phone:* (619) 585-0476  
*Fax:* (619) 732-0030  
*After Hours Phone:* (619)  
585-0476  
*Provider Gender:* Male  
*License number:* G83522

*NPI:* 1851408082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
Community Hospital, Paradise  
Valley Hospital, Alvarado  
Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc

### **OVIEDO-LINARES, RAUL, MD**

*Provider ID:* 269140  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
502 EUCLID AVE STE 104  
NATIONAL CITY, CA  
91950-2959  
*Phone:* (619) 434-4288  
*Fax:* (619) 434-4315  
*After Hours Phone:* (619)  
434-4288  
*Provider Gender:* Male  
*License number:* A76050  
*NPI:* 1972533941  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Polish, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/>           IPA: Community Care Ipa Llc,<br/>           Imperial Health Holdings Medical<br/>           Group-Sd</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>1615 SWEETWATER RD STE D<br/>           NATIONAL CITY, CA<br/>           91950-7655<br/> <i>Phone:</i> (619) 474-2233<br/> <i>Fax:</i> (619) 474-2211<br/> <i>After Hours Phone:</i> (619)<br/>           474-2233<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A124001<br/> <i>NPI:</i> 1386821460<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>           Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Chula<br/>           Vista Med Ctr, Sharp Memorial<br/>           Hospital, Paradise Valley<br/>           Hospital, Alvarado Hosp Med Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i><br/>           No</p> | <p><i>NPI:</i> 1386821460<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>           Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Chula<br/>           Vista Med Ctr, Sharp Memorial<br/>           Hospital, Paradise Valley<br/>           Hospital, Alvarado Hosp Med Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i><br/>           No</p>                                                                                                                                                                                                                                                                                                                                    |
| <p><b>PANDHI, JAY N , MD</b><br/> <i>Provider ID:</i> 269087<br/> <i>Board Certified Specialty:</i> No<br/>           COMMUNITY CARE IPA LLC<br/>           655 EUCLID AVE STE 208<br/>           NATIONAL CITY, CA<br/>           91950-2969<br/> <i>Phone:</i> (619) 512-1915<br/> <i>Fax:</i> (619) 512-1913<br/> <i>After Hours Phone:</i> (619)<br/>           512-1915<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> C56015<br/> <i>NPI:</i> 1407997406<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>           Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Chula<br/>           Vista Med Ctr, Sharp Memorial<br/>           Hospital, Paradise Valley<br/>           Hospital, Alvarado Hosp Med Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i><br/>           No</p> | <p>♿ <i>Accessibility:</i> P, EB, IB, E, R,<br/>           W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/>           IPA: Community Care Ipa Llc,<br/>           Imperial Health Holdings Medical<br/>           Group-Sd</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>♿ <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/>           IPA: Community Care Ipa Llc,<br/>           Imperial Health Holdings Medical<br/>           Group-Sd</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>ROUGH, STEVEN J , MD</b><br/> <i>Provider ID:</i> 269349<br/> <i>Board Certified Specialty:</i> No<br/>           COMMUNITY CARE IPA LLC</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>ROUGH, STEVEN J , MD</b><br/> <i>Provider ID:</i> 269350<br/> <i>Board Certified Specialty:</i> No<br/>           COMMUNITY CARE IPA LLC<br/>           502 EUCLID AVE STE 104<br/>           NATIONAL CITY, CA<br/>           91950-2959<br/> <i>Phone:</i> (619) 434-4288<br/> <i>Fax:</i> (619) 434-4315<br/> <i>After Hours Phone:</i> (619)<br/>           434-4288<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A124001</p>                                                                                                                                                                                                                                                                                                                                    | <p><b>WYSOCZANSKI, MARIUSZ W</b><br/> <i>Provider ID:</i> 78417<br/> <i>Board Certified Specialty:</i> No<br/>           HEART HEALTH CENTER OF<br/>           SAN DIEGO A MEDICAL<br/>           CORPORATION<br/>           502 EUCLID AVE STE 104<br/>           NATIONAL CITY, CA<br/>           91950-2959<br/> <i>Phone:</i> (619) 434-4288<br/> <i>Fax:</i> (619) 434-4315<br/> <i>After Hours Phone:</i> (619)<br/>           434-4288<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> C55986<br/> <i>NPI:</i> 1659535656<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>           Polish, Spanish, Tagalog<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Chula<br/>           Vista Med Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes</p> |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CARDIOVASCULAR DISEASE**

#### **OVIEDO-LINARES, RAUL**

Provider ID: 125051  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 502 EUCLID AVE STE 104  
 NATIONAL CITY, CA  
 91950-2959  
 Phone: (619) 434-4288  
 Fax: (619) 434-4315  
 After Hours Phone: (619) 434-4288  
 Provider Gender: Male  
 License number: A76050  
 NPI: 1972533941  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Polish, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/100  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

#### **ROUGH, STEVEN J**

Provider ID: 262117  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 502 EUCLID AVE STE 104  
 NATIONAL CITY, CA  
 91950-2959  
 Phone: (619) 434-4288  
 Fax: (619) 434-4315  
 After Hours Phone: (619) 434-4288  
 Provider Gender: Male  
 License number: A124001  
 NPI: 1386821460  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital, Alvarado Hosp Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

#### **ROUGH, STEVEN J**

Provider ID: 80909  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD  
 1615 SWEETWATER RD STE D  
 NATIONAL CITY, CA  
 91950-7655  
 Phone: (619) 474-2233  
 Fax: (619) 474-2211  
 After Hours Phone: (619) 474-2233  
 Provider Gender: Male  
 License number: A124001  
 NPI: 1386821460  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Paradise Valley Hospital, Alvarado Hosp Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

#### **WYSOCZANSKI, MARIUSZ W**

Provider ID: 78417  
 Board Certified Specialty: No  
 HEART HEALTH CENTER OF SAN DIEGO A MEDICAL CORPORATION  
 502 EUCLID AVE STE 104  
 NATIONAL CITY, CA  
 91950-2959

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## D. Specialist Provider Directory

Phone: (619) 434-4288  
 Fax:  
 After Hours Phone: (619) 434-4288  
 Provider Gender: Male  
 License number: C55986  
 NPI: 1659535656  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Polish, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

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### **CERTIFIED NURSE PRACTITIONER**

---

**AQUINO, FELINO V**  
 Provider ID: 244332  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2101 GRANGER AVE # 101A  
 NATIONAL CITY, CA  
 91950-6208  
 Phone: (844) 200-2426  
 Fax: (619) 434-9853  
 After Hours Phone: (844) 200-2426  
 Provider Gender: Male  
 License number: NP22974  
 NPI: 1356684781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**AQUINO, FELINO V**  
 Provider ID: 244335  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
 Phone: (844) 200-2426  
 Fax: (619) 474-3919  
 After Hours Phone: (844) 200-2426  
 Provider Gender: Male  
 License number: NP22974  
 NPI: 1356684781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**AQUINO, FELINO V**

Provider ID: 98698  
 Board Certified Specialty: No  
 OPERATION SAMAHAN INC  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
 Phone: (619) 474-2284  
 Fax:  
 After Hours Phone: (619) 474-2284  
 Provider Gender: Male  
 License number: NP22974  
 NPI: 1356684781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**BERNARDO-GREGORY, ELSIE S , NPA**  
 Provider ID: 244833  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2835 HIGHLAND AVE STE B  
 NATIONAL CITY, CA  
 91950-7406  
 Phone: (844) 200-2426  
 Fax: (619) 477-2628  
 After Hours Phone: (844) 200-2426  
 Provider Gender: Female  
 License number: NP15257  
 NPI: 1588808349  
 Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
 Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DACANAY-HERMAN, ROWENA S**

*Provider ID:* 127238  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN -  
 NATIONAL C  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844)  
 200-2426  
*Provider Gender:* Female  
*License number:* NP22378  
*NPI:* 1144689175  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-TH 8AM-6PM, F  
 8AM-5PM, SA 9AM-5PM  
*Website:*  
 www.operationsamahan.org

*Email:*  
*Medical Group(s):* Operation  
 Samahan - National C  
*IPA:*  
**KHAN, MATTHEW P**  
*Provider ID:* 238376  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1428 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-4624  
*Phone:* (619) 474-2284  
*Fax:*  
*After Hours Phone:* (619)  
 474-2284  
*Provider Gender:* Male  
*License number:* NP17838  
*NPI:* 1942456124  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

474-2284  
*Provider Gender:* Male  
*License number:* NP17838  
*NPI:* 1942456124  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **LIM, IMELDA B**

*Provider ID:* 116924  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN INC  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844)  
 200-2426

*Provider Gender:* Female  
*License number:* NP95000203  
*NPI:* 1093130395  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MACARIOLA, AMPARO E**

*Provider ID:* 99315  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN INC  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
*Phone:* (619) 474-2284  
*Fax:*  
*After Hours Phone:* (619)  
 474-2284  
*Provider Gender:* Female  
*License number:* NP95001709  
*NPI:* 1932505401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
*IPA:*

**REAL, MARIA F**  
*Provider ID:* 105583  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC INC  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
*Phone:* (619) 434-7308  
*Fax:*  
*After Hours Phone:* (619)  
 434-7308  
*Provider Gender:* Female  
*License number:* NP17328  
*NPI:* 1548450471  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-W,F,SA 9AM-5PM, TH 8AM-2PM  
*Website:* www.lamaestra.org  
*Email:*  
*Medical Group(s):* La Maestra Family Clinic Inc  
*IPA:*

**REID, EMILY**  
*Provider ID:* 107174  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC INC  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518

*Phone:* (619) 434-7308  
*Fax:*  
*After Hours Phone:* (619)  
 434-7308  
*Provider Gender:* Female  
*License number:* NP95002766  
*NPI:* 1083081467  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-W,F,SA 9AM-5PM, TH 8AM-2PM  
*Website:* www.lamaestra.org  
*Email:*  
*Medical Group(s):* La Maestra Family Clinic Inc  
*IPA:*

**WILLIAMS, BREAUNA A**  
*Provider ID:* 115127  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC INC  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
*Phone:* (619) 434-7308  
*Fax:*  
*After Hours Phone:* (619)  
 434-7308  
*Provider Gender:* Female  
*License number:* NP95001840  
*NPI:* 1063884864  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R, W  
*Hours:* M-W,F,SA 9AM-5PM, TH 8AM-2PM  
*Website:* www.lamaestra.org  
*Email:*  
*Medical Group(s):* La Maestra Family Clinic Inc  
*IPA:*

---

### DERMATOLOGY

---

**BROGAN, JACQUELINE L , MD**  
*Provider ID:* 265250  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 655 EUCLID AVE STE 401  
 NATIONAL CITY, CA  
 91950-2978  
*Phone:* (619) 267-8303  
*Fax:* (619) 267-4835  
*After Hours Phone:* (619)  
 267-8303  
*Provider Gender:* Female  
*License number:* A160890  
*NPI:* 1801273479  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

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## D. Specialist Provider Directory

### **CELANO, NICHOLAS J**

**Provider ID:** 102706  
**Board Certified Specialty:** No  
**WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP**  
**655 EUCLID AVE STE 401**  
**NATIONAL CITY, CA**  
**91950-2978**  
**Phone:** (619) 267-8303  
**Fax:**  
**After Hours Phone:** (619) 267-8303  
**Provider Gender:** Male  
**License number:** A120411  
**NPI:** 1457662264  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:** W  
**Hours:** M-F 8:30AM-4:30PM, SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CELANO, NICHOLAS J**

**Provider ID:** 102706  
**Board Certified Specialty:** Yes  
**WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP**  
**655 EUCLID AVE STE 401**  
**NATIONAL CITY, CA**  
**91950-2978**

**Phone:** (619) 267-8303  
**Fax:** (619) 267-4835  
**After Hours Phone:** (619) 267-8303  
**Provider Gender:** Male  
**License number:** A120411  
**NPI:** 1457662264  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CELANO, NICHOLAS J , MD**

**Provider ID:** 269115  
**Board Certified Specialty:** Yes  
**COMMUNITY CARE IPA LLC**  
**655 EUCLID AVE STE 401**  
**NATIONAL CITY, CA**  
**91950-2978**  
**Phone:** (619) 267-8303  
**Fax:** (619) 267-4835  
**After Hours Phone:** (619) 267-8303  
**Provider Gender:** Male  
**License number:** A120411  
**NPI:** 1457662264  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady

Childrens Hospital San Diego  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CHIANG, JENNIFER Y**

**Provider ID:** 107662  
**Board Certified Specialty:** No  
**WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP**  
**655 EUCLID AVE STE 401**  
**NATIONAL CITY, CA**  
**91950-2978**  
**Phone:** (619) 267-8303  
**Fax:**  
**After Hours Phone:** (619) 267-8303  
**Provider Gender:** Female  
**License number:** A120528  
**NPI:** 1457656738  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Chinese, Mandarin, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:** W  
**Hours:** M-F 8:30AM-4:30PM, SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc,

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## D. Specialist Provider Directory

Imperial Health Holdings Medical Group-Sd

### **CHIANG, JENNIFER Y**

Provider ID: 262273  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA  
91950-2978  
Phone: (619) 267-8303  
Fax: (619) 267-4835  
After Hours Phone: (619) 267-8303  
Provider Gender: Female  
License number: A120528  
NPI: 1457656738  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Chinese, Mandarin, Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CHIANG, JENNIFER Y , MD**

Provider ID: 269157  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA  
91950-2978

Phone: (619) 267-8303  
Fax: (619) 267-4835  
After Hours Phone: (619) 267-8303  
Provider Gender: Female  
License number: A120528  
NPI: 1457656738  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Chinese, Mandarin, Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **CROWLEY, CHRISTOPHER S , MD**

Provider ID: 269667  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA  
91950-2978  
Phone: (619) 267-8303  
Fax: (619) 267-4835  
After Hours Phone: (619) 267-8303  
Provider Gender: Male  
License number: A134188  
NPI: 1962836783  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Paradise

Valley Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **NELSON, AISLYN M , MD**

Provider ID: 246490  
Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA  
91950-2978  
Phone: (619) 267-8303  
Fax: (619) 267-4835  
After Hours Phone: (619) 267-8303  
Provider Gender: Female  
License number: A147913  
NPI: 1154717288  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Paradise Valley Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **RESH, WILLIAM F**

Provider ID: 124997

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## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 655 EUCLID AVE STE 401  
 NATIONAL CITY, CA  
 91950-2978  
*Phone:* (619) 267-8303  
*Fax:* (619) 267-4835  
*After Hours Phone:* (619) 267-8303  
*Provider Gender:* Male  
*License number:* C34661  
*NPI:* 1154309862  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **RESH, WILLIAM F , MD**

*Provider ID:* 269100  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 655 EUCLID AVE STE 401  
 NATIONAL CITY, CA  
 91950-2978  
*Phone:* (619) 267-8303  
*Fax:* (619) 267-4835  
*After Hours Phone:* (619) 267-8303  
*Provider Gender:* Male  
*License number:* C34661  
*NPI:* 1154309862  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **RESH, WILLIAM F**

*Provider ID:* 66264  
*Board Certified Specialty:* No  
**WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP**  
 655 EUCLID AVE STE 401  
 NATIONAL CITY, CA  
 91950-2978  
*Phone:* (619) 267-8303  
*Fax:* (619) 267-4835  
*After Hours Phone:* (619) 267-8303  
*Provider Gender:* Male  
*License number:* C34661  
*NPI:* 1154309862  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8:30AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SATEESH, BROOKE R**

*Provider ID:* 124998  
*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 655 EUCLID AVE STE 401  
 NATIONAL CITY, CA  
 91950-2978  
*Phone:* (619) 267-8303  
*Fax:* (619) 267-4835  
*After Hours Phone:* (619) 267-8303  
*Provider Gender:* Female  
*License number:* A109670  
*NPI:* 1164565339  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SATEESH, BROOKE R , MD**

*Provider ID:* 269155  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 655 EUCLID AVE STE 401

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## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>NATIONAL CITY, CA<br/>91950-2978<br/>Phone: (619) 267-8303<br/>Fax: (619) 267-4835<br/>After Hours Phone: (619) 267-8303<br/>Provider Gender: Female<br/>License number: A109670<br/>NPI: 1164565339<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Cultural Competency: No<br/>Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0/999<br/>American Sign Language (ASL): No<br/>♿ Accessibility: Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> | <p>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Cultural Competency: No<br/>Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Coronado Hosp And Healthcare Ctr<br/>Medi-Cal Open Panel: No<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility: W<br/>Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>                                                                                | <p>No<br/>♿ Accessibility: Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>SATEESH, BROOKE R</b><br/>Provider ID: 46267<br/>Board Certified Specialty: No<br/>WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP<br/>655 EUCLID AVE STE 401<br/>NATIONAL CITY, CA<br/>91950-2978<br/>Phone: (619) 267-8303<br/>Fax:<br/>After Hours Phone: (619) 267-8303<br/>Provider Gender: Female<br/>License number: A109670<br/>NPI: 1164565339</p>                                                                                                                                                                                                                                                                                                                                                        | <p><b>UEBELHOER, NATHAN S</b><br/>Provider ID: 125008<br/>Board Certified Specialty: No<br/>WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP<br/>655 EUCLID AVE STE 401<br/>NATIONAL CITY, CA<br/>91950-2978<br/>Phone: (619) 267-8303<br/>Fax: (619) 428-4835<br/>After Hours Phone: (619) 267-8303<br/>Provider Gender: Male<br/>License number: 20A9328<br/>NPI: 1659344513<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Cultural Competency: No<br/>Hospital Affiliation: Naval Medical Ctr Sd Rbe<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: None<br/>American Sign Language (ASL):</p> | <p><b>UEBELHOER, NATHAN S</b><br/>Provider ID: 125008<br/>Board Certified Specialty: No<br/>WILLIAM F RESH MD SKIN AND SKIN CANCER MED GRP<br/>655 EUCLID AVE STE 401<br/>NATIONAL CITY, CA<br/>91950-2978<br/>Phone: (619) 267-8303<br/>Fax:<br/>After Hours Phone: (619) 267-8303<br/>Provider Gender: Male<br/>License number: 20A9328<br/>NPI: 1659344513<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Cultural Competency: No<br/>Hospital Affiliation: Naval Medical Ctr Sd Rbe<br/>Medi-Cal Open Panel: No<br/>Min/Max Age: None<br/>American Sign Language (ASL): No<br/>♿ Accessibility: W<br/>Hours: M-F 8:30AM-4:30PM, SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>UEBELHOER, NATHAN S , MD</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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## D. Specialist Provider Directory

**Provider ID:** 269137  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**655 EUCLID AVE STE 401**  
**NATIONAL CITY, CA**  
**91950-2978**  
**Phone:** (619) 267-8303  
**Fax:** (619) 428-4835  
**After Hours Phone:** (619) 267-8303  
**Provider Gender:** Male  
**License number:** 20A9328  
**NPI:** 1659344513  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Naval Medical Ctr Sd Rbe  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### FAMILY PRACTICE

#### **BAEZ, BEATRICE E**

**Provider ID:** 47984  
**Board Certified Specialty:** No  
**OPERATION SAMAHAN -**  
**NATIONAL C**  
**2743 HIGHLAND AVE**  
**NATIONAL CITY, CA**  
**91950-7410**  
**Phone:** (844) 200-2426  
**Fax:**  
**After Hours Phone:** (844) 200-2426

**Provider Gender:** Female  
**License number:** A74777  
**NPI:** 1245372507  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:** W  
**Hours:** M-TH 8AM-6PM, F 8AM-5PM, SA 9AM-5PM  
**Website:** www.operationsamahan.org  
**Email:**  
**Medical Group(s):** Operation Samahan - National C  
**IPA:**

#### **MOYA, MARY R**

**Provider ID:** 118066  
**Board Certified Specialty:** No  
**OPERATION SAMAHAN INC**  
**2835 HIGHLAND AVE STE A**  
**NATIONAL CITY, CA**  
**91950-7406**  
**Phone:** (844) 200-2426  
**Fax:** (619) 434-8999  
**After Hours Phone:** (844) 200-2426  
**Provider Gender:** Female  
**License number:** A80185  
**NPI:** 1093844417  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None

**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

### INTERNAL MEDICINE

#### **WYSOCZANSKI, MARIUSZ W , MD**

**Provider ID:** 269007  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**502 EUCLID AVE STE 104**  
**NATIONAL CITY, CA**  
**91950-2959**  
**Phone:** (619) 434-4288  
**Fax:** (619) 434-4315  
**After Hours Phone:** (619) 434-4288  
**Provider Gender:** Male  
**License number:** C55986  
**NPI:** 1659535656  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Polish, Spanish, Tagalog  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Chula Vista Med Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 18/999  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

| NEPHROLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NATIONAL CITY, CA<br>91950-2975<br>Phone: (619) 475-4900<br>Fax:<br>After Hours Phone: (619) 475-4900<br>Provider Gender: Male<br>License number: C143845<br>NPI: 1366626467<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: German, Spanish, Tagalog<br>Cultural Competency: No<br>Hospital Affiliation: Sharp Chula Vista Med Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista<br>Medi-Cal Open Panel: No<br>Min/Max Age: None<br>American Sign Language (ASL): No<br>♿ Accessibility: W<br>Hours: M-SA 9AM-5PM<br>Website: www.balboacare.com<br>Email:<br>Medical Group(s):<br>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd | Provider English Spoken: Yes<br>Provider Language(s) Spoken: German, Spanish, Tagalog<br>Cultural Competency: No<br>Hospital Affiliation: Sharp Chula Vista Med Ctr, Paradise Valley Hospital<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/999<br>American Sign Language (ASL): No<br>♿ Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CALDERON MOLINA, JUAN S, MD</b><br>Provider ID: 109336<br>Board Certified Specialty: No<br>BALBOA NEPHROLOGY MED GRP INC<br>655 EUCLID AVE STE 303<br>NATIONAL CITY, CA<br>91950-2975<br>Phone: (619) 585-4370<br>Fax: (619) 585-4033<br>After Hours Phone: (619) 585-4370<br>Provider Gender: Male<br>License number: C143845<br>NPI: 1366626467<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: German, Spanish, Tagalog<br>Cultural Competency: No<br>Hospital Affiliation: Sharp Chula Vista Med Ctr, Paradise Valley Hospital<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: None<br>American Sign Language (ASL): No<br>♿ Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd | <b>CALDERON MOLINA, JUAN S</b><br>Provider ID: 262118<br>Board Certified Specialty: No<br>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD<br>655 EUCLID AVE STE 303<br>NATIONAL CITY, CA<br>91950-2975<br>Phone: (619) 585-4370<br>Fax: (619) 585-4033<br>After Hours Phone: (619) 585-4370<br>Provider Gender: Male<br>License number: C143845<br>NPI: 1366626467                                                                                                                                                                                                                                                                                                                               | <b>MAA CHIP, FHARAK</b><br>Provider ID: 262271<br>Board Certified Specialty: No<br>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD<br>655 EUCLID AVE STE 303<br>NATIONAL CITY, CA<br>91950-2975<br>Phone: (619) 475-4900<br>Fax: (619) 475-8373<br>After Hours Phone: (619) 475-4900<br>Provider Gender: Male<br>License number: A117604<br>NPI: 1245518414<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Spanish<br>Cultural Competency: No<br>Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Chula Vista Med Ctr<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/999 |
| <b>CALDERON MOLINA, JUAN S</b><br>Provider ID: 109336<br>Board Certified Specialty: No<br>BALBOA NEPHROLOGY MED GRP INC<br>655 EUCLID AVE STE 303                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>CALDERON MOLINA, JUAN S</b><br>Provider ID: 262118<br>Board Certified Specialty: No<br>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD<br>655 EUCLID AVE STE 303<br>NATIONAL CITY, CA<br>91950-2975<br>Phone: (619) 585-4370<br>Fax: (619) 585-4033<br>After Hours Phone: (619) 585-4370<br>Provider Gender: Male<br>License number: C143845<br>NPI: 1366626467                                                                                                                                                                                                                                                                                                                               | <b>MAA CHIP, FHARAK</b><br>Provider ID: 262271<br>Board Certified Specialty: No<br>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD<br>655 EUCLID AVE STE 303<br>NATIONAL CITY, CA<br>91950-2975<br>Phone: (619) 475-4900<br>Fax: (619) 475-8373<br>After Hours Phone: (619) 475-4900<br>Provider Gender: Male<br>License number: A117604<br>NPI: 1245518414<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Spanish<br>Cultural Competency: No<br>Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Chula Vista Med Ctr<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/999 |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*American Sign Language (ASL):* Group-Sd  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MAA CHIP, FHARAK, MD**

*Provider ID:* 84000

*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC

655 EUCLID AVE STE 303  
NATIONAL CITY, CA  
91950-2975

*Phone:* (619) 475-4900

*Fax:* (619) 475-8373

*After Hours Phone:* (619)  
475-4900

*Provider Gender:* Male

*License number:* A117604

*NPI:* 1245518414

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista, Paradise  
Valley Hospital, Sharp Chula  
Vista Med Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical

### **MAA CHIP, FHARAK**

*Provider ID:* 84000

*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC

655 EUCLID AVE STE 303  
NATIONAL CITY, CA  
91950-2975

*Phone:* (619) 475-4900

*Fax:*

*After Hours Phone:* (619)  
475-4900

*Provider Gender:* Male

*License number:* A117604

*NPI:* 1245518414

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista, Paradise  
Valley Hospital, Sharp Chula  
Vista Med Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:* www.balboacare.com

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **SACAMAY, TAGUMPAY E**

*Provider ID:* 262201

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

655 EUCLID AVE STE 303

NATIONAL CITY, CA  
91950-2975

*Phone:* (619) 475-4900

*Fax:* (619) 475-8373

*After Hours Phone:* (619)  
475-4900

*Provider Gender:* Male

*License number:* A62631

*NPI:* 1407851041

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital Chula Vista, Paradise  
Valley Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **SACAMAY, TAGUMPAY E , MD**

*Provider ID:* 26710

*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC

655 EUCLID AVE STE 303  
NATIONAL CITY, CA  
91950-2975

*Phone:* (619) 475-4900

*Fax:* (619) 475-8373

*After Hours Phone:* (619)  
475-4900

*Provider Gender:* Male

*License number:* A62631

*NPI:* 1407851041

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SACAMAY, TAGUMPAY E**

*Provider ID:* 26710

*Board Certified Specialty:* No  
**BALBOA NEPHROLOGY MED GRP INC**

655 EUCLID AVE STE 303  
 NATIONAL CITY, CA  
 91950-2975

*Phone:* (619) 475-4900

*Fax:* (619) 267-6644

*After Hours Phone:* (619) 475-4900

*Provider Gender:* Male

*License number:* A62631

*NPI:* 1407851041

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

♿ *Accessibility:* W

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

*Website:* www.balboacare.com

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **OBSTETRICS / GYNECOLOGY**

### **DEL ROSARIO, GELEN R**

*Provider ID:* 206092

*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**

502 EUCLID AVE STE 300  
 NATIONAL CITY, CA  
 91950-2950

*Phone:* (619) 475-1261

*Fax:* (619) 475-1267

*After Hours Phone:* (619) 475-1261

*Provider Gender:* Female

*License number:* A113471

*NPI:* 1255643474

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999

*American Sign Language (ASL):* No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Blue Shield Promise Health

Plan Direct, Community Care Ipa Llc, Rady Childrens Health Network

### **DEL ROSARIO, GELEN R**

*Provider ID:* 257478

*Board Certified Specialty:* No  
**BLUE SHIELD PROMISE HEALTH PLAN DIRECT**  
 502 EUCLID AVE STE 300  
 NATIONAL CITY, CA  
 91950-2950

*Phone:* (619) 475-1261

*Fax:* (619) 475-1267

*After Hours Phone:* (619) 475-1261

*Provider Gender:* Female

*License number:* A113471

*NPI:* 1255643474

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula Vista Med Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Rady Childrens Health Network

### **DEL ROSARIO, GELEN R , MD**

*Provider ID:* 269247

*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 502 EUCLID AVE STE 300

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

NATIONAL CITY, CA  
91950-2950  
Phone: (619) 475-1261  
Fax: (619) 475-1267  
After Hours Phone: (619) 475-1261  
Provider Gender: Female  
License number: A113471  
NPI: 1255643474  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish, Tagalog  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula Vista Med Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Rady Childrens Health Network

### **HARDER, ELMER W**

Provider ID: 26687  
Board Certified Specialty: No  
SOUTH BAY OB GYN MED GRP INC  
655 EUCLID AVE STE 409  
NATIONAL CITY, CA  
91950-2981  
Phone: (619) 267-8313  
Fax:  
After Hours Phone: (619) 267-8313  
Provider Gender: Male  
License number: A38000  
NPI: 1215014428  
Provider English Spoken: Yes

Provider Language(s) Spoken: Portuguese, Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula Vista Med Ctr, Paradise Valley Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-TH 8:30AM-5:30PM, F 8:30AM-4:30PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **WANG, AI WEI**

Provider ID: 26930  
Board Certified Specialty: No  
SOUTH BAY OB GYN MED GRP INC  
655 EUCLID AVE STE 409  
NATIONAL CITY, CA  
91950-2981  
Phone: (619) 267-8313  
Fax: (619) 472-2008  
After Hours Phone: (619) 267-8313  
Provider Gender: Male  
License number: A91882  
NPI: 1548339534  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Chinese, Mandarin, Spanish  
Cultural Competency: No  
Hospital Affiliation: Paradise Valley Hospital, Sharp Chula Vista Med Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W

Hours: M-TH 8:30AM-5:30PM, F 8:30AM-4:30PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

## OPHTHALMOLOGY

### **ABDALLAH, WALID F , MD**

Provider ID: 266063  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1520 E PLAZA BLVD  
NATIONAL CITY, CA  
91950-3616  
Phone: (619) 425-7755  
Fax: (619) 425-2138  
After Hours Phone: (619) 425-7755  
Provider Gender: Male  
License number: A146829  
NPI: 1871912717  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Arabic, Korean, Mandarin, Spanish  
Cultural Competency: No  
Hospital Affiliation: Good Samaritan Hospital Los Angeles, Childrens Hosp Of Los Angeles  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **CARRABY, ARNETT, MD**

Provider ID: 268383  
Board Certified Specialty: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

COMMUNITY CARE IPA LLC  
1520 E PLAZA BLVD  
NATIONAL CITY, CA  
91950-3616

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619)  
425-7755

Provider Gender: Male

License number: G47836

NPI: 1366530792

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog, Vietnamese

Cultural Competency: No

Hospital Affiliation: El Centro

Regional Medical Center,

Pioneers Memorial Hospital,

Alvarado Hospital Llc

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### CHANG, TOM S , MD

Provider ID: 270365

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

2240 E PLAZA BLVD STE F G

NATIONAL CITY, CA

91950-5165

Phone: (800) 898-2020

Fax: (844) 897-3788

After Hours Phone: (800)  
898-2020

Provider Gender: Male

License number: A69909

NPI: 1609848969

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cantonese

Cultural Competency: No

Hospital Affiliation: San Gabriel

Valley Med Ctr, Providence Little

Co Of Mary Med Ctr Torrance,

Methodist Hosp Of Southern

California, Hollywood

Presbyterian Med Ctr, Desert

Regional Med Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### ECHEGOYEN, JULIO C , MD

Provider ID: 268352

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

1520 E PLAZA BLVD

NATIONAL CITY, CA

91950-3616

Phone: (619) 425-7755

Fax: (619) 425-2138

After Hours Phone: (619)

425-7755

Provider Gender: Male

License number: A121431

NPI: 1770801540

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton, Paradise Valley

Hospital, Scripps Mercy Hospital,

Scripps Mercy Hospital Chula

Vista, Scripps Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### GOLLOGLY, HEIDRUN E

Provider ID: 125022

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

655 EUCLID AVE STE 302

NATIONAL CITY, CA

91950-2973

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)

472-1010

Provider Gender: Female

License number: A134761

NPI: 1477879823

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, German, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital Chula Vista, Adventist

Health And Rideout, Grossmont

Hospital, Desert Regional Med

Ctr, Paradise Valley Hospital,

Scripps Mercy Hospital, Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Medical Group(s):*  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **GOLLOGLY, HEIDRUN E , MD**

*Provider ID:* 269126  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA  
91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:* (619)  
472-1010  
*Provider Gender:* Female  
*License number:* A134761  
*NPI:* 1477879823  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French, German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista, Adventist  
Health And Rideout, Grossmont  
Hospital, Desert Regional Med  
Ctr, Paradise Valley Hospital,  
Scripps Mercy Hospital, Sharp  
Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **HAIGHT, BRUCE T , MD**

*Provider ID:* 269113

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA  
91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:* (619)  
472-1010  
*Provider Gender:* Male  
*License number:* G41117  
*NPI:* 1427029628  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc

### **KHANDAN, SARA, MD**

*Provider ID:* 268351  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1520 E PLAZA BLVD  
NATIONAL CITY, CA  
91950-3616  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619)  
425-7755  
*Provider Gender:* Female  
*License number:* A155828  
*NPI:* 1063850808  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi, Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Hemet Valley  
Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc

### **KOWNACKI, JOHN**

*Provider ID:* 262427  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA  
91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:* (619)  
472-1010  
*Provider Gender:* Male  
*License number:* G84672  
*NPI:* 1225189418  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Imperial Health Holdings  
Medical Group-Sd

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## D. Specialist Provider Directory

### **MANI, MAJID, MD**

**Provider ID:** 268295  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**1520 E PLAZA BLVD**  
**NATIONAL CITY, CA**  
**91950-3616**  
**Phone:** (619) 425-7755  
**Fax:** (619) 425-2138  
**After Hours Phone:** (619) 425-7755  
**Provider Gender:** Male  
**License number:** A60640  
**NPI:** 1043261373  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Farsi, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** El Centro Regional Medical Center, Sharp Memorial Hospital, Pioneers Memorial Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **MANI, NASRIN, MD**

**Provider ID:** 269201  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**1520 E PLAZA BLVD**  
**NATIONAL CITY, CA**  
**91950-3616**

**Phone:** (619) 425-7755  
**Fax:** (619) 425-2138  
**After Hours Phone:** (619) 425-7755  
**Provider Gender:** Female  
**License number:** A40473  
**NPI:** 1023061314  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Arabic, Faroese, Farsi, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr, Sharp Chula Vista Med Ctr, Grossmont Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **MCGRAW, JOSEPH P , MD**

**Provider ID:** 269700  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**2240 E PLAZA BLVD STE F**  
**NATIONAL CITY, CA**  
**91950-5165**  
**Phone:** (619) 470-2700  
**Fax:** (619) 236-7822  
**After Hours Phone:** (619) 470-2700  
**Provider Gender:** Male  
**License number:** A155228  
**NPI:** 1588624852  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Grossmont

**Hospital**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **MCGRAW, JOSEPH P , MD**

**Provider ID:** 269701  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
**2240 E PLAZA BLVD STE G**  
**NATIONAL CITY, CA**  
**91950-5165**  
**Phone:** (619) 470-2700  
**Fax:** (619) 236-7822  
**After Hours Phone:** (619) 470-2700  
**Provider Gender:** Male  
**License number:** A155228  
**NPI:** 1588624852  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Grossmont Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **MILLER, DOUGLAS G**

**Provider ID:** 262444  
**Board Certified Specialty:** No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
2240 E PLAZA BLVD STE G  
NATIONAL CITY, CA  
91950-5165  
Phone: (619) 470-2700  
Fax: (619) 236-7822  
After Hours Phone: (619)  
470-2700  
Provider Gender: Male  
License number: G52627  
NPI: 1982636031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Tagalog, Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MILLER, DOUGLAS G**

Provider ID: 262445  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
2240 E PLAZA BLVD STE F  
NATIONAL CITY, CA  
91950-5165  
Phone: (619) 470-2700  
Fax: (619) 236-7822  
After Hours Phone: (619)  
470-2700  
Provider Gender: Male  
License number: G52627  
NPI: 1982636031

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Tagalog, Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MILLER, DOUGLAS G , MD**

Provider ID: 268954  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2240 E PLAZA BLVD STE G  
NATIONAL CITY, CA  
91950-5165  
Phone: (619) 470-2700  
Fax: (619) 236-7822  
After Hours Phone: (619)  
470-2700  
Provider Gender: Male  
License number: G52627  
NPI: 1982636031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Tagalog, Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:

Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MILLER, DOUGLAS G , MD**

Provider ID: 268955  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2240 E PLAZA BLVD STE F  
NATIONAL CITY, CA  
91950-5165  
Phone: (619) 470-2700  
Fax: (619) 236-7822  
After Hours Phone: (619)  
470-2700  
Provider Gender: Male  
License number: G52627  
NPI: 1982636031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Tagalog, Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MONTGOMERY, GORDON J**

Provider ID: 39865  
Board Certified Specialty: No  
PRECISION EYE CAREA MED  
CORP  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA  
91950-2973

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:* (619) 472-1010  
*Provider Gender:* Male  
*License number:* G31591  
*NPI:* 1144226234  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

### **MORRISON-REYES, JOSHUA A**

*Provider ID:* 108014  
*Board Certified Specialty:* No  
 WEST COAST EYE CARE ASSOCS  
 2240 E PLAZA BLVD STE F AND G  
 NATIONAL CITY, CA  
 91950-5165  
*Phone:* (619) 697-4600  
*Fax:* (619) 464-5526  
*After Hours Phone:* (619) 697-4600  
*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MORRISON-REYES, JOSHUA A**

*Provider ID:* 121358  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:* (619) 472-1010  
*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 5/100  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MORRISON-REYES, JOSHUA A**

*Provider ID:* 262324  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 2220 E PLAZA BLVD STE H  
 NATIONAL CITY, CA  
 91950-5162  
*Phone:* (619) 470-2700  
*Fax:*  
*After Hours Phone:* (619) 470-2700  
*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MORRISON-REYES, JOSHUA A , MD**

Provider ID: 269180  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA  
91950-2973  
Phone: (619) 472-1010  
Fax: (619) 479-5233  
After Hours Phone: (619)  
472-1010  
Provider Gender: Male  
License number: A125435  
NPI: 1235366782  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Memorial  
Hospital, Sharp Memorial  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MORRISON-REYES, JOSHUA A , MD**

Provider ID: 269181  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

2240 E PLAZA BLVD STE F  
AND G  
NATIONAL CITY, CA  
91950-5165  
Phone: (619) 697-4600  
Fax: (619) 464-5526  
After Hours Phone: (619)  
697-4600  
Provider Gender: Male  
License number: A125435  
NPI: 1235366782  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Memorial  
Hospital, Sharp Memorial  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MOSS, JASON M , MD**

Provider ID: 268290  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1520 E PLAZA BLVD  
NATIONAL CITY, CA  
91950-3616  
Phone: (619) 425-7755  
Fax: (619) 425-2138  
After Hours Phone: (619)  
425-7755  
Provider Gender: Male  
License number: A130529

NPI: 1386961423  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: El Centro  
Regional Medical Center, Scripps  
Memorial Hospital, Sharp Chula  
Vista Med Ctr, Sharp Memorial  
Hospital, Scripps Memorial  
Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **PAPASTERGIOU, GEORGIOS, MD**

Provider ID: 268327  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1520 E PLAZA BLVD  
NATIONAL CITY, CA  
91950-3616  
Phone: (619) 425-7755  
Fax: (619) 425-2138  
After Hours Phone: (619)  
425-7755  
Provider Gender: Male  
License number: A127706  
NPI: 1790054393  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic, Farsi, French, Greek,  
Italian, Spanish  
Cultural Competency: No  
Hospital Affiliation: El Centro  
Regional Medical Center, Scripps  
Memorial Hospital, Sharp

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **PATEL, GITANE**

*Provider ID:* 262320

*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 2240 E PLAZA BLVD STE F  
 AND G

NATIONAL CITY, CA

91950-5165

*Phone:* (619) 470-2700

*Fax:* (619) 697-2410

*After Hours Phone:* (619)  
 470-2700

*Provider Gender:* Male

*License number:* A108603

*NPI:* 1710171434

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic, Gujarati, Spanish,  
 Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont  
 Hospital, Paradise Valley  
 Hospital, Scripps Memorial  
 Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
 No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **PATEL, GITANE, MD**

*Provider ID:* 268742

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2240 E PLAZA BLVD STE F  
 AND G

NATIONAL CITY, CA

91950-5165

*Phone:* (619) 470-2700

*Fax:* (619) 697-2410

*After Hours Phone:* (619)  
 470-2700

*Provider Gender:* Male

*License number:* A108603

*NPI:* 1710171434

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic, Gujarati, Spanish,  
 Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont  
 Hospital, Paradise Valley  
 Hospital, Scripps Memorial  
 Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
 No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **PATEL, SARJAN H**

*Provider ID:* 262404

*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 2240 E PLAZA BLVD STE F  
 AND G

NATIONAL CITY, CA

91950-5165

*Phone:* (800) 898-2020

*Fax:* (844) 897-3788

*After Hours Phone:* (800)  
 898-2020

*Provider Gender:* Male

*License number:* A114976

*NPI:* 1316199326

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Gujarati, Hindi, Spanish,  
 Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Alvarado  
 Hospital Llc, Grossmont Hospital,  
 Scripps Memorial Hospital,  
 Paradise Valley Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
 No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **PATEL, SARJAN H , MD**

*Provider ID:* 268800

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 2240 E PLAZA BLVD STE F  
 AND G

NATIONAL CITY, CA

91950-5165

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800) 898-2020  
*Provider Gender:* Male  
*License number:* A114976  
*NPI:* 1316199326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish, Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**PEAIRS, JAMES J , MD**  
*Provider ID:* 268366  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA  
 91950-3616  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A155296  
*NPI:* 1609135623  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**PONS, MAURICIO E , MD**  
*Provider ID:* 268353  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA  
 91950-3616  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A87650  
*NPI:* 1376723759  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, El Centro Regional Medical Center, Sharp Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**PRABHU, SUJATA P**  
*Provider ID:* 262394  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 2240 E PLAZA BLVD STE F AND G  
 NATIONAL CITY, CA  
 91950-5165  
*Phone:* (619) 470-2700  
*Fax:* (619) 697-2410  
*After Hours Phone:* (619) 470-2700  
*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **PRABHU, SUJATA P**

*Provider ID:* 262397  
*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:* (619) 472-1010  
*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PRABHU, SUJATA P , MD**

*Provider ID:* 268921  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 2240 E PLAZA BLVD STE F AND G

NATIONAL CITY, CA  
 91950-5165  
*Phone:* (619) 470-2700  
*Fax:* (619) 697-2410  
*After Hours Phone:* (619) 470-2700  
*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **RAJSBAUM, MARTIN, MD**

*Provider ID:* 268294  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA  
 91950-3616  
*Phone:* (619) 425-7755  
*Fax:* (619) 425-2138  
*After Hours Phone:* (619) 425-7755  
*Provider Gender:* Male  
*License number:* A42670

*NPI:* 1912999400  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Russian, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **RICE, LAWRENCE S**

*Provider ID:* 262226  
*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:* (619) 472-1010  
*Provider Gender:* Male  
*License number:* C31021  
*NPI:* 1922060805  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Rady Childrens Hospital San Diego

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

**RICE, LAWRENCE S , MD**  
 Provider ID: 269039  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
 Phone: (619) 472-1010  
 Fax: (619) 479-5233  
 After Hours Phone: (619)  
 472-1010  
 Provider Gender: Male  
 License number: C31021  
 NPI: 1922060805  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Alvarado Hospital Llc,  
 Rady Childrens Hospital San  
 Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,

Imperial Health Holdings Medical  
 Group-Sd

**SASSANI, PATRICK P , MD**  
 Provider ID: 268285  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA  
 91950-3616  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619)  
 425-7755  
 Provider Gender: Male  
 License number: A150205  
 NPI: 1033411061  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Sharp Chula  
 Vista Med Ctr, El Centro  
 Regional Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**SKAF, AYHAM R , MD**  
 Provider ID: 268279  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA  
 91950-3616

Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619)  
 425-7755  
 Provider Gender: Male  
 License number: A120584  
 NPI: 1285888628  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: El Centro  
 Regional Medical Center, Sharp  
 Memorial Hospital, Scripps  
 Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**TREGER, PAUL L**  
 Provider ID: 262420  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
 Phone: (619) 472-1010  
 Fax: (619) 479-5233  
 After Hours Phone: (619)  
 472-1010  
 Provider Gender: Male  
 License number: G26803  
 NPI: 1447311899  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Hospital, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **TREGER, PAUL L , MD**

Provider ID: 268812  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
 Phone: (619) 472-1010  
 Fax: (619) 479-5233  
 After Hours Phone: (619)  
 472-1010  
 Provider Gender: Male  
 License number: G26803  
 NPI: 1447311899  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont  
 Hospital, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **WAINESS, REID M , MD**

Provider ID: 254760  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2240 E PLAZA BLVD STE F  
 NATIONAL CITY, CA  
 91950-5165  
 Phone: (800) 898-2020  
 Fax:  
 After Hours Phone: (800)  
 898-2020  
 Provider Gender: Male  
 License number: A108766  
 NPI: 1396935979  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Armenian, Cantonese, Hebrew,  
 Korean, Mandarin, Spanish,  
 Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: San Gabriel  
 Valley Med Ctr, Desert Regional  
 Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 5/99  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **WASSERSTROM, JEFFREY P , MD**

Provider ID: 129187  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973

Phone: (619) 472-1010  
 Fax: (619) 479-5233  
 After Hours Phone: (619)  
 472-1010  
 Provider Gender: Male  
 License number: G54813  
 NPI: 1710922687  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **WASSERSTROM, JEFFREY P**

Provider ID: 262174  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
 Phone: (619) 472-1010  
 Fax: (619) 479-5233  
 After Hours Phone: (619)  
 472-1010  
 Provider Gender: Male  
 License number: G54813  
 NPI: 1710922687  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Sharp  
Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **ZABANEH, ALEXANDER I**

*Provider ID:* 262169

*Board Certified Specialty:* Yes  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA  
91950-2973

*Phone:* (619) 472-1010

*Fax:* (619) 479-5233

*After Hours Phone:* (619)  
472-1010

*Provider Gender:* Male

*License number:* A154697

*NPI:* 1346687233

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Arabic

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista, Paradise Valley  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **ZABANEH, ALEXANDER I , MD**

*Provider ID:* 269121

*Board Certified Specialty:* Yes  
COMMUNITY CARE IPA LLC  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA  
91950-2973

*Phone:* (619) 472-1010

*Fax:* (619) 479-5233

*After Hours Phone:* (619)  
472-1010

*Provider Gender:* Male

*License number:* A154697

*NPI:* 1346687233

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Arabic

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista, Paradise Valley  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PEDIATRICS**

### **BAILONY, MOHAMMED T**

*Provider ID:* 274980

*Board Certified Specialty:* Yes  
COMMUNITY CARE IPA LLC  
655 EUCLID AVE STE 205  
NATIONAL CITY, CA  
91950-2967

*Phone:* (619) 470-1945

*Fax:* (619) 475-5048

*After Hours Phone:* (619)  
470-1945

*Provider Gender:* Male

*License number:* A34406

*NPI:* 1376625913

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Mary  
Birch Hosp For Women And  
Newborns, Paradise Valley  
Hospital, Sharp Chula Vista Med  
Ctr, Rady Childrens Hospital San  
Diego, Scripps Mercy Hospital  
Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **LERIAS, NICHOLAS P**

*Provider ID:* 130009

*Board Certified Specialty:* No  
OPERATION SAMAHAN INC  
2835 HIGHLAND AVE STE A  
NATIONAL CITY, CA  
91950-7406

*Phone:* (844) 200-2426

*Fax:*

*After Hours Phone:* (844)  
200-2426

*Provider Gender:* Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

License number: 20A14561  
 NPI: 1952749301  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### PHYSICIANS ASSISTANT

**MACASADIA, MARITES N**  
 Provider ID: 268787  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 610 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2953  
 Phone: (619) 527-7700  
 Fax: (619) 527-3226  
 After Hours Phone: (619)  
 527-7700  
 Provider Gender: Female  
 License number: PA15254  
 NPI: 1093743015  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Community Care Ipa Llc

### PODIATRIST

**AHMED, AISHA**  
 Provider ID: 243131  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1428 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-4624  
 Phone: (844) 200-2426  
 Fax:  
 After Hours Phone: (844)  
 200-2426  
 Provider Gender: Female  
 License number: DPM5369  
 NPI: 1316326382  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Spanish, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Paradise  
 Valley Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**ATMAR, AKMAL**  
 Provider ID: 269784  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 2345 E 8TH ST STE 105  
 NATIONAL CITY, CA  
 91950-2866

Phone: (929) 287-4511  
 Fax: (877) 671-6835  
 After Hours Phone: (929)  
 287-4511  
 Provider Gender: Male  
 License number: DPM5295  
 NPI: 1558656637  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, Persian, Urdu  
 Cultural Competency: No  
 Hospital Affiliation: Paradise  
 Valley Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**CHISHOLM, JOHN A**  
 Provider ID: 121607  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 610 EUCLID AVE STE 301  
 NATIONAL CITY, CA  
 91950-2953  
 Phone: (619) 292-2493  
 Fax: (619) 618-0222  
 After Hours Phone: (619)  
 292-2493  
 Provider Gender: Male  
 License number: DPM3431  
 NPI: 1396740072  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Paradise  
 Valley Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Memorial Hospital, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **CHISHOLM, JOHN A**

*Provider ID:* 268441  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 610 EUCLID AVE STE 301  
 NATIONAL CITY, CA  
 91950-2953  
*Phone:* (619) 292-2493  
*Fax:* (619) 618-0222  
*After Hours Phone:* (619)  
 292-2493  
*Provider Gender:* Male  
*License number:* DPM3431  
*NPI:* 1396740072  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise  
 Valley Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **DAVIDSON, JOHN A**

*Provider ID:* 129542  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 610 EUCLID AVE STE 301  
 NATIONAL CITY, CA  
 91950-2953  
*Phone:* (619) 427-3481  
*Fax:* (619) 618-0222  
*After Hours Phone:* (619)  
 427-3481  
*Provider Gender:* Male  
*License number:* DPM5418  
*NPI:* 1689069874  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PUCCINELLI, ALAYNA M**

*Provider ID:* 125046  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 610 EUCLID AVE STE 301  
 NATIONAL CITY, CA  
 91950-2953

*Phone:* (619) 292-2493  
*Fax:* (619) 618-0222  
*After Hours Phone:* (619)  
 292-2493  
*Provider Gender:* Female  
*License number:* DPM5349  
*NPI:* 1487072278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital Chula Vista, Paradise  
 Valley Hospital, Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **SANICOLAS, MARIA THERESA P**

*Provider ID:* 204840  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 610 EUCLID AVE STE 304  
 NATIONAL CITY, CA  
 91950-2953  
*Phone:* (619) 470-6800  
*Fax:* (866) 232-7229  
*After Hours Phone:* (619)  
 470-6800  
*Provider Gender:* Female  
*License number:* DPM4303  
*NPI:* 1891893962  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

### PULMONARY DISEASES

**LIM, ROSEMARIE S**  
*Provider ID:* 262224  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 610 EUCLID AVE STE 202  
 NATIONAL CITY, CA  
 91950-2952  
*Phone:* (619) 472-2665  
*Fax:* (619) 479-9468  
*After Hours Phone:* (619) 472-2665  
*Provider Gender:* Female  
*License number:* A51827  
*NPI:* 1841303419  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Mandarin, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

**SAZON, DOTTIE A**  
*Provider ID:* 66295  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 655 EUCLID AVE STE 206  
 NATIONAL CITY, CA  
 91950-2967  
*Phone:* (619) 267-3188  
*Fax:* (619) 267-3388  
*After Hours Phone:* (619) 267-3188  
*Provider Gender:* Female  
*License number:* A48932  
*NPI:* 1033222708  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

### REGISTERED PHYSICAL THERAPIST

**DIEP, HUY M**  
*Provider ID:* 269130  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1626 SWEETWATER RD STE A  
 NATIONAL CITY, CA  
 91950-7645  
*Phone:* (619) 474-5916  
*Fax:* (619) 474-8662  
*After Hours Phone:* (619) 474-5916  
*Provider Gender:* Male  
*License number:* PT294143  
*NPI:* 1447765508  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**KARANDE, PRACHI**  
*Provider ID:* 287102  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA  
 91950-3168  
*Phone:* (619) 482-3000  
*Fax:* (619) 482-3001  
*After Hours Phone:* (619) 482-3000  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

License number: PT300083

NPI: 1699357525

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### NOVENCIDO, ANDREW

Provider ID: 286784

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

3400 E 8TH ST STE 108

NATIONAL CITY, CA

91950-3168

Phone: (619) 482-3000

Fax: (619) 695-0050

After Hours Phone: (619)

482-3000

Provider Gender: Male

License number: PT295915

NPI: 1447723937

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### RHEUMATOLOGY

#### CHITKARA, PUJA, MD

Provider ID: 204159

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

502 EUCLID AVE STE 300

NATIONAL CITY, CA

91950-2950

Phone: (619) 623-3000

Fax:

After Hours Phone: (619)

623-3000

Provider Gender: Female

License number: A97619

NPI: 1871718189

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Russian, Spanish, Tagalog

Cultural Competency: No

Hospital Affiliation: Sharp Chula

Vista Med Ctr, Scripps Mercy

Hospital Chula Vista, Scripps

Mercy Hospital

Medi-Cal Open Panel: No

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Imperial Health Holdings

Medical Group-Sd

### SURGERY NEUROLOGICAL

#### YOO, FRANK K , MD

Provider ID: 257372

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

2345 E 8TH ST STE 110

NATIONAL CITY, CA

91950-2861

Phone: (858) 909-9033

Fax:

After Hours Phone: (858)

909-9033

Provider Gender: Male

License number: G86513

NPI: 1295774545

Provider English Spoken: Yes

Provider Language(s) Spoken:

Korean, Spanish, Telugu,

Vietnamese

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Memorial Hospital Encinitas, Tri

City Medical Ctr, Palomar Health

Downtown Campus, Pomerado

Hospital, Alvarado Hospital Llc,

Paradise Valley Hospital,

Southwest Healthcare System

Wildomar, Southwest Healthcare

System Murrieta, Scripps Mercy

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### OCEANSIDE

#### ANESTHESIOLOGY PAIN MANAGEMENT

#### FISHER, CASEY J

Provider ID: 269184

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 3142 VISTA WAY STE 207  
 OCEANSIDE, CA 92056-3628  
*Phone:* (760) 610-0522  
*Fax:* (760) 610-0523  
*After Hours Phone:* (760) 610-0522  
*Provider Gender:* Male  
*License number:* A118592  
*NPI:* 1275780686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital, Pomerado  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Scripps Memorial  
 Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

---

### **CERTIFIED NURSE PRACTITIONER**

---

**BROMAN, GRETCHEN L**  
*Provider ID:* 280192  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Provider Gender:* Female

*License number:* NP95007885  
*NPI:* 1922421288  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/0  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**CHAMBERLIN, KALIANA, NPA**  
*Provider ID:* 273018  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Provider Gender:* Female  
*License number:* NP95013030  
*NPI:* 1457995706  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**EKLUND, BONNIE L , NPA**  
*Provider ID:* 243625  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3763  
*After Hours Phone:* (760) 631-5000  
*Provider Gender:* Female  
*License number:* NP15285  
*NPI:* 1811978992  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**GORDON, CAITLIN R**  
*Provider ID:* 246043  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 3998 VISTA WAY STE A  
 OCEANSIDE, CA 92056-4514  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP23078  
*NPI:* 1063842078  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HEAD, KRISTIN N**

*Provider ID:* 268660  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760) 547-1020  
*Provider Gender:* Female  
*License number:* NP20264  
*NPI:* 1699078923  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health

Network

### **KASTNER, NICOLE D**

*Provider ID:* 262127  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY BLDG B  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1010  
*Fax:* (760) 547-1011  
*After Hours Phone:* (760) 547-1010  
*Provider Gender:* Female  
*License number:* NP14131  
*NPI:* 1023051869  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **LIPMAN, RACHEL E**

*Provider ID:* 265113  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY BLDG B  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1010  
*Fax:* (760) 547-1011  
*After Hours Phone:* (760) 547-1010  
*Provider Gender:* Female  
*License number:* NP95000707

*NPI:* 1871933879  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MIRANDA, BRIDGET A**

*Provider ID:* 262340  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:*  
*After Hours Phone:* (760) 547-1020  
*Provider Gender:* Female  
*License number:* NP95006082  
*NPI:* 1225548159  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Northern Inyo Hosp  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IPA: Rady Childrens Health Network

### **PRITZKER, JOELY R**

Provider ID: 121198  
Board Certified Specialty: No  
VISTA COMMUNITY CLNC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
Phone: (760) 631-5000

Fax:  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
License number: NP95000955  
NPI: 1619384351

Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No

♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **PRITZKER, JOELY R**

Provider ID: 121198  
Board Certified Specialty: No  
IHP VISTA COMMUNITY CLINIC  
RIVER  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
Phone: (760) 631-5000

Fax:  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
License number: NP95000955

NPI: 1619384351

Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No

♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **PRITZKER, JOELY R , NPA**

Provider ID: 239772  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
License number: NP95000955  
NPI: 1619384351

Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 12/999  
American Sign Language (ASL): No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **RAMIREZ, ERIN K**

Provider ID: 262344  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3605 VISTA WAY BLDG B  
OCEANSIDE, CA 92056-4565  
Phone: (760) 547-1010  
Fax: (760) 547-1011

After Hours Phone: (760) 547-1010  
Provider Gender: Female  
License number: NP95000183  
NPI: 1912310020

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL): No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **SANTIAGO, AMANDA C , NPA**

Provider ID: 242607  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
Phone: (760) 631-5000  
Fax:

After Hours Phone: (760) 631-5000  
Provider Gender: Female  
License number: NP95007724  
NPI: 1619488731  
Provider English Spoken: Yes

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## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **CERTIFIED REGISTERED NURSE MIDWIFE**

#### **ALSTON, VICKIE S**

*Provider ID:* 257566

*Board Certified Specialty:* No

*BLUE SHIELD PROMISE*

*HEALTH PLAN DIRECT*

*2210 MESA DR STE 5*

*OCEANSIDE, CA 92054-3701*

*Phone:* (760) 757-5841

*Fax:* (760) 967-4863

*After Hours Phone:* (760)

*757-5841*

*Provider Gender:* Female

*License number:* NM993

*NPI:* 1932209905

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Blue Shield Promise Health  
Plan Direct

### **DERMATOLOGY**

#### **AGUIRRE, KRISTEN R , MD**

*Provider ID:* 243076

*Board Certified Specialty:* No

*COMMUNITY CARE IPA LLC*

*3629 VISTA WAY*

*OCEANSIDE, CA 92056-4522*

*Phone:* (760) 757-7546

*Fax:* (760) 828-9140

*After Hours Phone:* (760)

*757-7546*

*Provider Gender:* Female

*License number:* A135075

*NPI:* 1205255288

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Spanish*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

#### **ANGRA, KUNAL, MD**

*Provider ID:* 276058

*Board Certified Specialty:* No

*COMMUNITY CARE IPA LLC*

*3629 VISTA WAY*

*OCEANSIDE, CA 92056-4522*

*Phone:* (760) 757-7546

*Fax:* (760) 828-9138

*After Hours Phone:* (760)

*757-7546*

*Provider Gender:* Male

*License number:* A161745

*NPI:* 1871988147

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

#### **GILBOA, RUTH, MD**

*Provider ID:* 269414

*Board Certified Specialty:* No

*COMMUNITY CARE IPA LLC*

*3629 VISTA WAY*

*OCEANSIDE, CA 92056-4522*

*Phone:* (760) 757-7546

*Fax:* (760) 828-9140

*After Hours Phone:* (760)

*757-7546*

*Provider Gender:* Female

*License number:* A46557

*NPI:* 1205873197

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

*Hospital West*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

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## D. Specialist Provider Directory

### **KIM, JESSICA Y**

*Provider ID:* 247630  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
*Phone:* (760) 757-7546  
*Fax:* (760) 828-9140  
*After Hours Phone:* (760) 757-7546  
*Provider Gender:* Female  
*License number:* 20A17031  
*NPI:* 1245663228  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ROSS, ANDREW L**

*Provider ID:* 108447  
*Board Certified Specialty:* No  
 DERMATOLOGY SPECIALISTS INC A SURGICAL MED GRP  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
*Phone:* (760) 757-7546  
*Fax:*  
*After Hours Phone:* (760) 757-7546  
*Provider Gender:* Male  
*License number:* A140430  
*NPI:* 1700140738  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 8AM-12PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ROSS, ANDREW L , MD**

*Provider ID:* 269333  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
*Phone:* (760) 757-7546  
*Fax:* (760) 828-9140  
*After Hours Phone:* (760) 757-7546  
*Provider Gender:* Male  
*License number:* A140430  
*NPI:* 1700140738  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SAMADY, JOSEPH A , MD**

*Provider ID:* 269327

*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
*Phone:* (760) 757-7546  
*Fax:* (760) 828-9140  
*After Hours Phone:* (760) 757-7546  
*Provider Gender:* Male  
*License number:* A71411  
*NPI:* 1013954908  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SAMADY, JOSEPH A**

*Provider ID:* 61777  
*Board Certified Specialty:* No  
 DERMATOLOGY SPECIALISTS INC A SURGICAL MED GRP  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
*Phone:* (760) 757-7546  
*Fax:*  
*After Hours Phone:* (760) 757-7546  
*Provider Gender:* Male  
*License number:* A71411  
*NPI:* 1013954908  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No

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## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 8AM-12PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **SCHAIRER, DAVID O**

Provider ID: 264682  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Male  
 License number: A148597  
 NPI: 1619311164  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hospital Of Orange  
 County  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SPRAGUE, JESSICA M**

Provider ID: 242314  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Female  
 License number: A134345  
 NPI: 1437594884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **THIELE, JENS, MD**

Provider ID: 269412  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
 Phone: (760) 757-7546  
 Fax: (760) 828-9140  
 After Hours Phone: (760) 757-7546  
 Provider Gender: Male  
 License number: A103862  
 NPI: 1659562650  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **THIELE, JENS**

Provider ID: 41713  
 Board Certified Specialty: No  
 DERMATOLOGY SPECIALISTS  
 INC A SURGICAL MED GRP  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
 Phone: (760) 757-7546  
 Fax:  
 After Hours Phone: (760) 757-7546  
 Provider Gender: Male  
 License number: A103862  
 NPI: 1659562650  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 8AM-12PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **VENKAT, ARUN P , MD**

Provider ID: 269345  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
 Phone: (760) 757-7546  
 Fax: (760) 828-9140  
 After Hours Phone: (760) 757-7546  
 Provider Gender: Male  
 License number: A125103  
 NPI: 1952436354  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **VENKAT, ARUN P**

Provider ID: 71978  
 Board Certified Specialty: No  
 DERMATOLOGY SPECIALISTS  
 INC A SURGICAL MED GRP  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
 Phone: (760) 757-7546  
 Fax:  
 After Hours Phone: (760) 757-7546  
 Provider Gender: Male  
 License number: A125103  
 NPI: 1952436354  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 8AM-12PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **WONG, DARRYL S , MD**

Provider ID: 269368  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
 Phone: (760) 757-7546  
 Fax: (760) 828-9140  
 After Hours Phone: (760) 757-7546  
 Provider Gender: Male  
 License number: G70557  
 NPI: 1952342693  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Hospital West  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **WONG, DARRYL S**

Provider ID: 47164

Board Certified Specialty: No  
 DERMATOLOGY SPECIALISTS  
 INC A SURGICAL MED GRP  
 3629 VISTA WAY  
 OCEANSIDE, CA 92056-4522  
 Phone: (760) 757-7546  
 Fax:  
 After Hours Phone: (760) 757-7546  
 Provider Gender: Male  
 License number: G70557  
 NPI: 1952342693  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Hospital West  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 8AM-12PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

## **EMERGENCY MEDICINE**

### **BELLOMO, THOMAS N**

Provider ID: 205603  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Male  
 License number: G69193  
 NPI: 1700926698

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/25  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CHOW, BYRON C**

*Provider ID:* 206097  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760) 547-1020  
*Provider Gender:* Male  
*License number:* A78116  
*NPI:* 1619907607  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network  
  
**KEARNEY, LAUREN K**  
*Provider ID:* 206223  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760) 547-1020  
*Provider Gender:* Female  
*License number:* G83666  
*NPI:* 1740296268

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **LOVEJOY, AMY E**

*Provider ID:* 206109  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3605 VISTA WAY STE 172

OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760) 547-1020  
*Provider Gender:* Female  
*License number:* A75176  
*NPI:* 1790856557  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital Of Orange County  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PARIKH, PAYAL**

*Provider ID:* 205869  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760) 547-1020  
*Provider Gender:* Female  
*License number:* 20A10898  
*NPI:* 1871757989  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Spanish  
*Cultural Competency:* No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Kaiser Foundation Hospital San  
Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PARKER, SHERINE B**

*Provider ID:* 205787  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760)  
547-1020  
*Provider Gender:* Female  
*License number:* G81658  
*NPI:* 1477626513  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Glendale  
Adventist Med Ctr, Glendale  
Memorial Hosp And Health Ctr,  
Tri City Medical Ctr, Rady  
Childrens Hospital San Diego,  
Valley Childrens Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network  
**RILEY-HAGAN, MARGARET**  
*Provider ID:* 205987  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760)  
547-1020

*Provider Gender:* Female  
*License number:* A49609  
*NPI:* 1548352388  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar  
Medical Center, Rady Childrens  
Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **ROSE, OLGA D**

*Provider ID:* 205956  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172

OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760)  
547-1020  
*Provider Gender:* Female  
*License number:* A143536  
*NPI:* 1740560044  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Rady Childrens Hospital San  
Diego, Sharp Memorial Hospital,  
Scripps Memorial Hospital,  
Scripps Memorial Hospital  
Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

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### **ENDOCRINOLOGY METABOLISM DIABETES**

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### **GOTTESMAN BOWEN, BETHANY L**

*Provider ID:* 285960  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760)  
547-1020

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## D. Specialist Provider Directory

*Provider Gender:* Female  
*License number:* A156739  
*NPI:* 1164849899  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network

### **FAMILY PRACTICE SPORTS MEDICINE**

#### **KAUFMAN, ELIZABETH A**

*Provider ID:* 285904  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:*  
*After Hours Phone:* (760)  
 547-1020  
*Provider Gender:* Female  
*License number:* A135037  
*NPI:* 1942644679  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Scripps Green Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network

### **GASTROENTEROLOGY**

#### **CHIAO, HELLEN, MD**

*Provider ID:* 128127  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3923 WARING RD STE A  
 OCEANSIDE, CA 92056-4499  
*Phone:* (760) 724-8782  
*Fax:* (760) 842-7801  
*After Hours Phone:* (760)  
 724-8782

*Provider Gender:* Female  
*License number:* A127722  
*NPI:* 1154681435  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cantonese, Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

#### **DEVEREAUX, CHRISTOPHER E**

*Provider ID:* 41551  
*Board Certified Specialty:* No  
 NORTH CNTY  
 GASTROENTEROLOGY MED  
 GRP INC  
 3923 WARING RD STE A  
 OCEANSIDE, CA 92056-4499  
*Phone:* (760) 724-8782  
*Fax:*  
*After Hours Phone:* (760)  
 724-8782

*Provider Gender:* Male  
*License number:* G75223  
*NPI:* 1376512848  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-TH 8AM-4:30PM, F,SA  
 9AM-5PM  
*Website:* www.ncgastro.com  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

#### **DEVEREAUX, CHRISTOPHER E , MD**

*Provider ID:* 41551  
*Board Certified Specialty:* No  
 NORTH CNTY  
 GASTROENTEROLOGY MED  
 GRP INC  
 3923 WARING RD STE A  
 OCEANSIDE, CA 92056-4499  
*Phone:* (760) 724-8782  
*Fax:* (760) 842-7801  
*After Hours Phone:* (760)  
 213-8088

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* G75223  
*NPI:* 1376512848  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **KROL, THOMAS C**

*Provider ID:* 41549  
*Board Certified Specialty:* No  
 NORTH CNTY  
 GASTROENTEROLOGY MED  
 GRP INC  
 3923 WARING RD STE A  
 OCEANSIDE, CA 92056-4499  
*Phone:* (760) 724-8782  
*Fax:*  
*After Hours Phone:* (760)  
 724-8782  
*Provider Gender:* Male  
*License number:* G43649  
*NPI:* 1568431146  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-TH 8AM-4:30PM, F,SA  
 9AM-5PM  
*Website:* www.ncgastro.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **KROL, THOMAS C , MD**

*Provider ID:* 41549  
*Board Certified Specialty:* Yes  
 NORTH CNTY  
 GASTROENTEROLOGY MED  
 GRP INC  
 3923 WARING RD STE A  
 OCEANSIDE, CA 92056-4499  
*Phone:* (760) 724-8782  
*Fax:* (760) 842-7801  
*After Hours Phone:* (760)  
 213-8088

*Provider Gender:* Male  
*License number:* G43649  
*NPI:* 1568431146  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
 Medical Ctr, Scripps Memorial  
 Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SHAD, JAVAID A**

*Provider ID:* 41554  
*Board Certified Specialty:* No  
 NORTH CNTY  
 GASTROENTEROLOGY MED

GRP INC  
 3923 WARING RD STE A  
 OCEANSIDE, CA 92056-4499  
*Phone:* (760) 724-8782  
*Fax:*  
*After Hours Phone:* (760)  
 724-8782  
*Provider Gender:* Male  
*License number:* G86962  
*NPI:* 1003885922  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital Encinitas, Tri  
 City Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-TH 8AM-4:30PM, F,SA  
 9AM-5PM  
*Website:* www.ncgastro.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SHAD, JAVAID A , MD**

*Provider ID:* 41554  
*Board Certified Specialty:* No  
 NORTH CNTY  
 GASTROENTEROLOGY MED  
 GRP INC  
 3923 WARING RD STE A  
 OCEANSIDE, CA 92056-4499  
*Phone:* (760) 724-8782  
*Fax:* (760) 842-7801  
*After Hours Phone:* (760)  
 724-8782  
*Provider Gender:* Male  
*License number:* G86962  
*NPI:* 1003885922  
*Provider English Spoken:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
Hindi, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SHIM, MICHAEL, MD**

*Provider ID:* 41553  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
3923 WARING RD STE A  
OCEANSIDE, CA 92056-4499  
*Phone:* (760) 724-8782  
*Fax:* (760) 842-7801  
*After Hours Phone:* (760) 724-8782  
*Provider Gender:* Male  
*License number:* A88942  
*NPI:* 1851503353  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**SHIM, MICHAEL**  
*Provider ID:* 66003  
*Board Certified Specialty:* No  
NORTH CNTY  
GASTROENTEROLOGY MED  
GRP INC  
3923 WARING RD STE A  
OCEANSIDE, CA 92056-4499  
*Phone:* (760) 724-8782

*Fax:*  
*After Hours Phone:* (760) 724-8782  
*Provider Gender:* Male  
*License number:* A88942  
*NPI:* 1851503353  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-TH 8AM-4:30PM, F,SA 9AM-5PM  
*Website:* www.ncgastro.com  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **VIERNES, MATTHEW E , MD**

*Provider ID:* 41552  
*Board Certified Specialty:* No  
NORTH CNTY  
GASTROENTEROLOGY MED  
GRP INC  
3923 WARING RD STE A  
OCEANSIDE, CA 92056-4499

*Phone:* (760) 724-8782  
*Fax:* (760) 842-7801  
*After Hours Phone:* (760) 213-8088  
*Provider Gender:* Male  
*License number:* A61516  
*NPI:* 1730158650  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **VIERNES, MATTHEW E**

*Provider ID:* 41552  
*Board Certified Specialty:* No  
NORTH CNTY  
GASTROENTEROLOGY MED  
GRP INC  
3923 WARING RD STE A  
OCEANSIDE, CA 92056-4499  
*Phone:* (760) 724-8782  
*Fax:*  
*After Hours Phone:* (760) 724-8782  
*Provider Gender:* Male  
*License number:* A61516  
*NPI:* 1730158650  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-TH 8AM-4:30PM, F,SA 9AM-5PM  
 Website: www.ncgastro.com  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415  
 Phone: (760) 757-4566  
 Fax:  
 After Hours Phone: (760) 757-4566  
 Provider Gender: Male  
 License number: C152937  
 NPI: 1831240159  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Korean  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 8AM-5PM  
 Website: www.ihpsocal.org  
 Email:  
 Medical Group(s): Truecare  
 IPA:

### GYNECOLOGIC ONCOLOGY

**ESKANDER, RAMEZ N**  
 Provider ID: 282166  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4002 VISTA WAY  
 OCEANSIDE, CA 92056-4506  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A102482  
 NPI: 1144486929  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: University Of California Irvine Med Ctr, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, Providence St Joseph Hospital, Providence St Jude Medical Center, Orange Coast Mem Med Ctr, Fountain Valley Regional Hosp And Med Ctr, Corona Regional Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):

### INTERNAL MEDICINE

**CHONG, ILSONG J**  
 Provider ID: 122089  
 Board Certified Specialty: No  
 NORTH COUNTY HEALTH SERVICES VALLEY CENTER  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415  
 Phone: (760) 757-4566  
 Fax:  
 After Hours Phone: (760) 757-4566  
 Provider Gender: Male  
 License number: C152937  
 NPI: 1831240159  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Korean  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 8AM-5PM  
 Website: www.ihpsocal.org  
 Email:  
 Medical Group(s): Truecare  
 IPA:

**CHONG, ILSONG J**  
 Provider ID: 122089  
 Board Certified Specialty: No  
 IHP N COUNTY HEALTH SERV  
 LA MISSION

**GOMEZ, DENISE Y**  
 Provider ID: 42413  
 Board Certified Specialty: No  
 NORTH COUNTY HEALTH SERVICES VALLEY CENTER  
 605 CROUCH ST BLDG C  
 OCEANSIDE, CA 92054-4415  
 Phone: (760) 757-4566  
 Fax: (760) 757-3004  
 After Hours Phone: (760) 757-4566  
 Provider Gender: Female  
 License number: A66289  
 NPI: 1407871817  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Palomar Medical

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## D. Specialist Provider Directory

Center

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 8AM-5PM

Website: www.ihpsocal.org

Email:

Medical Group(s): Truecare

IPA:

### KYAW, NAING T

Provider ID: 287739

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

3300 VISTA WAY STE B

OCEANSIDE, CA 92056-3633

Phone: (760) 967-9900

Fax: (760) 967-6769

After Hours Phone: (760)

967-9900

Provider Gender: Male

License number: A97469

NPI: 1689784308

Provider English Spoken: Yes

Provider Language(s) Spoken:

Burmese, Chinese, Mandarin,

Spanish

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 18/120

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### MATERNAL AND FETAL MEDICINE

#### ADAMCZAK, JOANNA E

Provider ID: 205631

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3605 VISTA WAY STE 172

OCEANSIDE, CA 92056-4565

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)

966-6710

Provider Gender: Female

License number: A116982

NPI: 1447428420

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital, Tri City

Medical Ctr, Sharp Mary Birch

Hosp For Women And Newborns

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

#### ADAMI, REBECCA R

Provider ID: 272673

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3605 VISTA WAY STE 172

OCEANSIDE, CA 92056-4565

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)

966-6710

Provider Gender: Female

License number: A149389

NPI: 1992149447

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

#### CASELE, HOLLY L

Provider ID: 205836

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3605 VISTA WAY STE 172

OCEANSIDE, CA 92056-4565

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)

966-6710

Provider Gender: Female

License number: G87630

NPI: 1255348744

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Grossmont

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Hospital, Tri City Medical Ctr,  
Sharp Mary Birch Hosp For  
Women And Newborns, Scripps  
Memorial Hospital Encinitas,  
Rady Childrens Hospital San  
Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **CATANZARITE, VALERIAN A**

*Provider ID:* 205743  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (858) 966-6711  
*After Hours Phone:* (760)  
547-1020  
*Provider Gender:* Male  
*License number:* G46026  
*NPI:* 1174694939  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital, Scripps  
Memorial Hospital, Tri City  
Medical Ctr, Southwest  
Healthcare System Wildomar,  
Southwest Healthcare System  
Murrieta, Grossmont Hospital,  
Scripps Memorial Hospital  
Encinitas, Rady Childrens

Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **MCCULLOUGH, DEIRDRE M**

*Provider ID:* 210035  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858)  
966-6710  
*Provider Gender:* Female  
*License number:* C159758  
*NPI:* 1639153018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary  
Birch Hosp For Women And  
Newborns, Sharp Grossmont  
Hospital, Sharp Memorial  
Hospital, Rady Childrens  
Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **RICHARDSON, ALVIE C**

*Provider ID:* 264686  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858)  
966-6710  
*Provider Gender:* Male  
*License number:* C160063  
*NPI:* 1154305977  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital, Rady  
Childrens Hospital San Diego,  
Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **SCHWENDEMANN, WADE D**

*Provider ID:* 205437  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

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## D. Specialist Provider Directory

*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* A109228  
*NPI:* 1477563302  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital,  
 Grossmont Hospital, Sharp  
 Memorial Hospital, Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Tri City Medical Ctr,  
 Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **TITH, TEVY**

*Provider ID:* 205390  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858)  
 966-6710  
*Provider Gender:* Female  
*License number:* A103521  
*NPI:* 1588816086  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Tri City  
 Medical Ctr, Sharp Mary Birch  
 Hosp For Women And  
 Newborns, University Of  
 California Irvine Med Ctr, Sharp  
 Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **WESTERMANN, MELISSA L**

*Provider ID:* 255793  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858)  
 966-6710  
*Provider Gender:* Female  
*License number:* A130149  
*NPI:* 1760730758  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Earl And Lorraine  
 Miller Childrens Hsp, Long Beach  
 Memorial Med Ctr, University Of

California Irvine Med Ctr, Sharp  
 Memorial Hospital, Grossmont  
 Hospital, Sharp Grossmont  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **WILLIAMS, KRISTIN M**

*Provider ID:* 206230  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858)  
 966-6710  
*Provider Gender:* Female  
*License number:* A72985  
*NPI:* 1992847131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Stanford  
 Health Care, Lucile Salter  
 Packard Childrens Hosp, San  
 Mateo Medical Ctr, Sharp  
 Memorial Hospital, Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Tri City Medical Ctr,  
 California Pacific Med Ctr, Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### NEPHROLOGY

#### BARAGER, RICHARD R

Provider ID: 262227

Board Certified Specialty: Yes  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056-3633

Phone: (760) 967-9900

Fax: (760) 967-6769

After Hours Phone: (760)  
967-9900

Provider Gender: Male

License number: G52074

NPI: 1508864448

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Scripps Memorial  
Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

#### BARAGER, RICHARD R , MD

Provider ID: 65959

Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC  
3300 VISTA WAY STE B

OCEANSIDE, CA 92056-3633

Phone: (760) 967-9900

Fax: (760) 967-6769

After Hours Phone: (760)  
967-9900

Provider Gender: Male

License number: G52074

NPI: 1508864448

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Tri City

Medical Ctr, Scripps Memorial  
Hospital Encinitas

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

#### KHARADJIAN, TALAR B

Provider ID: 279811

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3300 VISTA WAY STE B

OCEANSIDE, CA 92056-3633

Phone: (760) 967-9900

Fax: (760) 967-6769

After Hours Phone: (760)  
967-9900

Provider Gender: Female

License number: A161276

NPI: 1770938201

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Armenian, Spanish

Cultural Competency: No

Hospital Affiliation: Tri City  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

#### KYAW, NAING T

Provider ID: 287738

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056-3633

Phone: (760) 967-9900

Fax: (760) 967-6769

After Hours Phone: (760)  
967-9900

Provider Gender: Male

License number: A97469

NPI: 1689784308

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Burmese, Chinese, Mandarin,  
Spanish

Cultural Competency: No

Hospital Affiliation: Tri City  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 18/120

American Sign Language (ASL):  
No

♿ Accessibility:

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## D. Specialist Provider Directory

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MATAYOSHI, AMY H**

*Provider ID:* 262154

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056-3633

*Phone:* (760) 967-9900

*Fax:* (760) 967-6769

*After Hours Phone:* (760)

967-9900

*Provider Gender:* Female

*License number:* A60790

*NPI:* 1417921982

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City  
Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MATAYOSHI, AMY H , MD**

*Provider ID:* 54126

*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED

GRP INC

3300 VISTA WAY STE B

OCEANSIDE, CA 92056-3633

*Phone:* (760) 967-9900

*Fax:* (760) 967-6769

*After Hours Phone:* (760)

967-9900

*Provider Gender:* Female

*License number:* A60790

*NPI:* 1417921982

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City  
Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **NEUROLOGY CHILD**

### **SAHAGIAN, MICHELLE L**

*Provider ID:* 206075

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020

*Fax:* (760) 547-1021

*After Hours Phone:* (760)

547-1020

*Provider Gender:* Female

*License number:* A80990

*NPI:* 1275604035

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **NEUROLOGY**

### **JINDAL, ANUJA V**

*Provider ID:* 206266

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020

*Fax:* (760) 547-1021

*After Hours Phone:* (760)

547-1020

*Provider Gender:* Female

*License number:* A149444

*NPI:* 1194046581

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

OCEANSIDE, CA 92056-4565  
Phone: (760) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (760)  
547-1020

Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Grossmont Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital, Tri City  
Medical Ctr

### **OBSTETRICS / GYNECOLOGY**

#### **BINDER, PRATIBHA S**

Provider ID: 273226  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4002 VISTA WAY  
OCEANSIDE, CA 92056-4506  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A149945  
NPI: 1174758031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

Provider Gender: Male  
License number: A124825  
NPI: 1760776728  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic, French, Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego, Tri  
City Medical Ctr, Scripps  
Memorial Hospital, Scripps  
Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No

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

Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

#### **BANSAL, PREETI**

Provider ID: 205619  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
Phone: (960) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (960)  
547-1020  
Provider Gender: Female  
License number: A90890  
NPI: 1871664631  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

#### **BHATIA, SHAGUN K**

Provider ID: 267318  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
Phone: (760) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (760)  
547-1020  
Provider Gender: Female  
License number: A154902  
NPI: 1104237353  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr, Rady Childrens  
Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):

### **OPHTHALMOLOGY**

#### **ABBOUD, JEAN-PAUL J**

Provider ID: 214192  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>OCEANSIDE, CA 92056-4565<br/> <i>Phone:</i> (760) 547-1020<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 547-1020<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A100897<br/> <i>NPI:</i> 1497792220<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network, Ucsd Medical Group</p> |
| <p><b>MOLL, ANGELA M</b><br/> <i>Provider ID:</i> 114919<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/>           3605 VISTA WAY STE 172<br/>           OCEANSIDE, CA 92056-4565<br/> <i>Phone:</i> (760) 547-1020<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 547-1020<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A105472<br/> <i>NPI:</i> 1861648602<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health</p> | <p><b>MOLL, ANGELA M</b><br/> <i>Provider ID:</i> 205509<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>           3605 VISTA WAY STE 172<br/>           OCEANSIDE, CA 92056-4565<br/> <i>Phone:</i> (760) 547-1020<br/> <i>Fax:</i> (760) 547-1021<br/> <i>After Hours Phone:</i> (760) 547-1020<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A105472<br/> <i>NPI:</i> 1861648602<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> | <p><b>OHALLORAN, HENRY S</b><br/> <i>Provider ID:</i> 114922<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/>           3605 VISTA WAY STE 172<br/>           OCEANSIDE, CA 92056-4565<br/> <i>Phone:</i> (760) 547-1020<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (760) 547-1020<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A73282<br/> <i>NPI:</i> 1235287947<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital,</p>                                                                                     |
| <p><b>MOVAGHAR, MANSOOR</b><br/> <i>Provider ID:</i> 216416<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>           3605 VISTA WAY STE 172</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **OHALLORAN, HENRY S**

*Provider ID:* 205887

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020

*Fax:* (760) 547-1021

*After Hours Phone:* (760) 547-1020

*Provider Gender:* Male

*License number:* A73282

*NPI:* 1235287947

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **PANSARA, MEGHA L**

*Provider ID:* 286601

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020

*Fax:* (760) 547-1021

*After Hours Phone:* (760) 547-1020

*Provider Gender:* Female

*License number:* A143429

*NPI:* 1184983728

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Gujarati, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **ROBINSON, FANE L**

*Provider ID:* 48365

*Board Certified Specialty:* No  
SAN DIEGO RETINA ASSOCIATES A MED CORP

3231 WARING CT STE S  
OCEANSIDE, CA 92056-4510

*Phone:* (760) 631-6144

*Fax:*

*After Hours Phone:* (760) 631-6144

*Provider Gender:* Male

*License number:* A45990

*NPI:* 1295894368

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Afrikaans, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Memorial Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

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

*Website:* sdretina.com

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **SCHER, COLIN A**

*Provider ID:* 125406

*Board Certified Specialty:* No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020

*Fax:*

*After Hours Phone:* (760) 547-1020

*Provider Gender:* Male

*License number:* A42700

*NPI:* 1396816153

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Memorial Hospital, Rady  
 Childrens Hospital San Diego,  
 Palomar Medical Center,  
 Grossmont Hospital, Tri City  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### SCHER, COLIN A

*Provider ID:* 206328  
*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760)  
 547-1020  
*Provider Gender:* Male  
*License number:* A42700  
*NPI:* 1396816153  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego,  
 Palomar Medical Center,  
 Grossmont Hospital, Tri City  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### SMITH, MARK D

*Provider ID:* 27195  
*Board Certified Specialty:* No  
 SAN DIEGO RETINA  
 ASSOCIATES A MED CORP  
 3231 WARING CT STE S  
 OCEANSIDE, CA 92056-4510  
*Phone:* (760) 631-6144  
*Fax:*  
*After Hours Phone:* (760)  
 631-6144  
*Provider Gender:* Male  
*License number:* G55641  
*NPI:* 1255490330  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Sharp Memorial  
 Hospital, Tri City Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:* sdretina.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

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### OTOLARYNGOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY

---

### BLISS, MORGAN R

*Provider ID:* 206086  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (858) 966-6711  
*After Hours Phone:* (760)  
 547-1020  
*Provider Gender:* Female  
*License number:* A134647  
*NPI:* 1760707657  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

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### OTOLARYNGOLOGY

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### BLISS, MORGAN R

*Provider ID:* 112861  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:*  
*After Hours Phone:* (760)  
 547-1020

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## D. Specialist Provider Directory

---

*Provider Gender:* Female  
*License number:* A134647  
*NPI:* 1760707657  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **FRIESEN, TZYYNONG L**

*Provider ID:* 244899  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:*  
*After Hours Phone:* (760)  
547-1020  
*Provider Gender:* Female  
*License number:* A152327  
*NPI:* 1952740177  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **JACOBS, ROBERT D**

*Provider ID:* 39335  
*Board Certified Specialty:* No  
E N T ASSOCIATES MED GRP  
3907 WARING RD STE 1  
OCEANSIDE, CA 92056-4454  
*Phone:* (760) 724-8749  
*Fax:*  
*After Hours Phone:* (760)  
724-8749  
*Provider Gender:* Male  
*License number:* G52767  
*NPI:* 1023028446  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
Medical Ctr, Pomerado Hospital,  
Palomar Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LEUIN, SHELBY C**

*Provider ID:* 206111  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760)  
547-1020  
*Provider Gender:* Female  
*License number:* A112930  
*NPI:* 1124230909  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **REISMAN, BRUCE K**

*Provider ID:* 35206  
*Board Certified Specialty:* No  
E N T ASSOCIATES MED GRP  
3907 WARING RD STE 1  
OCEANSIDE, CA 92056-4454  
*Phone:* (760) 724-8749  
*Fax:*  
*After Hours Phone:* (760)  
724-8749  
*Provider Gender:* Male  
*License number:* G59056  
*NPI:* 1699785014  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
Medical Ctr, Palomar Medical  
Center, Pomerado Hospital

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## D. Specialist Provider Directory

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8:30AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

Network  
**GROSSFELD, PAUL D**  
 Provider ID: 51918  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020

Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Male  
 License number: G69132  
 NPI: 1477624138  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Childrens Hospital Of Orange County, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **PEDIATRIC CARDIOLOGY**

**GROSSFELD, PAUL D**  
 Provider ID: 205614  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Male  
 License number: A52799  
 NPI: 1225109085  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health

Provider Gender: Male  
 License number: A52799  
 NPI: 1225109085  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **PEDIATRIC DERMATOLOGY**

**EICHENFIELD, LAWRENCE F**  
 Provider ID: 205332  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565

### **PEDIATRIC EMERGENCY MEDICINE**

**JOSHI, WEENA E**  
 Provider ID: 262236  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Female  
 License number: A91208

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*NPI:* 1376862177

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Pomerado Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **KANTHARIA, TINA H**

*Provider ID:* 206293

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020

*Fax:* (760) 547-1021

*After Hours Phone:* (760)  
547-1020

*Provider Gender:* Female

*License number:* A126911

*NPI:* 1659632362

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **VAIDYA, KAMALA**

*Provider ID:*

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1000

*Fax:* (760) 547-1021

*After Hours Phone:* (760)  
547-1000

*Provider Gender:* Female

*License number:* A124814

*NPI:* 1083840920

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

---

### **PEDIATRIC ENDOCRINOLOGY**

### **MARINKOVIC, MAJA**

*Provider ID:* 206138

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

*Phone:* (858) 966-4032

*Fax:* (858) 966-6227

*After Hours Phone:* (858)  
966-4032

*Provider Gender:* Female

*License number:* A95251

*NPI:* 1053469767

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

---

### **PEDIATRIC GASTROENTEROLOGY**

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### **CASTANO, DANIELA**

*Provider ID:* 205831

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020

*Fax:* (760) 547-1021

*After Hours Phone:* (760)  
547-1020

*Provider Gender:* Female

*License number:* A132006

*NPI:* 1851616478

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PEDIATRIC INFECTIOUS DISEASES**

**CHRISTMAN, JAMESINA C**  
*Provider ID:* 259979  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1000  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760)  
 547-1000  
*Provider Gender:* Female  
*License number:* A93574  
*NPI:* 1538372032  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens  
 Hosp Of Los Angeles, Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/19  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PEDIATRIC ORTHOPEDICS**

**UPASANI, VIDYADHAR V**  
*Provider ID:* 260954  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760)  
 547-1020  
*Provider Gender:* Male  
*License number:* A97603  
*NPI:* 1548417652  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PEDIATRIC RHEUMATOLOGY**

**CHIRASEVEENUPRAPUND,  
PETER**  
*Provider ID:* 205937  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH

NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (858) 547-1021  
*After Hours Phone:* (760)  
 547-1020  
*Provider Gender:* Male  
*License number:* A68277  
*NPI:* 1467518209  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PEDIATRICS**

**LANGLEY, GREGORY H**  
*Provider ID:* 205700  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760)  
 547-1020  
*Provider Gender:* Male  
*License number:* G88047  
*NPI:* 1427049675

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### WANG, EMILY J

*Provider ID:* 126806

*Board Certified Specialty:* No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020

*Fax:*

*After Hours Phone:* (760)  
547-1020

*Provider Gender:* Female

*License number:* A89393

*NPI:* 1427142363

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps  
Memorial Hospital Encinitas,  
Rady Childrens Hospital San  
Diego, Scripps Memorial Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### PHYSICAL MEDICINE / REHABILITATION

### RYAN, KYLE

*Provider ID:* 275661

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3605 VISTA WAY  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020

*Fax:* (760) 547-1021

*After Hours Phone:* (760)  
547-1020

*Provider Gender:* Male

*License number:* A170177

*NPI:* 1447645742

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/25

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### PHYSICIANS ASSISTANT

### CLARK, YVONNE L

*Provider ID:* 260064

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH  
NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020

*Fax:*

*After Hours Phone:* (760)  
547-1020

*Provider Gender:* Female

*License number:* PA20447

*NPI:* 1629302476

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### FLOCO, VIRGINIA A

*Provider ID:* 260684

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

*Phone:* (760) 547-1020

*Fax:*

*After Hours Phone:* (760)  
547-1020

*Provider Gender:* Female

*License number:* PA20788

*NPI:* 1982798112

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **LAZAR, ANITA A**

*Provider ID:* 262303  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760)  
547-1020  
*Provider Gender:* Female  
*License number:* PA55984  
*NPI:* 1609208198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **MCCAULEY, KRISTINA R**

*Provider ID:* 262242  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760)  
547-1020  
*Provider Gender:* Female  
*License number:* PA52100  
*NPI:* 1063819944  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **NGUYEN, CECILIA**

*Provider ID:* 289156  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
*Phone:* (760) 547-1020  
*Fax:* (760) 547-1021  
*After Hours Phone:* (760)  
547-1020  
*Provider Gender:* Female  
*License number:* PA57419

*NPI:* 1629636816  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

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### **PODIATRIST**

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### **SPRINGER, DEWAIN N**

*Provider ID:* 26711  
*Board Certified Specialty:* No  
NORTH COUNTY PODIATRY  
CLINIC  
2191 S EL CAMINO REAL STE  
101  
OCEANSIDE, CA 92054-6225  
*Phone:* (760) 757-7171  
*Fax:*  
*After Hours Phone:* (760)  
757-7171  
*Provider Gender:* Male  
*License number:* DPM3097  
*NPI:* 1881709459  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W

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## D. Specialist Provider Directory

Hours: M,F,SA 9AM-5PM, TU-TH 8AM-3PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **RADIOLOGY DIAGNOSTIC X-RAY**

#### **ALLEN, DERRICK R , MD**

Provider ID: 268360  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3601 VISTA WAY  
 OCEANSIDE, CA 92056-4559  
 Phone: (760) 631-7505  
 Fax: (866) 558-4329  
 After Hours Phone: (760) 631-7505  
 Provider Gender: Male  
 License number: A69840  
 NPI: 1215982970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **ANDERSON, GREGORY S**

Provider ID: 125988  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC

3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559  
 Phone: (760) 631-7505  
 Fax:  
 After Hours Phone: (760) 631-7505  
 Provider Gender: Male  
 License number: A90018  
 NPI: 1841467099  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### **BAKER, LORI L**

Provider ID: 125997  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559  
 Phone: (760) 631-7505  
 Fax: (760) 631-7506  
 After Hours Phone: (760) 631-7505  
 Provider Gender: Female  
 License number: G62517  
 NPI: 1063465219  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy

Hospital, Medical Ctr At Ucsf, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

#### **BORSO, MAYA G**

Provider ID: 126014  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559  
 Phone: (760) 631-7505  
 Fax: (760) 631-7506  
 After Hours Phone: (760) 631-7505  
 Provider Gender: Female  
 License number: A97134  
 NPI: 1548473507  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **CHOU, ERIC T**

*Provider ID:* 126012  
*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559  
*Phone:* (760) 631-7505  
*Fax:* (760) 631-7506  
*After Hours Phone:* (760) 631-7505  
*Provider Gender:* Male  
*License number:* A96095  
*NPI:* 1689627838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DOEMENY, JOHN M**

*Provider ID:* 126052  
*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559  
*Phone:* (760) 631-7505  
*Fax:* (760) 631-7506  
*After Hours Phone:* (760) 631-7505  
*Provider Gender:* Male  
*License number:* G50925

*NPI:* 1841243912  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **FIROOZNIA, NILOFAR**

*Provider ID:* 126176  
*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559  
*Phone:* (866) 558-4320  
*Fax:*  
*After Hours Phone:* (866) 558-4320  
*Provider Gender:* Female  
*License number:* A109806  
*NPI:* 1962521419  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Redlands Community Hosp, Barstow Community Hospital, Kindred Hospital Riverside, Victor Valley Global Med Ctr, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ZINK BRODY, GORDON C**

*Provider ID:* 126197  
*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559  
*Phone:* (760) 631-7505  
*Fax:* (760) 631-7506  
*After Hours Phone:* (760) 631-7505  
*Provider Gender:* Male  
*License number:* G68636  
*NPI:* 1689610362  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Oak Valley Dist Hosp  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

## **RADIOLOGY**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **DOEMENY, JOHN M**

*Provider ID:* 269751  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559  
*Phone:* (760) 631-7505  
*Fax:* (866) 558-4329  
*After Hours Phone:* (760) 631-7505  
*Provider Gender:* Male  
*License number:* G50925  
*NPI:* 1841243912  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **FRANKE, MARK A**

*Provider ID:* 269636  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559  
*Phone:* (760) 631-7505  
*Fax:* (866) 558-4329  
*After Hours Phone:* (760) 631-7505  
*Provider Gender:* Male  
*License number:* A118792  
*NPI:* 1114246329  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MOFFIT, BRIAN J**

*Provider ID:* 269529  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 3601 VISTA WAY STE 101A  
 OCEANSIDE, CA 92056-4559  
*Phone:* (760) 631-7505  
*Fax:* (866) 558-4329  
*After Hours Phone:* (760) 631-7505  
*Provider Gender:* Male  
*License number:* G51551  
*NPI:* 1508817305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **TENA, ROWENA G , MD**

*Provider ID:* 269823  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 3601 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-4559  
*Phone:* (760) 631-7505  
*Fax:* (866) 558-4329  
*After Hours Phone:* (760) 631-7505  
*Provider Gender:* Female  
*License number:* A69607  
*NPI:* 1629029335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

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### **REGISTERED PHYSICAL THERAPIST**

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### **ANDREW, MEAGAN S**

*Provider ID:* 269373  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 3142 VISTA WAY STE 101  
 OCEANSIDE, CA 92056-3627

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

Phone: (951) 696-9353  
Fax: (760) 630-5367  
After Hours Phone: (951) 696-9353  
Provider Gender: Female  
License number: PT291748  
NPI: 1366997702  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **LEE, MICHAEL E**

Provider ID: 269372  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2335 VISTA WAY  
OCEANSIDE, CA 92054-5663  
Phone: (855) 344-5870  
Fax: (877) 298-4204  
After Hours Phone: (855) 344-5870  
Provider Gender: Male  
License number: PT43323  
NPI: 1841656170  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**RHEAUME, ALEXANDER E**  
Provider ID: 269461  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2335 VISTA WAY  
OCEANSIDE, CA 92054-5663  
Phone: (760) 547-2666  
Fax:  
After Hours Phone: (760) 547-2666  
Provider Gender: Male  
License number: PT39516  
NPI: 1053659854  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SURGERY CARDIOVASCULAR**

### **GRAMINS, DANIEL L**

Provider ID: 210048  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3998 VISTA WAY STE A  
OCEANSIDE, CA 92056-4514  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273

Provider Gender: Male  
License number: G79711  
NPI: 1164495750  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Tri City Medical Ctr, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **ONAITIS, MARK**

Provider ID: 210298  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4002 VISTA WAY  
OCEANSIDE, CA 92056-4506  
Phone: (760) 726-2500  
Fax:  
After Hours Phone: (760) 726-2500  
Provider Gender: Male  
License number: C144886  
NPI: 1841310638  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Tri City Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273

Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Pomerado Hospital, Alvarado Hospital Llc, Paradise Valley Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No

Accessibility:  
Hours: M-SA 9AM-5PM  
Website:

Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### SURGERY ORTHOPEDIC

### SURGERY NEUROLOGICAL

#### NGUYEN, ANDREW D

Provider ID: 244138  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4002 VISTA WAY  
OCEANSIDE, CA 92056-4506  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A91563  
NPI: 1720216542  
Provider English Spoken: Yes  
Provider Language(s) Spoken: French, Spanish, Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

#### TUNG, HOWARD

Provider ID: 244084  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4002 VISTA WAY  
OCEANSIDE, CA 92056-4506

Provider Gender: Male  
License number: G58235  
NPI: 1538153341  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Tri City Medical Ctr, Palomar Medical Center, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

#### YOO, FRANK K , MD

Provider ID: 257373  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3998 VISTA WAY STE 108  
OCEANSIDE, CA 92056-4515  
Phone: (858) 909-9033  
Fax: (858) 429-4009  
After Hours Phone: (858) 909-9033  
Provider Gender: Male  
License number: G86513  
NPI: 1295774545  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Korean, Spanish, Telugu, Vietnamese  
Cultural Competency: No

#### ANDERSON, JUSTIN

Provider ID: 289120  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
Phone: (760) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (760) 547-1020  
Provider Gender: Male  
License number: PA60229  
NPI: 1366105074  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Alvarado Hosp Med Ctr, Rady Childrens

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## D. Specialist Provider Directory

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Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **CIDAMBI, EMILY O**

Provider ID: 246469  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
Phone: (858) 966-6789  
Fax: (858) 966-8519  
After Hours Phone: (858)  
966-6789  
Provider Gender: Female  
License number: A127390  
NPI: 1659634699  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

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### **SURGERY PEDIATRIC**

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### **FAIRBANKS, TIMOTHY J**

Provider ID: 205498  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
Phone: (760) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (760)  
547-1020  
Provider Gender: Male  
License number: A80244  
NPI: 1407010556  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Sharp  
Memorial Hospital, Scripps  
Memorial Hospital, Childrens  
Hosp And Resrch Ctr At Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **KLING, KAREN M**

Provider ID: 206129  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565

Phone: (760) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (760)  
547-1020  
Provider Gender: Female  
License number: A53583  
NPI: 1982775144  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Sharp Mary  
Birch Hosp For Women And  
Newborns, National Naval Med  
Ctr, Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

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### **UROLOGY**

---

### **CHIANG, GEORGE**

Provider ID: 205944  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056-4565  
Phone: (760) 547-1020  
Fax: (760) 547-1021  
After Hours Phone: (760)  
547-1020  
Provider Gender: Male  
License number: A98687  
NPI: 1093773954  
Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Parkview Community Hospital

Medical Center, Northern Inyo

Hosp

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### MARIETTI SHEPHERD, SARAH R

*Provider ID:* 265121

*Board Certified Specialty:* No

*RADY CHILDRENS HEALTH*

*NETWORK*

*3605 VISTA WAY STE 172*

*OCEANSIDE, CA 92056-4565*

*Phone:* (760) 547-1020

*Fax:* (760) 547-1021

*After Hours Phone:* (760)

*547-1020*

*Provider Gender:* Female

*License number:* A106447

*NPI:* 1801094115

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Childrens Hosp And Resrch Ctr

At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### POWAY

### PODIATRIST

### NEGRON, RICARDO J , MD

*Provider ID:* 274645

*Board Certified Specialty:* No

*COMMUNITY CARE IPA LLC*

*13010 POWAY RD*

*POWAY, CA 92064*

*Phone:* (858) 218-3000

*Fax:* (858) 633-4688

*After Hours Phone:* (858)

*218-3000*

*Provider Gender:* Male

*License number:* DPM5260

*NPI:* 1932548393

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Providence St

Joseph Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### POWAY

### ANESTHESIOLOGY PAIN

### MANAGEMENT

### COHEN, ZACHARY C , MD

*Provider ID:* 268179

*Board Certified Specialty:* No

*COMMUNITY CARE IPA LLC*

*15611 POMERADO RD STE 505*

*POWAY, CA 92064-2437*

*Phone:* (760) 631-3000

*Fax:* (760) 631-3016

*After Hours Phone:* (760)

*631-3000*

*Provider Gender:* Male

*License number:* A146733

*NPI:* 1598021982

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Palomar

Medical Center

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### FISHER, CASEY J

*Provider ID:* 204416

*Board Certified Specialty:* No

*COMMUNITY CARE IPA LLC*

*15725 POMERADO RD STE 218*

*POWAY, CA 92064-2060*

*Phone:* (619) 825-8511

*Fax:*

*After Hours Phone:* (619)

*825-8511*

*Provider Gender:* Male

*License number:* A118592

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1275780686  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital, Pomerado  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Scripps Memorial  
 Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**VERDOLIN, MICHAEL H , MD**  
 Provider ID: 203330  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15725 POMERADO RD STE 218  
 POWAY, CA 92064-2060  
 Phone: (619) 825-8511  
 Fax:  
 After Hours Phone: (619)  
 825-8511  
 Provider Gender: Male  
 License number: A92149  
 NPI: 1477525657  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Italian, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital, Sharp Chula Vista Med  
 Ctr, Sharp Coronado Hosp And  
 Healthcare Ctr, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc

### CARDIOLOGY

**BALOUCH, MARYAM**  
 Provider ID: 269384  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15615 POMERADO RD  
 POWAY, CA 92064-2405  
 Phone: (760) 743-0546  
 Fax:  
 After Hours Phone: (760)  
 743-0546  
 Provider Gender: Female  
 License number: A121988  
 NPI: 1215201108  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado  
 Hospital, Palomar Medical  
 Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**BAYAT, HAMED, MD**

Provider ID: 269450  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 592-2696  
 Fax: (760) 743-8837  
 After Hours Phone: (858)  
 592-2696  
 Provider Gender: Male  
 License number: A61356  
 NPI: 1356344196  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Health Downtown Campus,  
 Pomerado Hospital, Palomar  
 Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc

**CHEN, ANDREW K , MD**  
 Provider ID: 269315  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 592-2696  
 Fax: (760) 743-8837  
 After Hours Phone: (858)  
 592-2696  
 Provider Gender: Male  
 License number: A120866

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

---

*NPI:* 1134357007  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Green Hospital, Palomar Health  
Downtown Campus, Pomerado  
Hospital, Palomar Medical  
Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**MULVIHILL, DANIEL F , MD**  
*Provider ID:* 54301  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD STE 580  
POWAY, CA 92064-2438  
*Phone:* (858) 592-2696  
*Fax:* (858) 592-0627  
*After Hours Phone:* (858)  
592-2696  
*Provider Gender:* Male  
*License number:* G55384  
*NPI:* 1124021969  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado  
Hospital, Palomar Medical  
Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
  
**SERRY, ROD D , MD**  
*Provider ID:* 269471  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD STE 400  
POWAY, CA 92064-2437  
*Phone:* (858) 675-3100  
*Fax:*

*After Hours Phone:* (858)  
675-3100  
*Provider Gender:* Male  
*License number:* A76061  
*NPI:* 1912945130  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi, Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**VANICHSARN, CHRISTOPHER  
T , MD**  
*Provider ID:* 274775  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD STE 400  
POWAY, CA 92064-2437

*Phone:* (858) 592-2696  
*Fax:* (858) 592-0627  
*After Hours Phone:* (858)  
592-2696  
*Provider Gender:* Male  
*License number:* A129210  
*NPI:* 1851658173  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

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### CARDIOVASCULAR DISEASE

---

**ZAKOV, KAMEN N , MD**  
*Provider ID:* 122539  
*Board Certified Specialty:* Yes  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD STE 400  
POWAY, CA 92064-2437  
*Phone:* (858) 592-2696  
*Fax:* (760) 743-8837  
*After Hours Phone:* (858)  
592-2696  
*Provider Gender:* Male  
*License number:* G31706  
*NPI:* 1518933613  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado  
Hospital, Palomar Medical  
Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

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### **CERTIFIED BEHAVIORAL ANALYST MASTERS**

---

#### **MASON, DIANA**

*Provider ID:* 118103  
*Board Certified Specialty:* No  
INCLUDE AUTISM INC  
15318 POMERADO RD  
POWAY, CA 92064-2436  
*Phone:* (858) 603-5840  
*Fax:* (619) 432-0048  
*After Hours Phone:* (858) 603-5840  
*Provider Gender:* Female  
*License number:* BCBA23279  
*NPI:* 1285172858  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

#### **SALUCCI, CRISTIANA**

*Provider ID:* 107369  
*Board Certified Specialty:* No  
INCLUDE AUTISM INC  
15318 POMERADO RD

POWAY, CA 92064-2436  
*Phone:* (858) 603-9835  
*Fax:* (619) 432-0048  
*After Hours Phone:* (858) 603-9835  
*Provider Gender:* Female  
*License number:* BCBA11621760  
*NPI:* 1093199671  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

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### **CERTIFIED NURSE PRACTITIONER**

---

#### **MCCONNIN, COMMERINA T**

*Provider ID:* 280943  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
15615 POMERADO RD  
POWAY, CA 92064-2405  
*Phone:* (858) 613-4143  
*Fax:* (858) 613-4539  
*After Hours Phone:* (858) 613-4143  
*Provider Gender:* Female  
*License number:* NP7195  
*NPI:* 1154653459  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

#### **MCELHOSE, JESSICA J**

*Provider ID:* 281020  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
15615 POMERADO RD  
POWAY, CA 92064-2405  
*Phone:* (858) 613-4143  
*Fax:* (858) 613-4539  
*After Hours Phone:* (858) 613-4143  
*Provider Gender:* Female  
*License number:* NP95012326  
*NPI:* 1013196310  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

#### **MEYERS, JUDITH S , NPA**

*Provider ID:* 257040  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

15611 POMERADO RD STE 400  
POWAY, CA 92064-2437  
Phone: (858) 675-3100  
Fax:  
After Hours Phone: (858) 675-3100  
Provider Gender: Female  
License number: NP95010314  
NPI: 1538637194  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **NINCHAK, VIOLA M**

Provider ID: 285897  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD STE 505  
POWAY, CA 92064-2437  
Phone: (760) 631-3000  
Fax: (760) 631-3017  
After Hours Phone: (760) 631-3000  
Provider Gender: Female  
License number: NP95010549  
NPI: 1275007403  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):

No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **WOLFE, AMANDA S**

Provider ID: 243582  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
15525 POMERADO RD STE B1  
POWAY, CA 92064-2425  
Phone: (858) 457-8333  
Fax:  
After Hours Phone: (858) 457-8333  
Provider Gender: Female  
License number: NP23837  
NPI: 1063813475  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **WRIGHT, KIMBERLY D , NPA**

Provider ID: 256378  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD STE 400  
POWAY, CA 92064-2437

Phone: (858) 675-3200  
Fax:  
After Hours Phone: (858) 675-3200  
Provider Gender: Female  
License number: NP95006947  
NPI: 1811400708  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

## DERMATOLOGY

### **ARMSTRONG, PATRICK A , MD**

Provider ID: 269732  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD STE 400  
POWAY, CA 92064-2437  
Phone: (858) 675-3145  
Fax: (858) 385-7855  
After Hours Phone: (858) 675-3145  
Provider Gender: Male  
License number: A137103  
NPI: 1588008775  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Providence  
Mission Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

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## D. Specialist Provider Directory

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p>COMMUNITY CARE IPA LLC<br/> 15611 POMERADO RD STE 400<br/> POWAY, CA 92064-2437<br/> <i>Phone:</i> (858) 675-3145<br/> <i>Fax:</i> (858) 385-7855<br/> <i>After Hours Phone:</i> (858) 675-3145<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A148966<br/> <i>NPI:</i> 1356608319<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc</p> | <p>No<br/> <i>Accessibility:</i> P, EB, IB, E, R<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>FAMILY PRACTICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p><b>CALAME, ANTOANELLA</b><br/> <i>Provider ID:</i> 109343<br/> <i>Board Certified Specialty:</i> No<br/> COMPASS<br/> DERMATOPATHOLOGY INC<br/> 15725 POMERADO RD STE 102<br/> POWAY, CA 92064-2057<br/> <i>Phone:</i> (858) 397-5755<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 397-5755<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A84455<br/> <i>NPI:</i> 1285817569<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> Romanian<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p> | <p><b>SHEWMAKE, STEPHEN W , MD</b><br/> <i>Provider ID:</i> 88451<br/> <i>Board Certified Specialty:</i> Yes<br/> COMMUNITY CARE IPA LLC<br/> 15611 POMERADO RD STE 400<br/> POWAY, CA 92064-2437<br/> <i>Phone:</i> (858) 675-3140<br/> <i>Fax:</i> (858) 385-7855<br/> <i>After Hours Phone:</i> (858) 675-3140<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G36481<br/> <i>NPI:</i> 1912973868<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i></p>                                                               | <p><b>FLINN, SCOTT D , MD</b><br/> <i>Provider ID:</i> 270054<br/> <i>Board Certified Specialty:</i> No<br/> COMMUNITY CARE IPA LLC<br/> 15611 POMERADO RD STE 400<br/> POWAY, CA 92064-2437<br/> <i>Phone:</i> (858) 675-3200<br/> <i>Fax:</i> (858) 613-2938<br/> <i>After Hours Phone:</i> (858) 675-3200<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G68423<br/> <i>NPI:</i> 1184694598<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Pomerado Hospital<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> P, EB, IB, E, R<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc</p> |
| <p><b>JOU, PAUL C , MD</b><br/> <i>Provider ID:</i> 269479<br/> <i>Board Certified Specialty:</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><i>American Sign Language (ASL):</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>NAJAND, SADAF, MD</b><br/> <i>Provider ID:</i> 270055<br/> <i>Board Certified Specialty:</i> No<br/> COMMUNITY CARE IPA LLC<br/> 15611 POMERADO RD STE 400<br/> POWAY, CA 92064-2437</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (858) 675-3200  
 Fax: (858) 613-2938  
 After Hours Phone: (858) 675-3200  
 Provider Gender: Female  
 License number: A124150  
 NPI: 1669769717  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### WELLS, TODD D , MD

Provider ID: 129348  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3200  
 Fax: (858) 613-2938  
 After Hours Phone: (858) 675-3200  
 Provider Gender: Male  
 License number: A71920  
 NPI: 1952377806  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Pomerado  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**WHITE, KERI L , MD**  
 Provider ID: 269491  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3200  
 Fax: (858) 613-2938  
 After Hours Phone: (858) 675-3200  
 Provider Gender: Female  
 License number: A73336  
 NPI: 1295701159  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### GASTROENTEROLOGY

### ZAKKO, MARAM F , MD

Provider ID: 270028  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437

Phone: (858) 675-3150  
 Fax: (858) 613-2941  
 After Hours Phone: (858) 675-3150  
 Provider Gender: Male  
 License number: A64346  
 NPI: 1972579068  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Armenian, Chinese, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Health Downtown Campus,  
 Pomerado Hospital, Palomar  
 Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### INTERNAL MEDICINE GERIATRIC MEDICINE

### SCHWARTZ, MARTIN A , MD

Provider ID: 122531  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3135  
 Fax: (858) 726-6081  
 After Hours Phone: (858) 675-3135  
 Provider Gender: Male  
 License number: G39185  
 NPI: 1861606790  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### INTERNAL MEDICINE

**GREENSTEIN, JOSHUA K**  
*Provider ID:* 113528  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 15708 POMERADO RD # N-205  
 POWAY, CA 92064-2066  
*Phone:* (760) 294-1660  
*Fax:*  
*After Hours Phone:* (760) 294-1660  
*Provider Gender:* Male  
*License number:* A68100  
*NPI:* 1104881457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

*Website:* www.balboacare.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**THAPER, MOHINDERPAL S , MD**  
*Provider ID:* 270016  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 575  
 POWAY, CA 92064-2438  
*Phone:* (858) 675-3135  
*Fax:* (858) 726-6050  
*After Hours Phone:* (858) 675-3135  
*Provider Gender:* Male  
*License number:* A106869  
*NPI:* 1295795037  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Punjabi  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**TRESTMAN, KENNETH G , MD**  
*Provider ID:* 269146  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400

POWAY, CA 92064-2437  
*Phone:* (858) 675-3100  
*Fax:*  
*After Hours Phone:* (858) 675-3100  
*Provider Gender:* Male  
*License number:* G69663  
*NPI:* 1346358793  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### NEONATAL / PERINATAL MEDICINE

**FATAYERJI, NABIL I**  
*Provider ID:* 205749  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 15615 POMERADO RD  
 POWAY, CA 92064-2405  
*Phone:* (858) 613-4143  
*Fax:* (858) 613-4539  
*After Hours Phone:* (858) 613-4143  
*Provider Gender:* Male  
*License number:* A63224  
*NPI:* 1649341405  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Health Downtown Campus, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**GOLEMBESKI, DAVID J**  
*Provider ID:* 205891  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 15615 POMERADO RD  
 POWAY, CA 92064-2405  
*Phone:* (858) 613-4143  
*Fax:* (858) 613-4539  
*After Hours Phone:* (858) 613-4143  
*Provider Gender:* Male  
*License number:* G63111  
*NPI:* 1376614131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

Palomar Health Downtown Campus, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**SAUER, CHARLES W**  
*Provider ID:* 206164  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 15615 POMERADO RD  
 POWAY, CA 92064-2405  
*Phone:* (858) 613-4143  
*Fax:* (858) 613-4539  
*After Hours Phone:* (858) 613-4143  
*Provider Gender:* Male  
*License number:* 20A9535  
*NPI:* 1538388988  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Pomerado Hospital, Scripps Memorial Hospital, Southwest Healthcare System

Murrieta, Southwest Healthcare System Wildomar  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/0  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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### NEPHROLOGY

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**BOISKIN, MARK M**  
*Provider ID:* 40763  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 15708 POMERADO RD # N-205  
 POWAY, CA 92064-2066  
*Phone:* (760) 294-1660  
*Fax:*  
*After Hours Phone:* (760) 294-1660  
*Provider Gender:* Male  
*License number:* A52055  
*NPI:* 1437154143  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Afrikaans, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Website: [www.balboacare.com](http://www.balboacare.com)

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **BOISKIN, MARK M**

Provider ID: 40763

Board Certified Specialty: No  
BALBOA NEPHROLOGY MED  
GRP INC

15708 POMERADO RD # N-205  
POWAY, CA 92064-2066

Phone: (858) 558-8150

Fax: (858) 485-8703

After Hours Phone: (858)  
558-8150

Provider Gender: Male

License number: A52055

NPI: 1437154143

Provider English Spoken: Yes

Provider Language(s) Spoken:

Afrikaans, Spanish

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital Encinitas,  
Scripps Memorial Hospital, Sharp  
Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **GREENSTEIN, JOSHUA K**

Provider ID: 262223

Board Certified Specialty: No

IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

15708 POMERADO RD # N-205  
POWAY, CA 92064-2066

Phone: (760) 294-1660

Fax: (760) 745-5016

After Hours Phone: (760)  
294-1660

Provider Gender: Male

License number: A68100

NPI: 1104881457

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Pomerado  
Hospital, Palomar Medical  
Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **SHAPIRO, MARK H**

Provider ID: 113537

Board Certified Specialty: No  
BALBOA NEPHROLOGY MED  
GRP INC

15708 POMERADO RD # N-205  
POWAY, CA 92064-2066

Phone: (760) 294-1660

Fax:

After Hours Phone: (760)  
294-1660

Provider Gender: Male

License number: G65280

NPI: 1912962275

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Swahili

Cultural Competency: No

Hospital Affiliation: Palomar  
Medical Center, Tri City Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 9AM-5PM, SA  
9AM-5PM

Website: [www.balboacare.com](http://www.balboacare.com)

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **SHAPIRO, MARK H**

Provider ID: 262183

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

15708 POMERADO RD # N-205  
POWAY, CA 92064-2066

Phone: (760) 294-1660

Fax: (760) 745-5016

After Hours Phone: (760)

294-1660

Provider Gender: Male

License number: G65280

NPI: 1912962275

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Swahili

Cultural Competency: No

Hospital Affiliation: Palomar  
Medical Center, Tri City Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: 0/999

American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/> <b>Accessibility:</b><br/> <b>Hours:</b> M-SA 9AM-5PM<br/> <b>Website:</b><br/> <b>Email:</b><br/> <b>Medical Group(s):</b><br/> <b>IPA:</b> Community Care Ipa Llc,<br/> Imperial Health Holdings Medical<br/> Group-Sd</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>Board Certified Specialty:</b> No<br/> COMMUNITY CARE IPA LLC<br/> 15721 POMERADO RD<br/> POWAY, CA 92064-2021<br/> <b>Phone:</b> (760) 631-3000<br/> <b>Fax:</b><br/> <b>After Hours Phone:</b> (760)<br/> 631-3000<br/> <b>Provider Gender:</b> Male<br/> <b>License number:</b> C146015<br/> <b>NPI:</b> 1710157920<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b><br/> Spanish<br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Palomar<br/> Medical Center, Pomerado<br/> Hospital, Scripps Memorial<br/> Hospital Encinitas, Tri City<br/> Medical Ctr<br/> <b>Medi-Cal Open Panel:</b> Yes<br/> <b>Min/Max Age:</b> 18/200<br/> <b>American Sign Language (ASL):</b><br/> No<br/> <b>Accessibility:</b><br/> <b>Hours:</b> M-SA 9AM-5PM<br/> <b>Website:</b><br/> <b>Email:</b><br/> <b>Medical Group(s):</b><br/> <b>IPA:</b> Community Care Ipa Llc</p> | <p><b>Provider Language(s) Spoken:</b><br/> Spanish<br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Palomar<br/> Medical Center, Pomerado<br/> Hospital, Scripps Memorial<br/> Hospital Encinitas, Tri City<br/> Medical Ctr<br/> <b>Medi-Cal Open Panel:</b> Yes<br/> <b>Min/Max Age:</b> 18/200<br/> <b>American Sign Language (ASL):</b><br/> No<br/> <b>Accessibility:</b><br/> <b>Hours:</b> M-SA 9AM-5PM<br/> <b>Website:</b><br/> <b>Email:</b><br/> <b>Medical Group(s):</b><br/> <b>IPA:</b> Community Care Ipa Llc</p>                                                                                                                                                                                                                                                                                                                            |
| <b>NEUROLOGY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>BLUMENFELD, ANDREW M , MD</b><br/> <b>Provider ID:</b> 268086<br/> <b>Board Certified Specialty:</b> No<br/> COMMUNITY CARE IPA LLC<br/> 15611 POMERADO RD STE 505<br/> POWAY, CA 92064-2437<br/> <b>Phone:</b> (760) 631-3000<br/> <b>Fax:</b> (760) 631-3016<br/> <b>After Hours Phone:</b> (760)<br/> 631-3000<br/> <b>Provider Gender:</b> Male<br/> <b>License number:</b> A47863<br/> <b>NPI:</b> 1164459913<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b><br/> Spanish<br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Scripps<br/> Memorial Hospital Encinitas<br/> <b>Medi-Cal Open Panel:</b> Yes<br/> <b>Min/Max Age:</b> 0/999<br/> <b>American Sign Language (ASL):</b><br/> No<br/> <b>Accessibility:</b><br/> <b>Hours:</b> M-SA 9AM-5PM<br/> <b>Website:</b><br/> <b>Email:</b><br/> <b>Medical Group(s):</b><br/> <b>IPA:</b> Community Care Ipa Llc</p> | <p><b>Board Certified Specialty:</b> No<br/> COMMUNITY CARE IPA LLC<br/> 15611 POMERADO RD STE 505<br/> POWAY, CA 92064-2437<br/> <b>Phone:</b> (760) 631-3000<br/> <b>Fax:</b> (760) 631-3016<br/> <b>After Hours Phone:</b> (760)<br/> 631-3000<br/> <b>Provider Gender:</b> Female<br/> <b>License number:</b> A105660<br/> <b>NPI:</b> 1386890770<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b><br/> Mandarin, Spanish<br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Scripps<br/> Memorial Hospital Encinitas, Tri<br/> City Medical Ctr, Pomerado<br/> Hospital, Scripps Memorial<br/> Hospital, Palomar Medical<br/> Center<br/> <b>Medi-Cal Open Panel:</b> Yes<br/> <b>Min/Max Age:</b> 0/999<br/> <b>American Sign Language (ASL):</b></p>                                                                                                                | <p><b>WANG, CHUNYANG T , MD</b><br/> <b>Provider ID:</b> 268120<br/> <b>Board Certified Specialty:</b> No<br/> COMMUNITY CARE IPA LLC<br/> 15611 POMERADO RD STE 505<br/> POWAY, CA 92064-2437<br/> <b>Phone:</b> (760) 631-3000<br/> <b>Fax:</b> (760) 631-3016<br/> <b>After Hours Phone:</b> (760)<br/> 631-3000<br/> <b>Provider Gender:</b> Female<br/> <b>License number:</b> A105660<br/> <b>NPI:</b> 1386890770<br/> <b>Provider English Spoken:</b> Yes<br/> <b>Provider Language(s) Spoken:</b><br/> Mandarin, Spanish<br/> <b>Cultural Competency:</b> No<br/> <b>Hospital Affiliation:</b> Scripps<br/> Memorial Hospital Encinitas, Tri<br/> City Medical Ctr, Pomerado<br/> Hospital, Scripps Memorial<br/> Hospital, Palomar Medical<br/> Center<br/> <b>Medi-Cal Open Panel:</b> Yes<br/> <b>Min/Max Age:</b> 0/999<br/> <b>American Sign Language (ASL):</b></p> |
| <p><b>DELANEY, MICHAEL W , MD</b><br/> <b>Provider ID:</b> 269105</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>DELANEY, MICHAEL W , MD</b><br/> <b>Provider ID:</b> 272331<br/> <b>Board Certified Specialty:</b> No<br/> COMMUNITY CARE IPA LLC<br/> 15611 POMERADO RD STE 505<br/> POWAY, CA 92064-2437<br/> <b>Phone:</b> (760) 631-3000<br/> <b>Fax:</b> (760) 631-3016<br/> <b>After Hours Phone:</b> (760)<br/> 631-3000<br/> <b>Provider Gender:</b> Male<br/> <b>License number:</b> C146015<br/> <b>NPI:</b> 1710157920<br/> <b>Provider English Spoken:</b> Yes</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No<br>♿ Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Community Care Ipa Llc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | IPA: Rady Childrens Health Network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Phone: (858) 485-7870<br>Fax: (858) 485-6473<br>After Hours Phone: (858) 485-7870<br>Provider Gender: Male<br>License number: G80210<br>NPI: 1790882728<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation: Tri City Medical Ctr, Pomerado Hospital, Palomar Medical Center<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: None<br>American Sign Language (ASL): No<br>♿ Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Community Care Ipa Llc |
| <b>OPHTHALMOLOGY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>COBB, DAMON C</b><br>Provider ID: 206030<br>Board Certified Specialty: No<br>RADY CHILDRENS HEALTH NETWORK<br>15706 POMERADO RD STE 110<br>POWAY, CA 92064-2032<br>Phone: (858) 485-0130<br>Fax: (858) 485-9424<br>After Hours Phone: (858) 485-0130<br>Provider Gender: Male<br>License number: 20A11368<br>NPI: 1851435598<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Spanish<br>Cultural Competency: No<br>Hospital Affiliation: Pomerado Hospital, Scripps Memorial Hospital, Grossmont Hospital, Palomar Health Downtown Campus, Sharp Memorial Hospital, Palomar Medical Center, Rady Childrens Hospital San Diego<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 16/999<br>American Sign Language (ASL): No<br>♿ Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s): | <b>LOZIER, JEFFREY R , MD</b><br>Provider ID: 270187<br>Board Certified Specialty: Yes<br>COMMUNITY CARE IPA LLC<br>15611 POMERADO RD STE 400<br>POWAY, CA 92064-2437<br>Phone: (858) 675-3140<br>Fax: (858) 613-2936<br>After Hours Phone: (858) 675-3140<br>Provider Gender: Male<br>License number: G54719<br>NPI: 1225004450<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation: Pomerado Hospital<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/999<br>American Sign Language (ASL): No<br>♿ Accessibility: P, EB, IB, E, R<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Community Care Ipa Llc | <b>LEARN, ALISON A , MD</b><br>Provider ID: 70715<br>Board Certified Specialty: Yes<br>COMMUNITY CARE IPA LLC<br>15525 POMERADO RD STE C1<br>POWAY, CA 92064-2425<br>Phone: (858) 485-7870<br>Fax: (858) 485-6473<br>After Hours Phone: (858) 485-7870<br>Provider Gender: Female<br>License number: G78450<br>NPI: 1477650406<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation:<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: None<br>American Sign Language (ASL): No               |
| <b>OBSTETRICS / GYNECOLOGY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>OTOLARYNGOLOGY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>FITZGERALD, PATRICK J , MD</b><br>Provider ID: 70742<br>Board Certified Specialty: Yes<br>COMMUNITY CARE IPA LLC<br>15525 POMERADO RD STE C1<br>POWAY, CA 92064-2425                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### PEDIATRICS

#### FATAYERJI, NABIL I

Provider ID: 52509  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 15615 POMERADO RD  
 POWAY, CA 92064-2405  
 Phone: (858) 613-4143  
 Fax:  
 After Hours Phone: (858)  
 613-4143  
 Provider Gender: Male  
 License number: A63224  
 NPI: 1649341405  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Pomerado Hospital, Southwest  
 Healthcare System Wildomar,  
 Southwest Healthcare System  
 Murrieta, Palomar Medical  
 Center, Scripps Memorial  
 Hospital, Scripps Mercy Hospital,  
 Scripps Mercy Hospital Chula  
 Vista, Scripps Memorial Hospital  
 Encinitas, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

#### GOLEMBESKI, DAVID J

Provider ID: 52531  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 15615 POMERADO RD  
 POWAY, CA 92064-2405  
 Phone: (858) 613-4143  
 Fax:  
 After Hours Phone: (858)  
 613-4143  
 Provider Gender: Male  
 License number: G63111  
 NPI: 1376614131  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital  
 Encinitas, Pomerado Hospital,  
 Southwest Healthcare System  
 Wildomar, Southwest Healthcare  
 System Murrieta, Palomar  
 Medical Center, Scripps  
 Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

#### SAUER, CHARLES W

Provider ID: 52545  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 15615 POMERADO RD  
 POWAY, CA 92064-2405  
 Phone: (858) 613-4143  
 Fax: (858) 613-4539  
 After Hours Phone: (858)  
 613-4143  
 Provider Gender: Male  
 License number: 20A9535  
 NPI: 1538388988  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital  
 Encinitas, Palomar Medical  
 Center, Scripps Mercy Hospital  
 Chula Vista, Pomerado Hospital,  
 Scripps Memorial Hospital,  
 Southwest Healthcare System  
 Wildomar, Southwest Healthcare  
 System Murrieta  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### PHYSICAL MEDICINE / REHABILITATION

#### BULLOCK, ANDREW C

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider ID:* 257589  
*Board Certified Specialty:* No  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT  
 15644 POMERADO RD STE 204  
 POWAY, CA 92064-2419  
*Phone:* (619) 379-6579  
*Fax:* (619) 501-3846  
*After Hours Phone:* (619)  
 379-6579  
*Provider Gender:* Male  
*License number:* 20A6842  
*NPI:* 1295743045  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Fataleka, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc

### **BULLOCK, ANDREW C**

*Provider ID:* 268442  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 15644 POMERADO RD STE 204  
 POWAY, CA 92064-2419  
*Phone:* (619) 379-6579  
*Fax:* (619) 501-3846  
*After Hours Phone:* (619)  
 379-6579  
*Provider Gender:* Male  
*License number:* 20A6842  
*NPI:* 1295743045

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Fataleka, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc

### **PHYSICIANS ASSISTANT**

### **CHATFIELD, ALEXANDRA J**

*Provider ID:* 276715  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 525  
 POWAY, CA 92064-2439  
*Phone:* (858) 485-0050  
*Fax:* (858) 673-5187  
*After Hours Phone:* (858)  
 485-0050  
*Provider Gender:* Female  
*License number:* PA57107  
*NPI:* 1215584628  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Fataleka, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
 Medi-Cal Open Panel: Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **GRINDLE, SILVIA S**

*Provider ID:* 269926  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 13525 MIDLAND RD STE F  
 POWAY, CA 92064-4772  
*Phone:* (858) 486-9100  
*Fax:* (858) 486-9101  
*After Hours Phone:* (858)  
 486-9100

*Provider Gender:* Female  
*License number:* PA21499  
*NPI:* 1598056392  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:* No  
*Hospital Affiliation:*  
 Medi-Cal Open Panel: Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **HUANG, STEPHANIE K , NPA**

*Provider ID:* 268025  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 505  
 POWAY, CA 92064-2437  
*Phone:* (760) 631-3000  
*Fax:* (760) 631-3016  
*After Hours Phone:* (760)  
 631-3000  
*Provider Gender:* Female  
*License number:* PA21008

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1073826210  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **HUANG, STEPHANIE K , NPA**

Provider ID: 269352  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15721 POMERADO RD  
 POWAY, CA 92064-2021  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760)  
 631-3000  
 Provider Gender: Female  
 License number: PA21008  
 NPI: 1073826210  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **PULMONARY DISEASES**

**BENDER, FRANK D , MD**  
 Provider ID: 270195  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 580  
 POWAY, CA 92064-2438  
 Phone:  
 Fax:  
 After Hours Phone:  
 Provider Gender: Male  
 License number: G33933  
 NPI: 1912015363  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Pomerado  
 Hospital, Palomar Health  
 Downtown Campus  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc

### **OTOSHI, JAMES S , MD**

Provider ID: 274767  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (760) 489-1458  
 Fax: (760) 489-1246  
 After Hours Phone: (760)  
 489-1458  
 Provider Gender: Male  
 License number: G27763

NPI: 1679681027  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Health Downtown Campus,  
 Palomar Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **POPPER, STEVEN T , MD**

Provider ID: 129606  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3100  
 Fax: (858) 675-3100  
 After Hours Phone: (858)  
 675-3100  
 Provider Gender: Male  
 License number: A127156  
 NPI: 1679849012  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Kaiser  
 Foundation Hospital Bellflower,  
 Palomar Medical Center, Scripps  
 Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **RADIOLOGY DIAGNOSTIC X-RAY**

#### **ALLEN, DERRICK R**

Provider ID: 125995  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
Phone: (858) 487-9729  
Fax: (858) 487-4764  
After Hours Phone: (858)  
487-9729  
Provider Gender: Male  
License number: A69840  
NPI: 1215982970  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

#### **ALLEN, DERRICK R , MD**

Provider ID: 268359  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531

Phone: (858) 487-9729  
Fax: (866) 558-4329  
After Hours Phone: (858)  
487-9729  
Provider Gender: Male  
License number: A69840  
NPI: 1215982970  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

#### **ANDERSON, GREGORY S**

Provider ID: 125986  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
Phone: (858) 487-9729  
Fax:  
After Hours Phone: (858)  
487-9729  
Provider Gender: Male  
License number: A90018  
NPI: 1841467099  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista

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

#### **BAKER, LORI L**

Provider ID: 125994  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
Phone: (858) 487-9729  
Fax: (858) 487-4764  
After Hours Phone: (858)  
487-9729  
Provider Gender: Female  
License number: G62517  
NPI: 1063465219  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Medical Ctr At Ucsf,  
Scripps Mercy Hospital Chula  
Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

#### **BORSO, MAYA G**

Provider ID: 126007

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531  
*Phone:* (858) 487-9729  
*Fax:* (858) 487-4764  
*After Hours Phone:* (858) 487-9729  
*Provider Gender:* Female  
*License number:* A97134  
*NPI:* 1548473507  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BUCKLEY, DAVID W**

*Provider ID:* 243262  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531  
*Phone:* (858) 487-9729  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 487-9729  
*Provider Gender:* Male  
*License number:* G57383  
*NPI:* 1982657060  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Spanish*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CHOU, ERIC T**

*Provider ID:* 126015  
*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531  
*Phone:* (858) 487-9729  
*Fax:* (858) 487-4764  
*After Hours Phone:* (858) 487-9729  
*Provider Gender:* Male  
*License number:* A96095  
*NPI:* 1689627838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **COOPER, JAMES A**

*Provider ID:* 126043  
*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531  
*Phone:* (858) 487-9729  
*Fax:* (858) 487-4764  
*After Hours Phone:* (858) 487-9729  
*Provider Gender:* Male  
*License number:* A62473  
*NPI:* 1497708622  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DOEMENY, JOHN M**

*Provider ID:* 126049  
*Board Certified Specialty:* No

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## D. Specialist Provider Directory

IHS RADIOLOGY MEDICAL  
GROUP INC  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
Phone: (858) 487-9729  
Fax: (619) 295-9729  
After Hours Phone: (858)  
487-9729  
Provider Gender: Male  
License number: G50925  
NPI: 1841243912  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **FIROOZANIA, NILOFAR**

Provider ID: 126174  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
Phone: (858) 487-9729  
Fax:  
After Hours Phone: (858)  
487-9729  
Provider Gender: Female  
License number: A109806  
NPI: 1962521419  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Redlands  
Community Hosp, Barstow  
Community Hospital, Kindred  
Hospital Riverside, Victor Valley  
Global Med Ctr, Alvarado  
Hospital Llc  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **FRANKE, MARK A**

Provider ID: 126055  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
Phone: (858) 487-9729  
Fax:  
After Hours Phone: (858)  
487-9729  
Provider Gender: Male  
License number: A118792  
NPI: 1114246329  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Santa Monica  
Ucla Med Ctr, Ronald Reagan  
Ucla Med Ctr, Alvarado Hospital  
Llc  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:

Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **HARMAN, SCOTT A**

Provider ID: 126068  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
Phone: (858) 487-9729  
Fax: (858) 487-4764  
After Hours Phone: (858)  
487-9729  
Provider Gender: Male  
License number: G57284  
NPI: 1124071311  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **JOHNSON, JOHN O**

Provider ID: 126080  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
Phone: (858) 487-9729  
Fax: (858) 487-4764  
After Hours Phone: (858)  
487-9729

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## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* G59632  
*NPI:* 1073565792  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LIZERBRAM, ERIC K**

*Provider ID:* 126093  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 12620 MONTE VISTA RD STE A POWAY, CA 92064-2531  
*Phone:* (858) 487-9729  
*Fax:* (858) 487-4764  
*After Hours Phone:* (858) 487-9729  
*Provider Gender:* Male  
*License number:* G74959  
*NPI:* 1598718926  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*  
**LUBISICH, JOHN P**  
*Provider ID:* 126099  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 12620 MONTE VISTA RD STE A POWAY, CA 92064-2531  
*Phone:* (858) 487-9729  
*Fax:* (858) 487-4764  
*After Hours Phone:* (858) 487-9729  
*Provider Gender:* Male  
*License number:* G77575  
*NPI:* 1194863902  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MOFFIT, BRIAN J**

*Provider ID:* 126120  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 12620 MONTE VISTA RD STE A POWAY, CA 92064-2531

*Phone:* (858) 487-9729  
*Fax:* (858) 487-4764  
*After Hours Phone:* (858) 487-9729  
*Provider Gender:* Male  
*License number:* G51551  
*NPI:* 1508817305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NALBANDIAN, ALLEN B**

*Provider ID:* 29391  
*Board Certified Specialty:* No  
 VALLEY RADIOLOGY CONSULTANTS MED GRP INC  
 15725 POMERADO RD STE 101 POWAY, CA 92064-2057  
*Phone:* (858) 485-6500  
*Fax:*  
*After Hours Phone:* (858) 485-6500  
*Provider Gender:* Male  
*License number:* A54742  
*NPI:* 1619938099  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Pomerado Hospital, Palomar Medical Center, Scripps Green

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## D. Specialist Provider Directory

Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-4:30PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **OLOUGHLIN, BRIAN J**

Provider ID: 126126  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531  
 Phone: (858) 487-9729  
 Fax:  
 After Hours Phone: (858)  
 487-9729  
 Provider Gender: Male  
 License number: A120064  
 NPI: 1972709087  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital, Santa  
 Monica Ucla Med Ctr, Alvarado  
 Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA:  
**OSHAUGHNESSY, LOUISE S**  
 Provider ID: 126132  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531  
 Phone: (858) 487-9729  
 Fax: (858) 487-4764  
 After Hours Phone: (858)  
 487-9729

Provider Gender: Female  
 License number: G48800  
 NPI: 1285685925  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado  
 Hospital Llc, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **SCHECHTER, MARK S**

Provider ID: 126138  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531  
 Phone: (858) 487-9729  
 Fax: (858) 487-4764  
 After Hours Phone: (858)  
 487-9729

Provider Gender: Male  
 License number: G42390  
 NPI: 1942253018  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital, El Centro Regional  
 Medical Center, Selma  
 Community Hospital, Adventist  
 Med Ctr Reedley, Scripps Mercy  
 Hospital Chula Vista, Adventist  
 Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **SCHWARTZBERG, ROSS E**

Provider ID: 126145  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL  
 GROUP INC  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531  
 Phone: (858) 487-9729  
 Fax: (858) 487-4764  
 After Hours Phone: (858)  
 487-9729  
 Provider Gender: Male  
 License number: G72997  
 NPI: 1215976766  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado  
 Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*American Sign Language (ASL):* POWAY, CA 92064-2531  
*No*  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SNYDER, WILLIAM C**

*Provider ID:* 126152  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 12620 MONTE VISTA RD STE A POWAY, CA 92064-2531  
*Phone:* (858) 487-9729  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 487-9729  
*Provider Gender:* Male  
*License number:* A65059  
*NPI:* 1477505162  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

*Board Certified Specialty:* No  
 VALLEY RADIOLOGY CONSULTANTS MED GRP INC  
 15725 POMERADO RD STE 101 POWAY, CA 92064-2057  
*Phone:* (858) 485-6500  
*Fax:* (760) 520-8520  
*After Hours Phone:* (858) 485-6500  
*Provider Gender:* Male  
*License number:* A63965  
*NPI:* 1023079365  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

### **SPOTO, GARY P**

*Provider ID:* 126158  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 12620 MONTE VISTA RD STE A

*POWAY, CA 92064-2531*  
*Phone:* (858) 487-9729  
*Fax:* (858) 487-4764  
*After Hours Phone:* (858) 487-9729  
*Provider Gender:* Male  
*License number:* G58131  
*NPI:* 1659332062  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SUNG, RAYMOND Y**

*Provider ID:* 29394  
*Board Certified Specialty:* No  
 VALLEY RADIOLOGY CONSULTANTS MED GRP INC  
 15725 POMERADO RD STE 101 POWAY, CA 92064-2057  
*Phone:* (858) 485-6500  
*Fax:* (760) 520-8520  
*After Hours Phone:* (858) 485-6500  
*Provider Gender:* Male  
*License number:* A63965  
*NPI:* 1023079365  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Pomerado Hospital, Scripps Green Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-4:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **TENA, ROWENA G**

*Provider ID:* 126164  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 12620 MONTE VISTA RD STE A POWAY, CA 92064-2531  
*Phone:* (858) 487-9729  
*Fax:* (858) 487-4764  
*After Hours Phone:* (858) 487-9729  
*Provider Gender:* Female  
*License number:* A69607  
*NPI:* 1629029335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **TOBIN, MICHAEL L**

*Provider ID: 126217*  
*Board Certified Specialty: No*  
**IHS RADIOLOGY MEDICAL GROUP INC**

12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531

*Phone: (858) 487-9729*

*Fax: (858) 487-4764*

*After Hours Phone: (858) 487-9729*

*Provider Gender: Male*

*License number: A45908*

*NPI: 1730132150*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*Accessibility: W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **TSUKADA, GLENN H**

*Provider ID: 126202*

*Board Certified Specialty: No*  
**IHS RADIOLOGY MEDICAL GROUP INC**

12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531

*Phone: (858) 487-9729*

*Fax: (858) 487-4764*

*After Hours Phone: (858) 487-9729*

*Provider Gender: Male*

*License number: A60235*

*NPI: 1710938394*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Scripps*

*Memorial Hospital, Grossmont Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Mercy*

*Hospital Chula Vista, Scripps*

*Memorial Hospital Encinitas,*

*Scripps Green Hospital, Alvarado*

*Hospital Llc, Pomerado Hospital*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*Accessibility: W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **ZINK BRODY, GORDON C**

*Provider ID: 126195*

*Board Certified Specialty: No*  
**IHS RADIOLOGY MEDICAL GROUP INC**

12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531

*Phone: (858) 487-9729*

*Fax: (858) 487-4764*

*After Hours Phone: (858) 487-9729*

*Provider Gender: Male*

*License number: G68636*

*NPI: 1689610362*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Scripps*

*Memorial Hospital, Scripps*

*Mercy Hospital, Scripps Mercy*

*Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Alvarado Hospital Llc, Oak Valley Dist Hosp*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*Accessibility: W*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

## **RADIOLOGY**

### **DOEMENY, JOHN M**

*Provider ID: 269749*

*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
 12620 MONTE VISTA RD STE A  
 POWAY, CA 92064-2531

*Phone: (858) 487-9729*

*Fax: (866) 558-4329*

*After Hours Phone: (858) 487-9729*

*Provider Gender: Male*

*License number: G50925*

*NPI: 1841243912*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL): No*

*Accessibility:*

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

*Website:*

*Email:*

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## D. Specialist Provider Directory

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*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

**FRANKE, MARK A**

*Provider ID: 269634*  
*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
*Phone: (858) 487-9729*  
*Fax: (866) 558-4329*  
*After Hours Phone: (858) 487-9729*  
*Provider Gender: Male*  
*License number: A118792*  
*NPI: 1114246329*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Santa Monica*  
Ucla Med Ctr, Ronald Reagan  
Ucla Med Ctr, Alvarado Hospital  
Llc  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

**MOFFIT, BRIAN J**

*Provider ID: 269528*  
*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
*Phone: (858) 487-9729*  
*Fax: (866) 558-4329*  
*After Hours Phone: (858) 487-9729*  
*Provider Gender: Male*

*License number: G51551*  
*NPI: 1508817305*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency: No*  
*Hospital Affiliation: Scripps Mercy*  
Hospital, Scripps Mercy Hospital  
Chula Vista  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

**SCHWARTZBERG, ROSS E**

*Provider ID: 245627*  
*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
*Phone: (858) 487-9729*  
*Fax:*  
*After Hours Phone: (858) 487-9729*  
*Provider Gender: Male*  
*License number: G72997*  
*NPI: 1215976766*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency: No*  
*Hospital Affiliation: Alvarado*  
Hospital Llc  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

**TENA, ROWENA G , MD**

*Provider ID: 269825*  
*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
12620 MONTE VISTA RD STE A  
POWAY, CA 92064-2531  
*Phone: (858) 487-9729*  
*Fax: (866) 558-4329*  
*After Hours Phone: (858) 487-9729*  
*Provider Gender: Female*  
*License number: A69607*  
*NPI: 1629029335*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency: No*  
*Hospital Affiliation: Scripps Mercy*  
Hospital, Scripps Mercy Hospital  
Chula Vista, Vibra Hospital Of  
San Diego  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

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**REGISTERED PHYSICAL  
THERAPIST**

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**BLACKBURN, GARY L**

*Provider ID: 269448*  
*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
15525 POMERADO RD STE D4  
POWAY, CA 92064-2426

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## D. Specialist Provider Directory

Phone: (858) 674-1600  
 Fax: (858) 618-1523  
 After Hours Phone: (858) 674-1600  
 Provider Gender: Male  
 License number: PT28897  
 NPI: 1487769352  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### CHAN, ORIANA

Provider ID: 129858  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15525 POMERADO RD STE D4  
 POWAY, CA 92064-2426  
 Phone: (858) 674-1600  
 Fax:  
 After Hours Phone: (858) 674-1600  
 Provider Gender: Female  
 License number: PT293406  
 NPI: 1023533155  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### RHEUMATOLOGY

#### RAO, SOUMYA G , MD

Provider ID: 46060  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3150  
 Fax: (858) 924-1775  
 After Hours Phone: (858) 675-3150  
 Provider Gender: Female  
 License number: A99911  
 NPI: 1033388616  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Kannada, Russian,  
 Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp  
 Memorial Hospital, Sharp Chula  
 Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### REDDY, SMITHA C , MD

Provider ID: 269402  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 15725 POMERADO RD STE 117  
 POWAY, CA 92064-2058

Phone: (858) 312-1717  
 Fax: (858) 435-0207  
 After Hours Phone: (858) 312-1717  
 Provider Gender: Female  
 License number: A85072  
 NPI: 1750534715  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Kannada, Telugu  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital, Pomerado Hospital,  
 Scripps Mercy Hospital Chula  
 Vista, Scripps Green Hospital,  
 Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### SURGERY ORTHOPEDIC

#### BALIKIAN, PHILIP, MD

Provider ID: 119552  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
 Phone: (858) 675-3286  
 Fax: (858) 385-1690  
 After Hours Phone: (858) 675-3286  
 Provider Gender: Male  
 License number: C52136  
 NPI: 1407803687  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Armenian, Italian, Spanish,

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## D. Specialist Provider Directory

Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### **BALIKIAN, PHILIP**

*Provider ID:* 257485  
*Board Certified Specialty:* Yes  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064-2437  
*Phone:* (858) 675-3286  
*Fax:* (858) 385-1690  
*After Hours Phone:* (858) 675-3286  
*Provider Gender:* Male  
*License number:* C52136  
*NPI:* 1407803687  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Armenian, Italian, Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### **BRIED, JAMES M , MD**

*Provider ID:* 269500  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 525  
 POWAY, CA 92064-2439  
*Phone:* (858) 485-0050  
*Fax:* (858) 485-5071  
*After Hours Phone:* (858) 485-0050  
*Provider Gender:* Male  
*License number:* G62595  
*NPI:* 1891809257  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **COHEN, BRAD S**

*Provider ID:* 257489  
*Board Certified Specialty:* No  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 15611 POMERADO RD STE 525  
 POWAY, CA 92064-2439

*Phone:* (858) 485-0050  
*Fax:* (858) 485-5071  
*After Hours Phone:* (858) 485-0050  
*Provider Gender:* Male  
*License number:* A62550  
*NPI:* 1164536538  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### **COHEN, BRAD S , MD**

*Provider ID:* 269449  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 15611 POMERADO RD STE 525  
 POWAY, CA 92064-2439  
*Phone:* (858) 485-0050  
*Fax:* (858) 485-5071  
*After Hours Phone:* (858) 485-0050  
*Provider Gender:* Male  
*License number:* A62550  
*NPI:* 1164536538  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus,

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## D. Specialist Provider Directory

Pomerado Hospital, Palomar  
Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health  
Plan Direct, Community Care Ipa  
Llc

### **OWSLEY, KEVIN C , MD**

*Provider ID:* 269325  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD STE 525  
POWAY, CA 92064-2439  
*Phone:* (858) 485-0050  
*Fax:* (858) 485-5071  
*After Hours Phone:* (858)  
485-0050  
*Provider Gender:* Male  
*License number:* A98739  
*NPI:* 1992714406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar  
Health Downtown Campus,  
Pomerado Hospital, Marina Del  
Rey Hospital, Palomar Medical  
Center, Adventist Health White  
Memorial  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**PALANCA, ARIEL A , MD**  
*Provider ID:* 269861  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
15611 POMERADO RD STE 525  
POWAY, CA 92064-2439  
*Phone:* (858) 485-0050  
*Fax:* (760) 743-4779  
*After Hours Phone:* (858)  
485-0050  
*Provider Gender:* Female  
*License number:* A114257  
*NPI:* 1629203971  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar  
Medical Center, Lucile Salter  
Packard Childrens Hosp,  
Stanford Health Care  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **UROLOGY**

### **DICKS, BRIAN M , MD**

*Provider ID:* 270141  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
12630 MONTE VISTA RD STE  
103  
POWAY, CA 92064-2526

*Phone:* (858) 451-1772  
*Fax:* (858) 429-7927  
*After Hours Phone:* (858)  
451-1772  
*Provider Gender:* Male  
*License number:* A100413  
*NPI:* 1144425687  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado  
Hospital, Palomar Medical  
Center, Scripps Mercy Hospital  
Chula Vista, Scripps Mercy  
Hospital, Ucsd Medical Ctr,  
Sharp Memorial Hospital, Kaiser  
Foundation Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NEUSTEIN, PAUL, MD**

*Provider ID:* 42034  
*Board Certified Specialty:* No  
GENESIS HEALTHCARE  
PARTNERS PC  
15644 POMERADO RD STE 206  
POWAY, CA 92064-2419  
*Phone:* (858) 485-0554  
*Fax:* (858) 429-7933  
*After Hours Phone:* (858)  
485-0554  
*Provider Gender:* Male  
*License number:* G42225  
*NPI:* 1578529731  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hebrew, Spanish

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Doctors Hsp  
 Of Modesto, Pomerado Hospital,  
 Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**PE, MARK- RALLY L , MD**  
*Provider ID:* 269348  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 12630 MONTE VISTA RD STE  
 103  
 POWAY, CA 92064-2526  
*Phone:* (858) 451-1772  
*Fax:* (858) 429-7927  
*After Hours Phone:* (858)  
 451-1772  
*Provider Gender:* Male  
*License number:* A112013  
*NPI:* 1801003694  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Scripps  
 Mercy Hospital Chula Vista,  
 Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### RAMONA

#### REGISTERED PHYSICAL THERAPIST

**PFEIFER, JANAYA M**  
*Provider ID:* 269584  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 850 MAIN ST STE 105  
 RAMONA, CA 92065-1968  
*Phone:* (760) 789-1424  
*Fax:*  
*After Hours Phone:* (760)  
 789-1424  
*Provider Gender:* Female  
*License number:* PT292928  
*NPI:* 1699172593  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**STUDLEY, DAKOTA L**  
*Provider ID:* 270595  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 850 MAIN ST STE 105  
 RAMONA, CA 92065-1968

*Phone:* (760) 789-1424  
*Fax:*  
*After Hours Phone:* (760)  
 789-1424  
*Provider Gender:* Female  
*License number:* PT294388  
*NPI:* 1972003101  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### SAN DIEGO

#### ADOLESCENT MEDICINE

**INWARDS-BRELAND, DAVID**  
*Provider ID:* 267032  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 8110 BIRMINGHAM WAY FL 2  
 SAN DIEGO, CA 92123-2758  
*Phone:* (858) 966-8493  
*Fax:*  
*After Hours Phone:* (858)  
 966-8493  
*Provider Gender:* Male  
*License number:* A68214  
*NPI:* 1043256738  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego

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## D. Specialist Provider Directory

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **INWARDS-BRELAND, DAVID**

*Provider ID:* 267033  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8493  
*Fax:*  
*After Hours Phone:* (858) 966-8493  
*Provider Gender:* Male  
*License number:* A68214  
*NPI:* 1043256738  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KUMAR, MAYA M**

*Provider ID:* 259637

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
8110 BIRMINGHAM WAY # 2  
SAN DIEGO, CA 92123-2758  
*Phone:* (858) 966-8493  
*Fax:* (858) 966-8818  
*After Hours Phone:* (858) 966-8493  
*Provider Gender:* Female  
*License number:* A126520  
*NPI:* 1184066367  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KUMAR, MAYA M**

*Provider ID:* 262274  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8493  
*Fax:* (858) 966-8818  
*After Hours Phone:* (858) 966-8493  
*Provider Gender:* Female  
*License number:* A126520  
*NPI:* 1184066367  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **TITCHEN, KANANI E**

*Provider ID:* 259139  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
8110 BIRMINGHAM WAY FL 2  
SAN DIEGO, CA 92123-2758  
*Phone:* (858) 966-8493  
*Fax:* (858) 966-8818  
*After Hours Phone:* (858) 966-8493  
*Provider Gender:* Female  
*License number:* A163273  
*NPI:* 1184981797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **TITCHEN, KANANI E**

*Provider ID:* 259140  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8493  
*Fax:* (858) 966-8818  
*After Hours Phone:* (858) 966-8493  
*Provider Gender:* Female  
*License number:* A163273  
*NPI:* 1184981797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY**

### **HONG, KIMBERLY N**

*Provider ID:* 246311  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST

SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A156242  
*NPI:* 1346515442  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Ucsd Medical Group

### **JASKI, BRIAN E**

*Provider ID:* 53743  
*Board Certified Specialty:* No  
SAN DIEGO CARDIAC CTR  
MED GRP INC  
3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123-4203  
*Phone:* (858) 244-6800  
*Fax:*  
*After Hours Phone:* (858) 244-6800  
*Provider Gender:* Male  
*License number:* G55011  
*NPI:* 1194706242  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula

Vista Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA:

### **RAISSI SHABARI, FARSHAD**

*Provider ID:* 110747  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A99160  
*NPI:* 1124295027  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, French  
*Cultural Competency:* No  
*Hospital Affiliation:* Pioneers Memorial Hospital, El Centro Regional Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA:

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## D. Specialist Provider Directory

### **RAISSI SHABARI, FARSHAD**

Provider ID: 120351  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-5743  
 Fax:  
 After Hours Phone: (619)  
 543-5743  
 Provider Gender: Male  
 License number: A99160  
 NPI: 1124295027  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi, French  
 Cultural Competency: No  
 Hospital Affiliation: Pioneers  
 Memorial Hospital, El Centro  
 Regional Medical Center, Ucsd  
 La Jolla John Sally Thornton,  
 Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ALLERGY IMMUNOLOGY**

### **ACEVES, SEEMA S**

Provider ID: 205624  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-5961  
 Fax: (858) 966-6791  
 After Hours Phone: (858)  
 966-5961  
 Provider Gender: Female  
 License number: A74305  
 NPI: 1366511628  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **ACEVES, SEEMA S**

Provider ID: 51868  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4003  
 Fax:  
 After Hours Phone: (858)  
 966-4003  
 Provider Gender: Female  
 License number: A74305  
 NPI: 1366511628  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **ALKATIB, RHONDA E**

Provider ID: 271038  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 2655 CAMINO DEL RIO N STE  
 120  
 SAN DIEGO, CA 92108-1633  
 Phone: (619) 286-6687  
 Fax: (619) 286-6695  
 After Hours Phone: (619)  
 286-6687  
 Provider Gender: Female  
 License number: A163910  
 NPI: 1417363086  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado  
 Hosp Med Ctr, Sharp Memorial  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **BRODERICK, LORI**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider ID:* 206080  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3030 CHILDRENS WAY FL 2 NORTH  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-5961  
*Fax:* (858) 966-6791  
*After Hours Phone:* (858) 966-5961  
*Provider Gender:* Female  
*License number:* A106397  
*NPI:* 1417152232  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CHOI, SUN**

*Provider ID:* 273213  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122-1013  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A150029

*NPI:* 1306252101  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CHOI, SUN**

*Provider ID:* 273214  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A150029  
*NPI:* 1306252101  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **COLLINS, CATHLEEN A**

*Provider ID:* 118896  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-5961  
*Fax:*  
*After Hours Phone:* (858) 966-5961  
*Provider Gender:* Female  
*License number:* A122537  
*NPI:* 1205128089

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Lucile Salter Packard Childrens Hosp, Stanford Health Care, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **COLLINS, CATHLEEN A**

*Provider ID:* 285133  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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## D. Specialist Provider Directory

Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A122537  
 NPI: 1205128089  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Lucile Salter Packard Childrens Hosp, Stanford Health Care, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **EBBELING, WILLIAM L**

Provider ID: 268259  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY # 2  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-5961  
 Fax:  
 After Hours Phone: (858) 966-5961  
 Provider Gender: Male  
 License number: C50225  
 NPI: 1205808284  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: St Agnes Medical Center, Fresno

Community Hospital, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **HOFFMAN, HAROLD M**

Provider ID: 51892  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4003  
 Fax:  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Male  
 License number: A53101  
 NPI: 1326074261  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health

Network

### **JAMES, CHRISTINE K**

Provider ID: 284917  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122-1013  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A172774  
 NPI: 1144589979  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **LAUBACH, SUSAN S**

Provider ID: 53683  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 5776 RUFFIN RD  
 SAN DIEGO, CA 92123-1013  
 Phone: (858) 292-4900  
 Fax:  
 After Hours Phone: (858) 292-4900  
 Provider Gender: Female

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## D. Specialist Provider Directory

License number: A114061  
 NPI: 1366656209  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**REDDY, SUMANA**  
 Provider ID: 262116  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 6699 ALVARADO RD STE 2301  
 SAN DIEGO, CA 92120-5241  
 Phone: (619) 588-4074  
 Fax: (619) 588-4004  
 After Hours Phone: (619) 588-4074  
 Provider Gender: Female  
 License number: C52581  
 NPI: 1053300251  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cambodian, Hindi, Spanish, Telugu  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**REDDY, SUMANA, MD**  
 Provider ID: 65617  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6699 ALVARADO RD STE 2301  
 SAN DIEGO, CA 92120-5241  
 Phone: (619) 588-4074  
 Fax: (619) 588-4004  
 After Hours Phone: (619) 588-4074  
 Provider Gender: Female  
 License number: C52581  
 NPI: 1053300251  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cambodian, Hindi, Spanish, Telugu  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**RIEDL, MARC A**  
 Provider ID: 255768  
 Board Certified Specialty: Yes  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 STE 230  
 SAN DIEGO, CA 92122-1010  
 Phone: (858) 657-5350  
 Fax:  
 After Hours Phone: (858) 657-5350  
 Provider Gender: Male  
 License number: A75551  
 NPI: 1285654889  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**RIEDL, MARC A**  
 Provider ID: 84585  
 Board Certified Specialty: Yes  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 STE 350  
 SAN DIEGO, CA 92122-1010  
 Phone: (858) 657-5350  
 Fax:  
 After Hours Phone: (858) 657-5350  
 Provider Gender: Male  
 License number: A75551

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## D. Specialist Provider Directory

NPI: 1285654889  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### WALTERS, KRISTEN M

Provider ID: 109072  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 5776 RUFFIN RD  
 SAN DIEGO, CA 92123-1013  
 Phone: (858) 292-1144  
 Fax:  
 After Hours Phone: (858)  
 292-1144  
 Provider Gender: Female  
 License number: A129955  
 NPI: 1437442308  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network  
**WELCH, MICHAEL J**  
 Provider ID: 206201  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH  
 NETWORK  
 5776 RUFFIN RD  
 SAN DIEGO, CA 92123-1013  
 Phone: (858) 966-4900  
 Fax: (858) 268-5145  
 After Hours Phone: (858)  
 966-4900  
 Provider Gender: Male  
 License number: G34844  
 NPI: 1699794222

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/99  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **ANESTHESIOLOGY PAIN MANAGEMENT**

### ABDULHADI, HUSSEIN M

Provider ID: 262146  
 Board Certified Specialty: Yes  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD

6645 ALVARADO RD # 253  
 SAN DIEGO, CA 92120-5208  
 Phone: (619) 326-0326  
 Fax: (619) 326-0101  
 After Hours Phone: (619)  
 326-0326  
 Provider Gender: Male  
 License number: A61032  
 NPI: 1629004890  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado  
 Hospital Llc, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings  
 Medical Group-Sd

### CASTELLANOS, JOEL

Provider ID: 243553  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A154199  
 NPI: 1700296514  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**STEINER, ALICJA**  
*Provider ID:* 262105  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 2100 5TH AVE # 200  
 SAN DIEGO, CA 92101-2102  
*Phone:* (619) 948-8464  
*Fax:* (619) 501-4806  
*After Hours Phone:* (619)  
 948-8464  
*Provider Gender:* Female  
*License number:* A69227  
*NPI:* 1851309314  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Polish, Russian  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings  
 Medical Group-Sd

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### ANESTHESIOLOGY

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**OSWALD, JESSICA C**  
*Provider ID:* 239600  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A130925  
*NPI:* 1427315118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**TRIVEDI, SURAJ S**  
*Provider ID:* 246749  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A122196  
*NPI:* 1699057885  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**TZENG, ERIC**  
*Provider ID:* 284577  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A153819  
*NPI:* 1801258264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

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## D. Specialist Provider Directory

| <b>CARDIAC<br/>ELECTROPHYSIOLOGY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <i>License number:</i> A112325<br><i>NPI:</i> 1427255967<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br><i>Medi-Cal Open Panel:</i> Yes<br><i>Min/Max Age:</i> 0/999<br><i>American Sign Language (ASL):</i> No<br><i>Accessibility:</i><br><i>Hours:</i> M-SA 9AM-5PM<br><i>Website:</i><br><i>Email:</i><br><i>Medical Group(s):</i><br><i>IPA:</i> Ucsd Medical Group                                                                                                                                                                                                           | <i>American Sign Language (ASL):</i> No<br><i>Accessibility:</i><br><i>Hours:</i> M-SA 9AM-5PM<br><i>Website:</i><br><i>Email:</i><br><i>Medical Group(s):</i><br><i>IPA:</i> Ucsd Medical Group                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HAN, FREDERICK T</b><br><i>Provider ID:</i> 210012<br><i>Board Certified Specialty:</i> No<br>UCSD MEDICAL GROUP<br>16950 VIA TAZON<br>SAN DIEGO, CA 92127-1607<br><i>Phone:</i> (800) 926-8273<br><i>Fax:</i> (888) 539-8781<br><i>After Hours Phone:</i> (800) 926-8273<br><i>Provider Gender:</i> Male<br><i>License number:</i> A112325<br><i>NPI:</i> 1427255967<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br><i>Medi-Cal Open Panel:</i> Yes<br><i>Min/Max Age:</i> 0/999<br><i>American Sign Language (ASL):</i> No<br><i>Accessibility:</i><br><i>Hours:</i> M-SA 9AM-5PM<br><i>Website:</i><br><i>Email:</i><br><i>Medical Group(s):</i><br><i>IPA:</i> Ucsd Medical Group | <b>CARDIOLOGY</b><br><br><b>ALANI, ANAS A</b><br><i>Provider ID:</i> 201252<br><i>Board Certified Specialty:</i> Yes<br>UCSD MEDICAL GROUP<br>4168 FRONT ST<br>SAN DIEGO, CA 92103-2030<br><i>Phone:</i> (800) 926-8273<br><i>Fax:</i> (888) 539-8781<br><i>After Hours Phone:</i> (800) 926-8273<br><i>Provider Gender:</i> Male<br><i>License number:</i> A125237<br><i>NPI:</i> 1154633709<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i> Arabic<br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Loma Linda University Med Ctr, Riverside County Regional Med Ctr<br><i>Medi-Cal Open Panel:</i> Yes<br><i>Min/Max Age:</i> 0/999 | <b>ALSHAWABKEH, LAITH</b><br><i>Provider ID:</i> 118271<br><i>Board Certified Specialty:</i> No<br>UCSD MEDICAL GROUP<br>200 W ARBOR DR<br>SAN DIEGO, CA 92103-1911<br><i>Phone:</i> (619) 543-6222<br><i>Fax:</i><br><i>After Hours Phone:</i> (619) 543-6222<br><i>Provider Gender:</i> Male<br><i>License number:</i> A150246<br><i>NPI:</i> 1346470408<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i> Arabic<br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br><i>Medi-Cal Open Panel:</i> No<br><i>Min/Max Age:</i> None<br><i>American Sign Language (ASL):</i> No<br><i>Accessibility:</i> W<br><i>Hours:</i> M-SA 9AM-5PM<br><i>Website:</i><br><i>Email:</i><br><i>Medical Group(s):</i><br><i>IPA:</i> |
| <b>HAN, FREDERICK T</b><br><i>Provider ID:</i> 210099<br><i>Board Certified Specialty:</i> No<br>UCSD MEDICAL GROUP<br>4168 FRONT ST<br>SAN DIEGO, CA 92103-2030<br><i>Phone:</i> (800) 926-8273<br><i>Fax:</i><br><i>After Hours Phone:</i> (800) 926-8273<br><i>Provider Gender:</i> Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <i>Min/Max Age:</i> 0/999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>BASSI, HARJOT K</b><br><i>Provider ID:</i> 109154<br><i>Board Certified Specialty:</i> No<br>RADY CHILDRENS SPECIALISTS SAN DIEGO MED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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## D. Specialist Provider Directory

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**FNDTN**  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 576-1700  
Fax:  
After Hours Phone: (858)  
576-1700  
Provider Gender: Female  
License number: A137189  
NPI: 1891025565  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

**BOCK, MATTHEW J**  
Provider ID: 280463  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5855  
Fax: (858) 966-7903  
After Hours Phone: (858)  
966-5855  
Provider Gender: Male  
License number: A112611  
NPI: 1356514624  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Loma Linda

University Med Ctr, Loma Linda  
University Childrens Hospital,  
Rady Childrens Hospital San  
Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

**BORQUEZ, ALEJANDRO A**  
Provider ID: 284120  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5855  
Fax: (858) 966-7903  
After Hours Phone: (858)  
966-5855  
Provider Gender: Female  
License number: A138091  
NPI: 1114277787  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):

IPA: Rady Childrens Health  
Network

**CASTELLANOS, LUIS R**  
Provider ID: 211764  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST FL 3  
SAN DIEGO, CA 92103-2108  
Phone: (858) 657-8530  
Fax: (619) 543-2287  
After Hours Phone: (858)  
657-8530  
Provider Gender: Male  
License number: A89654  
NPI: 1013059286  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr, Pioneers Memorial  
Hospital, El Centro Regional  
Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**CASTELLANOS, LUIS R**  
Provider ID: 211765  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273

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## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* A89654  
*NPI:* 1013059286  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr, Pioneers Memorial  
 Hospital, El Centro Regional  
 Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CHAU, PETER**

*Provider ID:* 271427  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858)  
 966-5855  
*Provider Gender:* Male  
*License number:* A124924  
*NPI:* 1407146947  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Loma Linda  
 University Childrens Hospital,  
 Loma Linda University Med Ctr,  
 Rady Childrens Hospital San  
 Diego  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **COTTER, BRUNO R**

*Provider ID:* 64554  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:*

*After Hours Phone:* (619)  
 543-6248  
*Provider Gender:* Male  
*License number:* A67069  
*NPI:* 1205886389  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, German  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DUMMER, KIRSTEN B**

*Provider ID:* 127310  
*Board Certified Specialty:* No  
 RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY # 5008  
 MC  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:*  
*After Hours Phone:* (858)  
 966-5855  
*Provider Gender:* Female  
*License number:* C156520  
*NPI:* 1780642280  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **DUMMER, KIRSTEN B**

*Provider ID:* 260595  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858)  
 966-5855  
*Provider Gender:* Female  
*License number:* C156520  
*NPI:* 1780642280  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**DUONG, THAO T**  
*Provider ID:* 238975  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A142202  
*NPI:* 1205272945  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**GOLDING, IAN F**  
*Provider ID:* 210823  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858)  
966-5855  
*Provider Gender:* Male  
*License number:* C157929  
*NPI:* 1962974956  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**GOLLAPUDI, RAGHA R , MD**  
*Provider ID:* 270060  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
7901 FROST ST  
SAN DIEGO, CA 92123-2701  
*Phone:* (858) 499-1900  
*Fax:*  
*After Hours Phone:* (858)  
499-1900  
*Provider Gender:* Male  
*License number:* A73392  
*NPI:* 1467429191

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital, Scripps  
Mercy Hospital Chula Vista,  
Grossmont Hospital, Sharp  
Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**GOLLAPUDI, RAGHA R , MD**  
*Provider ID:* 270061  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
6402 EL CAJON BLVD # 102  
SAN DIEGO, CA 92115-2645  
*Phone:* (858) 499-1900  
*Fax:*  
*After Hours Phone:* (858)  
499-1900  
*Provider Gender:* Male  
*License number:* A73392  
*NPI:* 1467429191  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital, Scripps  
Mercy Hospital Chula Vista,  
Grossmont Hospital, Sharp  
Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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| <p><i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc</p> <p><b>GREENBERG, BARRY H</b><br/> <i>Provider ID:</i> 64568<br/> <i>Board Certified Specialty:</i> No<br/> UCSD MEDICAL GROUP<br/> 4168 FRONT ST<br/> SAN DIEGO, CA 92103-2030<br/> <i>Phone:</i> (619) 543-6248<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 543-6248<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G29316<br/> <i>NPI:</i> 1093773137<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> French<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p> <p><b>HALEY, JESSICA E</b><br/> <i>Provider ID:</i> 118754<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS</p> | <p>SPECIALISTS SAN DIEGO MED FNDTN<br/> 3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-5855<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 966-5855<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A125568<br/> <i>NPI:</i> 1023329885<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> <p><b>HO, GORDON</b><br/> <i>Provider ID:</i> 127036<br/> <i>Board Certified Specialty:</i> No<br/> UCSD MEDICAL GROUP<br/> 4168 FRONT ST<br/> SAN DIEGO, CA 92103-2030<br/> <i>Phone:</i> (858) 657-8530<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 657-8530<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A117703<br/> <i>NPI:</i> 1346516069<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Chinese<br/> <i>Cultural Competency:</i> No</p> | <p><i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-F 8AM-5PM, SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p> <p><b>JUSTINO, HENRI</b><br/> <i>Provider ID:</i> 284123<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-5855<br/> <i>Fax:</i> (858) 966-7903<br/> <i>After Hours Phone:</i> (858) 966-5855<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> C173773<br/> <i>NPI:</i> 1518036821<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> |
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This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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### **KIM, PAUL J**

*Provider ID:* 121303  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* A109213  
*NPI:* 1417104837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KIM, PAUL J**

*Provider ID:* 244996  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A109213  
*NPI:* 1417104837  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KING, KEVIN R**

*Provider ID:* 122219  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* A151729  
*NPI:* 1437440427  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LEHNERT SCHUCHARDT, ELEANOR L**

*Provider ID:* 127691  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:*  
*After Hours Phone:* (858)  
966-5855  
*Provider Gender:* Female  
*License number:* A156946  
*NPI:* 1760707210  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **LEHNERT SCHUCHARDT, ELEANOR L**

*Provider ID:* 262250  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

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## D. Specialist Provider Directory

*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Female  
*License number:* A156946  
*NPI:* 1760707210  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MCCANDLESS, RACHEL T**

*Provider ID:* 86645  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY BLDG 24 FL 1  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5980  
*Fax:*  
*After Hours Phone:* (858) 966-5980  
*Provider Gender:* Female  
*License number:* A131801  
*NPI:* 1487821815  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

Childrens Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MIZZELL, ANNA M**

*Provider ID:* 214020  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:*

*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A112810  
*NPI:* 1851561021  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MOHAMEDALI, BURHAN, MD**

*Provider ID:* 245577

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 292 EUCLID AVE STE 210  
 SAN DIEGO, CA 92114-3629  
*Phone:* (619) 616-2100  
*Fax:* (619) 616-2104  
*After Hours Phone:* (619) 616-2100  
*Provider Gender:* Male  
*License number:* A125669  
*NPI:* 1831393289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Swahili  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MOORE, JOHN W**

*Provider ID:* 205343  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 571-7903  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Male  
*License number:* G71756  
*NPI:* 1831203124  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Hospital Affiliation:* Ronald Reagan UCLA Med Ctr, Childrens Hospital Of Orange County, Rady Childrens Hospital San Diego, Grossmont Hospital, Childrens Hosp And Resrch Ctr At Oakland, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MOUSSAVIAN, MEHRAN, MD**

*Provider ID:* 242264  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 292 EUCLID AVE STE 210  
 SAN DIEGO, CA 92114-3629  
*Phone:* (619) 616-2100  
*Fax:* (619) 616-2104  
*After Hours Phone:* (619) 616-2100  
*Provider Gender:* Male  
*License number:* 20A7241  
*NPI:* 1689788234  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/120  
*American Sign Language (ASL):*

No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MUELLER, DANA M**

*Provider ID:* 245535  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:*  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Female  
*License number:* A131157  
*NPI:* 1184915712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **NARAYANAN, MEENA R , MD**

*Provider ID:* 247695  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 292 EUCLID AVE STE 210  
 SAN DIEGO, CA 92114-3629

*Phone:* (619) 616-2100  
*Fax:* (619) 616-2104  
*After Hours Phone:* (619) 616-2100  
*Provider Gender:* Female  
*License number:* A113448  
*NPI:* 1508170697  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NGUYEN, TRI T**

*Provider ID:* 121932  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 7345 LINDA VISTA RD STE A  
 SAN DIEGO, CA 92111-5800  
*Phone:* (858) 277-5463  
*Fax:* (858) 279-8296  
*After Hours Phone:* (858) 277-5463  
*Provider Gender:* Male  
*License number:* G79496  
*NPI:* 1962598425  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial

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## D. Specialist Provider Directory

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| <p>Hospital<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/>           IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> | <p><i>Medical Group(s):</i><br/>           IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>NGUYEN, TRI T</b><br/> <i>Provider ID:</i> 270970<br/> <i>Board Certified Specialty:</i> No<br/>           COMMUNITY CARE IPA LLC<br/>           4206 44TH ST<br/>           SAN DIEGO, CA 92115-4820<br/> <i>Phone:</i> (619) 624-9433<br/> <i>Fax:</i> (619) 624-9436<br/> <i>After Hours Phone:</i> (619) 624-9433<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G79496<br/> <i>NPI:</i> 1962598425<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Chinese, Vietnamese<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Memorial Hospital<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/>           IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> <p><b>PHREANER, NICHOLAS J</b><br/> <i>Provider ID:</i> 239946<br/> <i>Board Certified Specialty:</i> No<br/>           UCSD MEDICAL GROUP</p> | <p>16950 VIA TAZON<br/>           SAN DIEGO, CA 92127-1607<br/> <i>Phone:</i> (800) 926-8273<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (800) 926-8273<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A126789<br/> <i>NPI:</i> 1023373040<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/>           IPA: Ucsd Medical Group</p> <p><b>SAH, SERENA P</b><br/> <i>Provider ID:</i> 101287<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/>           3020 CHILDRENS WAY FL 1<br/>           SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-5855<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 966-5855<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A113704<br/> <i>NPI:</i> 1295042653<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady</p> |
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This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SHARF, ALBERT J , MD**

Provider ID: 246500

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4444 EL CAJON BLVD STE 2  
SAN DIEGO, CA 92115-4392

Phone: (619) 470-7700

Fax: (619) 900-4589

After Hours Phone: (619)  
470-7700

Provider Gender: Male

License number: G72122

NPI: 1649349820

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Paradise Valley  
Hospital, Scripps Mercy Hospital  
Chula Vista, Scripps Memorial  
Hospital, Scripps Mercy Hospital,  
Alvarado Hospital Llc

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SHEN, JIA**

Provider ID: 118285

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Female

License number: A149351

NPI: 1295053403

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Mandarin

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SILVA SEPULVEDA, JOSE A**

Provider ID: 119314

Board Certified Specialty: No  
RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax:

After Hours Phone: (858)

966-5855

Provider Gender: Male

License number: A120119

NPI: 1417222472

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **STEINBERG, LEONARD G**

Provider ID: 248208

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax:

After Hours Phone: (858)

966-5855

Provider Gender: Male

License number: C149271

NPI: 1538279484

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

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## D. Specialist Provider Directory

*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **STRINGER, JESSE D**

*Provider ID:* 118220  
*Board Certified Specialty:* No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855

*Fax:*  
*After Hours Phone:* (858) 966-5855

*Provider Gender:* Male  
*License number:* A120899  
*NPI:* 1972745388

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):* No

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

*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **THOMAS, ISAC C**

*Provider ID:* 122433  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*  
*After Hours Phone:* (619) 543-6222

*Provider Gender:* Male  
*License number:* A130326  
*NPI:* 1003129388

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

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

*Email:*  
*Medical Group(s):*  
IPA:

### **VAUGHN, GABRIELLE R**

*Provider ID:* 102157  
*Board Certified Specialty:* No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855

*Fax:*  
*After Hours Phone:* (858) 966-5855

*Provider Gender:* Female  
*License number:* A109772  
*NPI:* 1891004461

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr

At Oakland  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

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

*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **VELLORE GOVARDHAN, SHILPA**

*Provider ID:* 271454  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855

*Fax:* (858) 966-7903  
*After Hours Phone:* (858) 966-5855

*Provider Gender:* Female  
*License number:* A121935  
*NPI:* 1477702165

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

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

*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health Network

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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### **WALTERS, DANIEL**

Provider ID: 240404  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A129565  
NPI: 1659665461  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **WERHO, DAVID K**

Provider ID: 118921  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5855  
Fax:  
After Hours Phone: (858)  
966-5855  
Provider Gender: Male  
License number: A135895

NPI: 1235391863  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **WILLIAMS, MATTHEW R**

Provider ID: 101011  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5855  
Fax: (858) 966-7903  
After Hours Phone: (858)  
966-5855  
Provider Gender: Male  
License number: A109398  
NPI: 1831423250  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Childrens  
Hosp And Resrch Ctr At Oakland  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **YEANG, CALVIN**

Provider ID: 238822  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
Phone: (858) 657-8530  
Fax:  
After Hours Phone: (858)  
657-8530  
Provider Gender: Male  
License number: A127678  
NPI: 1598011058  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Mandarin  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

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## **CARDIOVASCULAR DISEASE**

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### **ADLER, ERIC D**

Provider ID: 120563  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-5743  
*Fax:*  
*After Hours Phone:* (619) 543-5743  
*Provider Gender:* Male  
*License number:* A116525  
*NPI:* 1477699601  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ATHILL, CHARLES A**

*Provider ID:* 53654  
*Board Certified Specialty:* No  
 SAN DIEGO CARDIAC CTR  
 MED GRP INC  
 3131 BERGER AVE STE 200  
 SAN DIEGO, CA 92123-4203  
*Phone:* (858) 244-6800  
*Fax:*  
*After Hours Phone:* (858) 244-6800  
*Provider Gender:* Male  
*License number:* G78671  
*NPI:* 1174504252  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps

Mercy Hospital Chula Vista,  
 Sharp Chula Vista Med Ctr, Tri  
 City Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BAHADORANI, JOHN N**

*Provider ID:* 101234  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Male  
*License number:* A123767  
*NPI:* 1780883082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BARNARD, DENISE D**

*Provider ID:* 64528  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-5743  
*Fax:* (619) 543-2917  
*After Hours Phone:* (619) 543-5743  
*Provider Gender:* Female  
*License number:* G65241  
*NPI:* 1669497731  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CASTELLANOS, LUIS R**

*Provider ID:* 64282  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9260  
*Fax:*  
*After Hours Phone:* (619) 471-9260  
*Provider Gender:* Male  
*License number:* A89654  
*NPI:* 1013059286  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr, Pioneers Memorial  
Hospital, El Centro Regional  
Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DEMARIA, ANTHONY N**

*Provider ID:* 64558  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:*  
*After Hours Phone:* (619)  
543-6248  
*Provider Gender:* Male  
*License number:* G20471  
*NPI:* 1124043948  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **FELD, GREGORY K**

*Provider ID:* 64560  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:* (619) 543-7418  
*After Hours Phone:* (619)  
543-6248  
*Provider Gender:* Male  
*License number:* G37258  
*NPI:* 1720003924  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GORDON, JOHN B**

*Provider ID:* 53855  
*Board Certified Specialty:* No  
SAN DIEGO CARDIAC CTR  
MED GRP INC  
3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123-4203  
*Phone:* (858) 244-6800  
*Fax:*  
*After Hours Phone:* (858)  
244-6800  
*Provider Gender:* Male  
*License number:* C42631

*NPI:* 1962483099  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HOAGLAND, PETER M**

*Provider ID:* 53768  
*Board Certified Specialty:* No  
SAN DIEGO CARDIAC CTR  
MED GRP INC  
3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123-4203  
*Phone:* (858) 244-6800  
*Fax:*  
*After Hours Phone:* (858)  
244-6800  
*Provider Gender:* Male  
*License number:* G54598  
*NPI:* 1629059779  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Sharp Memorial  
Hospital, Sharp Mary Birch Hosp  
For Women And Newborns  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W

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## D. Specialist Provider Directory

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **PATEL, MITUL P**

*Provider ID:* 64131

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)

543-6222

*Provider Gender:* Male

*License number:* A95406

*NPI:* 1457572448

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Gujarati, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **SHEREV, DIMITRI A**

*Provider ID:* 107321

*Board Certified Specialty:* No

BALBOA NEPHROLOGY MED

GRP INC

6402 EL CAJON BLVD # 100

SAN DIEGO, CA 92115-2645

*Phone:* (619) 582-4490

*Fax:* (619) 668-1554

*After Hours Phone:* (619)

582-4490

*Provider Gender:* Male

*License number:* A70917

*NPI:* 1154323996

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Bulgarian, Malayalam, Russian, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy

Hospital, Grossmont Hospital,

Alvarado Community Hospital,

Sharp Memorial Hospital, Scripps

Memorial Hospital, Alvarado

Hospital Llc, Sharp Chula Vista

Med Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

*Hours:* M-F 7:30AM-4PM, SA

9AM-5PM

*Website:* bnmg.org

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **CERTIFIED BEHAVIORAL ANALYST DOCTORATE**

### **HOWARTH, MATTHEW**

*Provider ID:* 103967

*Board Certified Specialty:* No

VERBAL BEHAVIOR

ASSOCIATES

15373 INNOVATION DR STE

200

SAN DIEGO, CA 92128-3425

*Phone:* (858) 699-7579

*Fax:*

*After Hours Phone:* (858)

699-7579

*Provider Gender:* Male

*License number:* BCBA4385

*NPI:* 1629338082

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic, Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **CERTIFIED BEHAVIORAL ANALYST MASTERS**

### **ANDERSON, RENEE**

*Provider ID:* 116603

*Board Certified Specialty:* No

ABACUS BEHAVIORAL

HEALTH

4204A ADAMS AVE

SAN DIEGO, CA 92116-2300

*Phone:* (619) 786-0074

*Fax:* (619) 202-7741

*After Hours Phone:* (619)

786-0074

*Provider Gender:* Female

*License number:* BCBA17411

*NPI:* 1952774028

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website: www.abacusd.com  
 Email:  
 Medical Group(s):  
 IPA:

### **CALARCO, KATHERINE**

Provider ID: 116600  
 Board Certified Specialty: No  
 ABACUS BEHAVIORAL HEALTH  
 4204A ADAMS AVE  
 SAN DIEGO, CA 92116-2300  
 Phone: (619) 786-0074  
 Fax: (619) 202-7741  
 After Hours Phone: (619) 786-0074  
 Provider Gender: Female  
 License number: BCBA2509  
 NPI: 1528216876  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website: www.abacusd.com  
 Email:  
 Medical Group(s):  
 IPA:

### **ESSEY, MEREDITH**

Provider ID: 105856  
 Board Certified Specialty: No  
 VERBAL BEHAVIOR

ASSOCIATES  
 15373 INNOVATION DR STE 200  
 SAN DIEGO, CA 92128-3425  
 Phone: (858) 699-7579  
 Fax:  
 After Hours Phone: (858) 699-7579  
 Provider Gender: Female  
 License number: BCBA11417862  
 NPI: 1508256736  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GRUNDON, GRETCHEN**

Provider ID: 105857  
 Board Certified Specialty: No  
 VERBAL BEHAVIOR ASSOCIATES  
 15373 INNOVATION DR STE 200  
 SAN DIEGO, CA 92128-3425  
 Phone: (858) 699-7579  
 Fax:  
 After Hours Phone: (858) 699-7579  
 Provider Gender: Female  
 License number: BCBA11212007  
 NPI: 1346581063  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **JOHANNSEN, KAITLIN**

Provider ID: 103981  
 Board Certified Specialty: No  
 VERBAL BEHAVIOR ASSOCIATES  
 15373 INNOVATION DR STE 200  
 SAN DIEGO, CA 92128-3425  
 Phone: (858) 699-7579  
 Fax:  
 After Hours Phone: (858) 699-7579  
 Provider Gender: Female  
 License number: BCBA9560  
 NPI: 1619370681  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **LO, CRYSTAL**

Provider ID: 105860  
 Board Certified Specialty: No  
 VERBAL BEHAVIOR

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**ASSOCIATES**  
 15373 INNOVATION DR STE 200  
 SAN DIEGO, CA 92128-3425  
 Phone: (858) 699-7579  
 Fax:  
 After Hours Phone: (858) 699-7579  
 Provider Gender: Female  
 License number: BCBA19702  
 NPI: 1184020760  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**LUND, CHRISTINA**  
 Provider ID: 107337  
 Board Certified Specialty: No  
 AUTISM SPECTRUM THERAPIES  
 9445 FARNHAM ST STE 104  
 SAN DIEGO, CA 92123-1399  
 Phone: (866) 727-8274  
 Fax:  
 After Hours Phone: (866) 727-8274  
 Provider Gender: Female  
 License number: BCBA25064  
 NPI: 1508176314  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**MACHADO, AMY**  
 Provider ID: 105863  
 Board Certified Specialty: No  
 INCLUDE AUTISM INC  
 625 PENNSYLVANIA AVE  
 SAN DIEGO, CA 92103-4321  
 Phone: (858) 603-9835  
 Fax:  
 After Hours Phone: (858) 603-9835  
 Provider Gender: Female  
 License number: BCBA11210466  
 NPI: 1205192093  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**MASON, DIANA**  
 Provider ID: 118102  
 Board Certified Specialty: No  
 INCLUDE AUTISM INC  
 625 PENNSYLVANIA AVE  
 SAN DIEGO, CA 92103-4321

Phone: (858) 603-9835  
 Fax:  
 After Hours Phone: (858) 603-9835  
 Provider Gender: Female  
 License number: BCBA23279  
 NPI: 1285172858  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**MONCLUS, BRITTANY**  
 Provider ID: 116927  
 Board Certified Specialty: No  
 CENTER FOR AUTISM AND RELATED DISORDER  
 7297 RONSON RD STE H  
 SAN DIEGO, CA 92111-1428  
 Phone: (858) 278-6603  
 Fax: (866) 287-2383  
 After Hours Phone: (858) 278-6603  
 Provider Gender: Female  
 License number: BCBA22800  
 NPI: 1356894109  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

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## D. Specialist Provider Directory

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| <p>♿ Accessibility:<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA:</p> <p><b>PEARCE, TAYLOR</b><br/> Provider ID: 106341<br/> Board Certified Specialty: No<br/> OPTIMUM BEHAVIORAL HEALTH<br/> 3702 RUFFIN RD STE 100<br/> SAN DIEGO, CA 92123-1893<br/> Phone: (619) 297-4300<br/> Fax:<br/> After Hours Phone: (619) 297-4300<br/> Provider Gender: Female<br/> License number: BCBA12133<br/> NPI: 1396084935<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency: No<br/> Hospital Affiliation:<br/> Medi-Cal Open Panel: No<br/> Min/Max Age: None<br/> American Sign Language (ASL): No<br/> ♿ Accessibility: W<br/> Hours: M-F 9AM-6PM, SA 9AM-5PM<br/> Website: optimum behavioral health.com<br/> Email:<br/> Medical Group(s):<br/> IPA:</p> <p><b>POPE, CATHERINE</b><br/> Provider ID: 103983<br/> Board Certified Specialty: No<br/> VERBAL BEHAVIOR ASSOCIATES<br/> 15373 INNOVATION DR STE 200</p> | <p>SAN DIEGO, CA 92128-3425<br/> Phone: (858) 699-7579<br/> Fax:<br/> After Hours Phone: (858) 699-7579<br/> Provider Gender: Female<br/> License number: BCBA13424<br/> NPI: 1265840763<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency: No<br/> Hospital Affiliation:<br/> Medi-Cal Open Panel: No<br/> Min/Max Age: None<br/> American Sign Language (ASL): No<br/> ♿ Accessibility: W<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA:</p> <p><b>SALUCCI, CRISTIANA</b><br/> Provider ID: 107365<br/> Board Certified Specialty: No<br/> INCLUDE AUTISM INC<br/> 625 PENNSYLVANIA AVE<br/> SAN DIEGO, CA 92103-4321<br/> Phone: (858) 603-9835<br/> Fax:<br/> After Hours Phone: (858) 603-9835<br/> Provider Gender: Female<br/> License number: BCBA11621760<br/> NPI: 1093199671<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency: No<br/> Hospital Affiliation:<br/> Medi-Cal Open Panel: No<br/> Min/Max Age: None<br/> American Sign Language (ASL): No<br/> ♿ Accessibility:</p> | <p>Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA:</p> <p><b>SWAIN, JAZMINA</b><br/> Provider ID: 104803<br/> Board Certified Specialty: No<br/> AUTISM SPECTRUM THERAPIES<br/> 9445 FARNHAM ST STE 104<br/> SAN DIEGO, CA 92123-1399<br/> Phone: (866) 727-8274<br/> Fax:<br/> After Hours Phone: (866) 727-8274<br/> Provider Gender: Female<br/> License number: BCBA17031<br/> NPI: 1144618117<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency: No<br/> Hospital Affiliation:<br/> Medi-Cal Open Panel: No<br/> Min/Max Age: None<br/> American Sign Language (ASL): No<br/> ♿ Accessibility:<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA:</p> <p><b>URIBE, ANNETTE</b><br/> Provider ID: 105872<br/> Board Certified Specialty: No<br/> AUTISM SPECTRUM THERAPIES<br/> 9445 FARNHAM ST STE 104<br/> SAN DIEGO, CA 92123-1399</p> |
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This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (866) 727-8274  
 Fax:  
 After Hours Phone: (866) 727-8274  
 Provider Gender: Female  
 License number: BCBA11521119  
 NPI: 1528426012  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **VOLEN, SHAWNA**

Provider ID: 106468  
 Board Certified Specialty: No  
 AUTISM SPECTRUM THERAPIES  
 9445 FARNHAM ST STE 104  
 SAN DIEGO, CA 92123-1399  
 Phone: (866) 727-8274  
 Fax:  
 After Hours Phone: (866) 727-8274  
 Provider Gender: Female  
 License number: BCBA18995  
 NPI: 1710360417  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:

Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **CERTIFIED NURSE PRACTITIONER**

### **ABARE, KATHRYN H**

Provider ID: 262187  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY STE 410  
 SAN DIEGO, CA 92123-4228  
 Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Female  
 License number: NP95003999  
 NPI: 1609147651  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/99  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **ABCEDE, EMILY A**

Provider ID: 263772  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Female  
 License number: NP95007801  
 NPI: 1548654916  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **ABDOU, KRISTY R**

Provider ID: 104606  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: NP19601  
 NPI: 1487801817  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr

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## D. Specialist Provider Directory

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **AGUILAR, JIRA JANE B**

Provider ID: 284158  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
 Phone: (858) 966-5999  
 Fax: (858) 966-4930  
 After Hours Phone: (858) 966-5999  
 Provider Gender: Female  
 License number: NP95016636  
 NPI: 1376136770  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **AJMERA, ARCHANA J**

Provider ID: 126606  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: NP22933  
 NPI: 1063792240  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **AKINS, TARA M**

Provider ID: 112490  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: NP14090  
 NPI: 1548475072  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ALVAREZ, LISA J**

Provider ID: 125378  
 Board Certified Specialty: No  
 LOGAN HEIGHTS FAMILY HEALTH CENTER  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2560  
 Fax:  
 After Hours Phone: (619) 515-2560  
 Provider Gender: Female  
 License number: NP19911  
 NPI: 1417262718  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **AMER DAVIS, STACY K**

Provider ID: 83186  
 Board Certified Specialty: No  
 UCSD EMERG PHYSICIANS

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Female  
License number: NP20267  
NPI: 1750661641  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**ARCANGEL, ANGEL I**  
Provider ID: 270380  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
995 GATEWAY CENTER WAY  
STE 202  
SAN DIEGO, CA 92102-4545  
Phone: (619) 264-3107  
Fax: (619) 264-6927  
After Hours Phone: (619)  
264-3107  
Provider Gender: Female  
License number: NP95012405  
NPI: 1801319306  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

**BACANI, GRACE M**  
Provider ID: 256096  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: NP95001006  
NPI: 1093124703  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Tagalog  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**BAKER, TANYA E**  
Provider ID: 255625  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR  
SAN DIEGO, CA 92121-3021

Phone: (858) 534-8019  
Fax:  
After Hours Phone: (858)  
534-8019  
Provider Gender: Female  
License number: NP95004209  
NPI: 1699184259  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**BALL, KELLY R**  
Provider ID: 110935  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Female  
License number: NP95004819  
NPI: 1902343833  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*American Sign Language (ASL):* 4168 FRONT ST  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BARBA, LAURA A**

*Provider ID:* 109544  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:*  
*After Hours Phone:* (858)  
 966-4003  
*Provider Gender:* Female  
*License number:* NP10291  
*NPI:* 1700099645  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group

**BARBA, LAURA A**  
*Provider ID:* 255791  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 543-7496  
*Fax:*  
*After Hours Phone:* (619)  
 543-7496  
*Provider Gender:* Female  
*License number:* NP10291  
*NPI:* 1700099645  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
 No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group

### **BARBA, LAURA A**

*Provider ID:* 110350  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group

### **BARBA, LAURA A**

*Provider ID:* 262151  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY STE  
 410  
 SAN DIEGO, CA 92123-4228  
*Phone:* (858) 966-4032  
*Fax:* (858) 966-6227  
*After Hours Phone:* (858)  
 966-4032  
*Provider Gender:* Female  
*License number:* NP10291  
*NPI:* 1700099645  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group

### **BELL, KAREN L**

*Provider ID:* 83213

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
*UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* NP349853  
*NPI:* 1982632758  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BELL, KAREN L**

*Provider ID:* 83214  
*Board Certified Specialty:* No  
*UCSD MEDICAL GROUP*  
 330 LEWIS ST  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9260  
*Fax:*  
*After Hours Phone:* (619) 471-9260  
*Provider Gender:* Female  
*License number:* NP349853  
*NPI:* 1982632758  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BENARD, ROBERT A**

*Provider ID:* 268229  
*Board Certified Specialty:* No  
*UCSD MEDICAL GROUP*  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* NP95000121  
*NPI:* 1184027724  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, University Hsp Of San Diego Co  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BERNARDO-GREGORY, ELSIE S , NPA**

*Provider ID:* 244829  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC

9995 CARMEL MOUNTAIN RD  
 STE B10  
 SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:* (858) 240-6470  
*After Hours Phone:* (844) 200-2426  
*Provider Gender:* Female  
*License number:* NP15257  
*NPI:* 1588808349  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BERNARDO-GREGORY, ELSIE S , NPA**

*Provider ID:* 244830  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9995 CARMEL MOUNTAIN RD  
 STE B11  
 SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:* (858) 240-6470  
*After Hours Phone:* (844) 200-2426  
*Provider Gender:* Female  
*License number:* NP15257  
*NPI:* 1588808349  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* No

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## D. Specialist Provider Directory

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BIANCO, ANDREA D**

*Provider ID:* 115264  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Female  
*License number:* NP22530  
*NPI:* 1720326952  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BIANCO, ANDREA D**

*Provider ID:* 115264  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Female  
*License number:* RN551574  
*NPI:* 1720326952  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BILENKAYA, IRINA**

*Provider ID:* 83240  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Female  
*License number:* NP15880  
*NPI:* 1801030267  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Russian, Ukrainian  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BOLIVAR, NATALIE A**

*Provider ID:* 268648  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8000  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858)  
 966-8000  
*Provider Gender:* Female  
*License number:* NP95004672  
*NPI:* 1083169296  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Southwest  
 Healthcare System Murrieta,  
 Southwest Healthcare System  
 Wildomar, Rady Childrens  
 Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **BUCKLEY, MAUREEN D**

*Provider ID:* 110384  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222

Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Female  
License number: NP95001205  
NPI: 1619377447  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BUENROSTRO, CHRISTINA**

Provider ID: 243718  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: NP95004366  
NPI: 1851749253  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **CAIN, JULIA M**

Provider ID: 83250  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Female  
License number: NP18867  
NPI: 1457593808  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CALLAHAN, ABIGAIL B**

Provider ID: 102155  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
3020 CHILDRENS WAY # 410  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-6789  
Fax:  
After Hours Phone: (858)  
966-6789  
Provider Gender: Female  
License number: NP95001371  
NPI: 1649655317  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **CALLAHAN, ABIGAIL B**

Provider ID: 287518  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
7910 FROST ST # 195  
SAN DIEGO, CA 92123-2771  
Phone: (858) 966-8974  
Fax:  
After Hours Phone: (858)  
966-8974  
Provider Gender: Female  
License number: NP95001371  
NPI: 1649655317  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18

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## D. Specialist Provider Directory

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*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**CAMARGO-LOWTHERS,  
ANGELICA M , NPA**

*Provider ID:* 270981  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
8010 FROST ST STE 510  
SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4700  
*Fax:* (858) 637-4701  
*After Hours Phone:* (858) 637-4700  
*Provider Gender:* Female  
*License number:* RN521048  
*NPI:* 1912982539  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CAMARGO-LOWTHERS,  
ANGELICA M , NPA**

*Provider ID:* 270981  
*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC  
8010 FROST ST STE 510  
SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4700  
*Fax:* (858) 637-4701  
*After Hours Phone:* (858) 637-4700  
*Provider Gender:* Female  
*License number:* NP14412  
*NPI:* 1912982539  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CAMARGO-LOWTHERS,  
ANGELICA M**

*Provider ID:* 54944  
*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED GRP INC  
8010 FROST ST STE 510  
SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4700  
*Fax:* (858) 637-4701  
*After Hours Phone:* (858) 637-4700  
*Provider Gender:* Female  
*License number:* NP14412  
*NPI:* 1912982539  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**CAMARGO-LOWTHERS,  
ANGELICA M**

*Provider ID:* 54944  
*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED GRP INC  
8010 FROST ST STE 510  
SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4700  
*Fax:* (858) 637-4701  
*After Hours Phone:* (858) 637-4700  
*Provider Gender:* Female  
*License number:* RN521048  
*NPI:* 1912982539  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

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## D. Specialist Provider Directory

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### **CAPOZZI, JENNIFER E**

*Provider ID:* 241031  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* NP11056  
*NPI:* 1336258276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CARRION GELABERT, ANA M**

*Provider ID:* 262207  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-8052  
*Fax:* (858) 966-7789  
*After Hours Phone:* (858)  
966-8052  
*Provider Gender:* Female  
*License number:* NP95000052

*NPI:* 1023178233  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **CHASE, AVA LOU C**

*Provider ID:* 83281  
*Board Certified Specialty:* No  
CITY HEIGHTS FAMILY  
HEALTH CENTERS INC  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619)  
515-2400  
*Provider Gender:* Female  
*License number:* NP95000602  
*NPI:* 1164496386

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* P, EB, IB, E, R,  
T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* City Heights  
Family Health Centers Inc  
*IPA:*

### **CHAVEZ, ALEXANDRIA D**

*Provider ID:* 243357  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR # 7  
SAN DIEGO, CA 92121-3021  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* NP95012447  
*NPI:* 1811543622  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CHOATE, BERNADETTE R**

*Provider ID:* 286368  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4303 LA JOLLA VILLAGE DR  
STE 2110  
SAN DIEGO, CA 92122-1396  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

License number: NP21945  
 NPI: 1104173558  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**CHOATE, BERNADETTE R**  
 Provider ID: 286369  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: NP21945  
 NPI: 1104173558  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**CHURCHMAN, CATHERINE M**  
 Provider ID: 277170  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5961  
 Fax: (858) 966-6791  
 After Hours Phone: (858)  
 966-5961  
 Provider Gender: Female  
 License number: NP95016265  
 NPI: 1407442049  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**COLLIER, SUMMER B**  
 Provider ID: 113776  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST FL 2  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-5415  
 Fax:  
 After Hours Phone: (619)  
 543-5415  
 Provider Gender: Female

License number: NP19943  
 NPI: 1487964235  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**COLLINS, ANGELINA E**  
 Provider ID: 123644  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Female  
 License number: NP16516  
 NPI: 1720001324  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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|                                      |                                            |                                      |
|--------------------------------------|--------------------------------------------|--------------------------------------|
| <i>IPA:</i>                          | <i>Provider Language(s) Spoken:</i>        |                                      |
| <b>COLLINS, CYNTHIA M</b>            | <i>Cultural Competency:</i> No             | <b>CONTILLO, AMBER L</b>             |
| <i>Provider ID:</i> 83299            | <i>Hospital Affiliation:</i> Ucsd La Jolla | <i>Provider ID:</i> 260069           |
| <i>Board Certified Specialty:</i> No | <i>John Sally Thornton, Ucsd</i>           | <i>Board Certified Specialty:</i> No |
| UCSD MEDICAL GROUP                   | <i>Medical Ctr</i>                         | RADY CHILDRENS HEALTH                |
| 4168 FRONT ST FL 2                   | <i>Medi-Cal Open Panel:</i> Yes            | NETWORK                              |
| SAN DIEGO, CA 92103-2030             | <i>Min/Max Age:</i> 0/999                  | 8001 FROST ST                        |
| <i>Phone:</i> (619) 543-5415         | <i>American Sign Language (ASL):</i>       | SAN DIEGO, CA 92123-2746             |
| <i>Fax:</i>                          | No                                         | <i>Phone:</i> (858) 966-5999         |
| <i>After Hours Phone:</i> (619)      | <i>Accessibility:</i>                      | <i>Fax:</i> (858) 966-4930           |
| 543-5415                             | <i>Hours:</i> M-SA 9AM-5PM                 | <i>After Hours Phone:</i> (858)      |
| <i>Provider Gender:</i> Female       | <i>Website:</i>                            | 966-5999                             |
| <i>License number:</i> NP17358       | <i>Email:</i>                              | <i>Provider Gender:</i> Female       |
| <i>NPI:</i> 1780869164               | <i>Medical Group(s):</i>                   | <i>License number:</i> NP95005629    |
| <i>Provider English Spoken:</i> Yes  | <i>IPA:</i> Ucsd Medical Group             | <i>NPI:</i> 1154630838               |
| <i>Provider Language(s) Spoken:</i>  | <b>CONNOR, CAROLINE L</b>                  | <i>Provider English Spoken:</i> Yes  |
| Spanish                              | <i>Provider ID:</i> 279836                 | <i>Provider Language(s) Spoken:</i>  |
| <i>Cultural Competency:</i> No       | <i>Board Certified Specialty:</i> No       | <i>Cultural Competency:</i> No       |
| <i>Hospital Affiliation:</i>         | UCSD MEDICAL GROUP                         | <i>Hospital Affiliation:</i> Rady    |
| <i>Medi-Cal Open Panel:</i> No       | 6030 VILLAGE WAY                           | Childrens Hospital San Diego         |
| <i>Min/Max Age:</i> None             | SAN DIEGO, CA 92130-2972                   | <i>Medi-Cal Open Panel:</i> No       |
| <i>American Sign Language (ASL):</i> | <i>Phone:</i> (800) 926-8273               | <i>Min/Max Age:</i> 0/18             |
| No                                   | <i>Fax:</i> (888) 539-8781                 | <i>American Sign Language (ASL):</i> |
| <i>Accessibility:</i>                | <i>After Hours Phone:</i> (800)            | No                                   |
| <i>Hours:</i> M-SA 9AM-5PM           | 926-8273                                   | <i>Accessibility:</i>                |
| <i>Website:</i>                      | <i>Provider Gender:</i> Female             | <i>Hours:</i> M-SA 9AM-5PM           |
| <i>Email:</i>                        | <i>License number:</i> NP13032             | <i>Website:</i>                      |
| <i>Medical Group(s):</i>             | <i>NPI:</i> 1609081710                     | <i>Email:</i>                        |
| <i>IPA:</i>                          | <i>Provider English Spoken:</i> Yes        | <i>Medical Group(s):</i>             |
|                                      | <i>Provider Language(s) Spoken:</i>        | <i>IPA:</i> Rady Childrens Health    |
|                                      | <i>Cultural Competency:</i> No             | Network                              |
|                                      | <i>Hospital Affiliation:</i> Ucsd La Jolla |                                      |
|                                      | <i>John Sally Thornton, Ucsd</i>           | <b>COSINO, ANJELICA T</b>            |
|                                      | <i>Medical Ctr</i>                         | <i>Provider ID:</i> 201309           |
|                                      | <i>Medi-Cal Open Panel:</i> Yes            | <i>Board Certified Specialty:</i> No |
|                                      | <i>Min/Max Age:</i> 0/999                  | UCSD MEDICAL GROUP                   |
|                                      | <i>American Sign Language (ASL):</i>       | 200 W ARBOR DR FL 1                  |
|                                      | No                                         | SAN DIEGO, CA 92103-1911             |
|                                      | <i>Accessibility:</i>                      | <i>Phone:</i> (800) 926-8273         |
|                                      | <i>Hours:</i> M-SA 9AM-5PM                 | <i>Fax:</i>                          |
|                                      | <i>Website:</i>                            | <i>After Hours Phone:</i> (800)      |
|                                      | <i>Email:</i>                              | 926-8273                             |
|                                      | <i>Medical Group(s):</i>                   | <i>Provider Gender:</i> Female       |
|                                      | <i>IPA:</i> Ucsd Medical Group             | <i>License number:</i> NP95008222    |
|                                      |                                            | <i>NPI:</i> 1295238749               |

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## D. Specialist Provider Directory

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*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **COUCH, SARA M**

*Provider ID:* 113766  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Female  
*License number:* NP20894  
*NPI:* 1851633507  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CRONIN, ILEEN F**

*Provider ID:* 289128  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858)  
966-5855  
*Provider Gender:* Female  
*License number:* NP95016133  
*NPI:* 1275919474  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **CUTLER, APRYL L**

*Provider ID:* 273326  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
4305 UNIVERSITY AVE  
SAN DIEGO, CA 92105-1645  
*Phone:* (858) 966-5484  
*Fax:*  
*After Hours Phone:* (858)  
966-5484  
*Provider Gender:* Female  
*License number:* NP95012457

*NPI:* 1467960120

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/21  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **DAVID, RHYS S**

*Provider ID:* 260090  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 2  
SOUTH  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:* (858) 560-6798  
*After Hours Phone:* (858)  
966-4003  
*Provider Gender:* Female  
*License number:* NP21537  
*NPI:* 1790056166  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **DAVIES, SUMMER R**

*Provider ID:* 253692  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
8899 UNIVERSITY CENTER LN  
STE 220  
SAN DIEGO, CA 92122-1040  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP21519  
*NPI:* 1679850671

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Ucsd Medical Group

### **DAVIS, JANET M**

*Provider ID:* 255796  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST  
SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9250  
*Fax:* (619) 471-9275  
*After Hours Phone:* (619) 471-9250

*Provider Gender:* Female  
*License number:* NP95006617  
*NPI:* 1164616280  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Ucsd Medical Group

### **DEUTSCH, KAREN G**

*Provider ID:* 247980  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP19446  
*NPI:* 1740517127  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
IPA: Ucsd Medical Group

### **DEUTSCH, KAREN G**

*Provider ID:* 247981  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST  
SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP19446  
*NPI:* 1740517127  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Ucsd Medical Group

### **DINNALL, CHRISTINA M**

*Provider ID:* 289133  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5888  
*Fax:*  
*After Hours Phone:* (858) 966-5888  
*Provider Gender:* Female

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## D. Specialist Provider Directory

License number: NP95005438  
 NPI: 1831632843  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Palomar  
 Medical Center, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **DODD-SULLIVAN, REBECCA M**

Provider ID: 112552  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Female  
 License number: NP21994  
 NPI: 1760823629  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA:  
**DOVE, JANET H**  
 Provider ID: 83367  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Female  
 License number: NP8210  
 NPI: 1982860664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **DRISCOLL, KARRIE**

Provider ID: 286345  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4303 LA JOLLA VILLAGE DR  
 STE 2110  
 SAN DIEGO, CA 92122-1396  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: NP22651

NPI: 1396085098  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **DWYER, ERIN**

Provider ID: 108501  
 Board Certified Specialty: No  
 GENESIS HEALTHCARE  
 PARTNERS PC  
 4060 4TH AVE STE 310  
 SAN DIEGO, CA 92103-2120  
 Phone: (619) 297-4707  
 Fax:  
 After Hours Phone: (619)  
 297-4707  
 Provider Gender: Female  
 License number: NP95004184  
 NPI: 1003260894  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **DWYER, ERIN, NPA**

*Provider ID:* 269863  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 4060 4TH AVE STE 310  
 SAN DIEGO, CA 92103-2120  
*Phone:* (619) 297-4707  
*Fax:* (858) 429-7927  
*After Hours Phone:* (619) 297-4707  
*Provider Gender:* Female  
*License number:* NP95004184  
*NPI:* 1003260894  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ELMORE, DUDLEY G**

*Provider ID:* 83410  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* NP18199  
*NPI:* 1568620375  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ERICKSON, LISA K**

*Provider ID:* 278982  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP95016319  
*NPI:* 1669442182  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **ERICKSON, LISA K**

*Provider ID:* 287444  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP95016319  
*NPI:* 1669442182  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **ESPEJO, MARISSA C**

*Provider ID:* 121410  
*Board Certified Specialty:* No  
 UCSD RADIOLOGY AT LA JOLLA  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-0320  
*Fax:*  
*After Hours Phone:* (619) 471-0320  
*Provider Gender:* Female  
*License number:* NP20343  
*NPI:* 1508112590  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**ESPEJO, MARISSA C**  
*Provider ID:* 122175  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:*  
*After Hours Phone:* (619)  
543-6248  
*Provider Gender:* Female  
*License number:* NP20343  
*NPI:* 1508112590  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**ESTRELLA, SUE K**  
*Provider ID:* 127237  
*Board Certified Specialty:* No  
OPERATION SAMAHAN - MIRA  
MESA  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126-2375  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844)  
200-2426  
*Provider Gender:* Female  
*License number:* NP95005047  
*NPI:* 1083137541  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-4:30PM, SA  
9AM-5PM  
*Website:*  
www.operationsamahan.org  
*Email:*  
*Medical Group(s):* Operation  
Samahan - Mira Mesa  
*IPA:*

**FEITH, MEGAN M**  
*Provider ID:* 260520  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858)  
966-8800

*Provider Gender:* Female  
*License number:* NP95009508  
*NPI:* 1912472754  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**FEIZI, SEDI**  
*Provider ID:* 118629  
*Board Certified Specialty:* No  
SOUTHERN CALIFORNIA  
INTERVENTIONAL ASSOC  
995 GATEWAY CENTER WAY  
STE 207  
SAN DIEGO, CA 92102-4544  
*Phone:* (619) 263-9729  
*Fax:*  
*After Hours Phone:* (619)  
263-9729  
*Provider Gender:* Female  
*License number:* NP95002309  
*NPI:* 1861889370  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **FLORES, ELEANOR A**

Provider ID: 83432  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Female  
License number: NP13994  
NPI: 1730264250  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **FLOWERS, JEREMY R**

Provider ID: 112525  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222

Provider Gender: Male  
License number: NP15316  
NPI: 1013913045  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **FRIEBEN, CODY J**

Provider ID: 244095  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: NP95008175  
NPI: 1992179162  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **GARCIA, DAVID**

Provider ID: 78655  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: NP9111  
NPI: 1851544480  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **GARTH, MELISSA A**

Provider ID: 274053  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: NP95011870  
NPI: 1689232977  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GENNA, VINCENT T**

*Provider ID:* 83461  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Male  
*License number:* NP19869  
*NPI:* 1447554563  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GILBERT, TARI L**

*Provider ID:* 103582  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 4168 FRONT ST FL 3  
 SAN DIEGO, CA 92103-2030  
*Phone:* (858) 657-8000  
*Fax:*  
*After Hours Phone:* (858)  
 657-8000  
*Provider Gender:* Female  
*License number:* NP10378  
*NPI:* 1811248347  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GINGER, KRISTEN S**

*Provider ID:* 261025  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 2  
 SOUTH  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:* (858) 560-6798  
*After Hours Phone:* (858)  
 966-4003  
*Provider Gender:* Female  
*License number:* NP95002382  
*NPI:* 1659646792  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **GIVENS, DENISE H**

*Provider ID:* 287515  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7910 FROST ST # 195  
 SAN DIEGO, CA 92123-2771  
*Phone:* (858) 966-8974  
*Fax:*  
*After Hours Phone:* (858)  
 966-8974  
*Provider Gender:* Female  
*License number:* NP14891  
*NPI:* 1396810099

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **GODINO, DANIELLE E**

*Provider ID:* 255948  
*Board Certified Specialty:* No

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## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
9909 MIRA MESA BLVD STE 200  
SAN DIEGO, CA 92131-1061  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP95005056  
NPI: 1689125965  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**GODINO, DANIELLE E**  
Provider ID: 255949  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST  
SAN DIEGO, CA 92103-2108  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP95005056  
NPI: 1689125965  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**GODINO, DANIELLE E**  
Provider ID: 255950  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121-2113  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP95005056  
NPI: 1689125965  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**GONZALEZ, KYLA J**  
Provider ID: 261017

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2 SOUTH  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-4003  
Fax: (858) 560-6798  
After Hours Phone: (858) 966-4003  
Provider Gender: Female  
License number: NP17058  
NPI: 1548545494  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

**GRISSINGER, AMY E**  
Provider ID: 271415  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-5961  
Fax: (858) 966-6791  
After Hours Phone: (858) 966-5961  
Provider Gender: Female  
License number: NP95001570  
NPI: 1649663824  
Provider English Spoken: Yes

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## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady<br/>           Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>♿ Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health<br/>           Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>Network</p> <p><b>GUADARRAMA, IGNACIO</b><br/> <i>Provider ID:</i> 262419<br/> <i>Board Certified Specialty:</i> No<br/>           IMPERIAL HEALTH HOLDINGS<br/>           MEDICAL GROUP-SD<br/>           995 GATEWAY CENTER WAY<br/>           STE 105<br/>           SAN DIEGO, CA 92102-4544<br/> <i>Phone:</i> (619) 264-1934<br/> <i>Fax:</i> (619) 264-1937<br/> <i>After Hours Phone:</i> (619)<br/>           264-1934<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> NP95003671<br/> <i>NPI:</i> 1821331174<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>           Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>♿ Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Imperial Health Holdings<br/>           Medical Group-Sd</p> | <p><i>Provider Gender:</i> Female<br/> <i>License number:</i> NP95002511<br/> <i>NPI:</i> 1497159495<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>           Cultural Competency: No<br/> <i>Hospital Affiliation:</i> Rady<br/>           Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>♿ Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health<br/>           Network</p>                                                                                                                                                                                   |
| <p><b>GRUBENSKY, LINDSAY T</b><br/> <i>Provider ID:</i> 287687<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS HEALTH<br/>           NETWORK<br/>           7910 FROST ST STE 400<br/>           SAN DIEGO, CA 92123-2753<br/> <i>Phone:</i> (858) 495-0500<br/> <i>Fax:</i> (858) 560-4279<br/> <i>After Hours Phone:</i> (858)<br/>           495-0500<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> NP20953<br/> <i>NPI:</i> 1619255577<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>           Cultural Competency: No<br/> <i>Hospital Affiliation:</i> Rady<br/>           Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>♿ Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health</p> | <p><b>HALDEMAN, SHYLAH M</b><br/> <i>Provider ID:</i> 261030<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS HEALTH<br/>           NETWORK<br/>           3020 CHILDRENS WAY<br/>           SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-5855<br/> <i>Fax:</i> (858) 966-7903<br/> <i>After Hours Phone:</i> (858)<br/>           966-5855</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>HARKNESS, RUMIKO</b><br/> <i>Provider ID:</i> 208841<br/> <i>Board Certified Specialty:</i> No<br/>           UCSD MEDICAL GROUP<br/>           4168 FRONT ST<br/>           SAN DIEGO, CA 92103-2030<br/> <i>Phone:</i> (800) 926-8273<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (800)<br/>           926-8273<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> NP11566<br/> <i>NPI:</i> 1487785093<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>           Japanese<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i><br/>           No<br/> <i>♿ Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i></p> |

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## D. Specialist Provider Directory

Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HEAD, KRISTIN N**

Provider ID: 268656  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289  
Phone: (858) 966-7484  
Fax: (858) 966-4064  
After Hours Phone: (858) 966-7484  
Provider Gender: Female  
License number: NP20264  
NPI: 1699078923  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **HILLIARD, THESALONICA P**

Provider ID: 284022  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126-2375  
Phone: (844) 200-2426  
Fax: (858) 578-4417  
After Hours Phone: (844) 200-2426

Provider Gender: Female  
License number: NP95010585  
NPI: 1861956724  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Tagalog  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **HOOPER, BONNIE J , NPA**

Provider ID: 275254  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9339 GENESEE AVE STE 350  
SAN DIEGO, CA 92121-2150  
Phone: (858) 454-4300  
Fax: (858) 454-5088  
After Hours Phone: (858) 454-4300  
Provider Gender: Female  
License number: NP6495  
NPI: 1821062878  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):

IPA: Community Care Ipa Llc

### **HOOPER, BONNIE J , NPA**

Provider ID: 275255  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4060 4TH AVE STE 415  
SAN DIEGO, CA 92103-2121  
Phone: (619) 298-9809  
Fax: (619) 298-9823  
After Hours Phone: (619) 298-9809  
Provider Gender: Female  
License number: NP6495  
NPI: 1821062878  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **HORNFELD, COURTNEY A**

Provider ID: 277359  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP95013375  
NPI: 1982234027  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
 No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **JENNINGS, CHARLES A**

*Provider ID:* 112942

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)  
 543-6222

*Provider Gender:* Male

*License number:* NP95000764

*NPI:* 1790186708

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
 No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **JONES, CHRISTA E**

*Provider ID:* 275563

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)  
 926-8273

*Provider Gender:* Female

*License number:* NP95914220

*NPI:* 1396371431

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd  
 Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
 No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **KAUFMAN-SCIORTINO, JENNIFER B**

*Provider ID:* 262125

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK

6475 ALVARADO RD STE 120  
 SAN DIEGO, CA 92120-5007

*Phone:* (619) 583-6133

*Fax:* (619) 583-0321

*After Hours Phone:* (619)

583-6133

*Provider Gender:* Female

*License number:* NP17347

*NPI:* 1346435849

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
 No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
 Network

### **KELLY, COLLEEN F**

*Provider ID:* 262277

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8974

*Fax:* (858) 966-6721

*After Hours Phone:* (858)

966-8974

*Provider Gender:* Female

*License number:* NP95002304

*NPI:* 1578932190

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
 No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
 Network

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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### **KELLY, COLLEEN F**

*Provider ID:* 287511

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

7910 FROST ST # 195

SAN DIEGO, CA 92123-2771

*Phone:* (858) 966-8974

*Fax:*

*After Hours Phone:* (858)

966-8974

*Provider Gender:* Female

*License number:* NP95002304

*NPI:* 1578932190

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **KELLY, TARA M**

*Provider ID:* 107336

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)

543-6222

*Provider Gender:* Female

*License number:* NP95001320

*NPI:* 1396995163

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KILLIAN-BENIGNO,**

#### **CHRISTINA M**

*Provider ID:* 105465

*Board Certified Specialty:* No  
CHILDRENS HOSP SAN DIEGO

CHADWICK CTR

3010 CHILDRENS WAY # 2W

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5811

*Fax:*

*After Hours Phone:* (858)

966-5811

*Provider Gender:* Female

*License number:* NP21551

*NPI:* 1962772970

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **KILLIAN-BENIGNO,**

#### **CHRISTINA M**

*Provider ID:* 262276

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3010 CHILDRENS WAY # 2W

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5811

*Fax:* (858) 966-8035

*After Hours Phone:* (858)

966-5811

*Provider Gender:* Female

*License number:* NP21551

*NPI:* 1962772970

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **KIRK, MARY P**

*Provider ID:* 83658

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Female

License number: NP17276

NPI: 1760668073

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **KLEIN, SUSAN H**

Provider ID: 286748

Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
3703 CAMINO DEL RIO S STE  
210

SAN DIEGO, CA 92108-4033

Phone: (619) 640-5555

Fax: (619) 640-5550

After Hours Phone: (619)  
640-5555

Provider Gender: Female

License number: NP23266

NPI: 1831522010

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **KNECHEL, NANCY A**

Provider ID: 83659

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Female

License number: NP17401

NPI: 1871757211

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **KNIGHT, TARA J**

Provider ID: 276446

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: NP95012285

NPI: 1801394358

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **KOTULA, KELLY E**

Provider ID: 268922

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3665 KEARNY VILLA RD STE  
400

SAN DIEGO, CA 92123-1955

Phone: (858) 966-8801

Fax: (858) 966-7803

After Hours Phone: (858)

966-8801

Provider Gender: Female

License number: NP95012078

NPI: 1518519305

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KUKULJ, ANA V**

*Provider ID:* 110849  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* NP95001490  
*NPI:* 1063800316  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LAFORTEZA, JOZELLE B**

*Provider ID:* 202666  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121-2113

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP95001036  
*NPI:* 1538578307  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LE FLOCH, NATHALIE M**

*Provider ID:* 262126  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3010 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Female  
*License number:* NP15079  
*NPI:* 1689709271  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/99

*American Sign Language (ASL):* No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **LEBLANC, ALLYN E**

*Provider ID:* 275538  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* NP95004227  
*NPI:* 1376732685  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LEBLANC, SHANNON K**

*Provider ID:* 125813  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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Phone: (888) 309-8273

Fax:

After Hours Phone: (888)  
309-8273

Provider Gender: Female

License number: NP95003982

NPI: 1073053179

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **LEBLANC, SHANNON K**

Provider ID: 127300

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Female

License number: NP95003982

NPI: 1073053179

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **LEE, RACHAEL O**

Provider ID: 278005

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP95009773

NPI: 1205318920

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **LEVY, SHARON B**

Provider ID: 262166

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

5776 RUFFIN RD

SAN DIEGO, CA 92123-1013

Phone: (858) 292-1144

Fax:

After Hours Phone: (858)  
292-1144

Provider Gender: Female

License number: NP95003383

NPI: 1316396807

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: 0/99

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **LIEBMAN, RACHAEL R**

Provider ID: 280389

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: NP95007834

NPI: 1396130050

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally  
Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         Accessibility:<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Ucsd Medical Group</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>NETWORK<br/>         3030 CHILDRENS WAY FL 2<br/>         NORTH<br/>         SAN DIEGO, CA 92123-4232<br/>         Phone: (858) 966-5961<br/>         Fax: (858) 966-6791<br/>         After Hours Phone: (858)<br/>         966-5961<br/>         Provider Gender: Female<br/>         License number: NP14008<br/>         NPI: 1003954116<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Rady<br/>         Childrens Hospital San Diego<br/>         Medi-Cal Open Panel: No<br/>         Min/Max Age: 0/99<br/>         American Sign Language (ASL):<br/>         No<br/>         Accessibility:<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Rady Childrens Health<br/>         Network</p> | <p>Hospital Affiliation:<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: 0/999<br/>         American Sign Language (ASL):<br/>         No<br/>         Accessibility:<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Community Care Ipa Llc</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>LIM, IMELDA B</b><br/>         Provider ID: 99317<br/>         Board Certified Specialty: No<br/>         OPERATION SAMAHAN - MIRA<br/>         MESA<br/>         10737 CAMINO RUIZ STE 235<br/>         SAN DIEGO, CA 92126-2375<br/>         Phone: (844) 200-2426<br/>         Fax:<br/>         After Hours Phone: (844)<br/>         200-2426<br/>         Provider Gender: Female<br/>         License number: NP95000203<br/>         NPI: 1093130395<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Tagalog<br/>         Cultural Competency: No<br/>         Hospital Affiliation:<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: None<br/>         American Sign Language (ASL):<br/>         No<br/>         Accessibility: W<br/>         Hours: M-F 8AM-4:30PM, SA<br/>         9AM-5PM<br/>         Website:<br/>         www.operationsamahan.org<br/>         Email:<br/>         Medical Group(s): Operation<br/>         Samahan - Mira Mesa<br/>         IPA:</p> | <p><b>LUCKETT, DE COURCY E</b><br/>         Provider ID: 271115<br/>         Board Certified Specialty: No<br/>         COMMUNITY CARE IPA LLC<br/>         3520 4TH AVE<br/>         SAN DIEGO, CA 92103-4913<br/>         Phone: (714) 619-8777<br/>         Fax:<br/>         After Hours Phone: (714)<br/>         619-8777<br/>         Provider Gender: Female<br/>         License number: NP95000435<br/>         NPI: 1023410578<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Spanish<br/>         Cultural Competency: No</p>                                                                                                                                                                                                                                                                                                      | <p><b>LUX, PAULYNE</b><br/>         Provider ID: 126210<br/>         Board Certified Specialty: No<br/>         UCSD MEDICAL GROUP<br/>         200 W ARBOR DR<br/>         SAN DIEGO, CA 92103-1911<br/>         Phone: (858) 657-7000<br/>         Fax:<br/>         After Hours Phone: (858)<br/>         657-7000<br/>         Provider Gender: Female<br/>         License number: NP23162<br/>         NPI: 1255763942<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Tagalog<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Ucsd La Jolla<br/>         John Sally Thornton<br/>         Medi-Cal Open Panel: No<br/>         Min/Max Age: None<br/>         American Sign Language (ASL):<br/>         No<br/>         Accessibility: W<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA:</p> |
| <p><b>LOPEZ, SARA O</b><br/>         Provider ID: 265119<br/>         Board Certified Specialty: No<br/>         RADY CHILDRENS HEALTH</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>LU, TAMMY C</b><br/>         Provider ID: 123683<br/>         Board Certified Specialty: No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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LOGAN HEIGHTS FAMILY  
HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Provider Gender: Female  
License number: NP95007253  
NPI: 1457879132  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**MAGLIOCCA, MICHAEL A**  
Provider ID: 113336  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE P2  
SAN DIEGO, CA 92121-3028  
Phone: (844) 757-5337  
Fax:  
After Hours Phone: (844)  
757-5337  
Provider Gender: Male  
License number: NP8830  
NPI: 1821063538  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**MARCELO, ALLISON J**  
Provider ID: 116525  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Female  
License number: NP95001387  
NPI: 1760887194  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Sharp Coronado  
Hosp And Healthcare Ctr, Ucsd  
La Jolla John Sally Thornton,  
Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**MARSHALL, KIMBERLY J**  
Provider ID: 102304  
Board Certified Specialty: No  
RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN  
3020 CHILDRENS WAY # 5008  
MC  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5818  
Fax:  
After Hours Phone: (858)  
966-5818  
Provider Gender: Female  
License number: NP95002840  
NPI: 1508204090  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Southwest  
Healthcare System Wildomar,  
Southwest Healthcare System  
Murrieta, Rady Childrens  
Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**MARTINEZ, JOYCELLE C**  
Provider ID: 84009  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-6248  
Fax: (858) 657-8530  
After Hours Phone: (619)  
543-6248  
Provider Gender: Female  
License number: NP16021  
NPI: 1891906228  
Provider English Spoken: Yes

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## D. Specialist Provider Directory

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b><br><b>Medi-Cal Open Panel:</b> No<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b><br><b>Hours:</b> M-SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>IPA:</b> Rady Childrens Health Network<br><br><b>MCQUINN, ELIZABETH A</b><br><b>Provider ID:</b> 262249<br><b>Board Certified Specialty:</b> No<br><b>RADY CHILDRENS HEALTH NETWORK</b><br><b>3020 CHILDRENS WAY</b><br><b>SAN DIEGO, CA 92123-4223</b><br><b>Phone:</b> (858) 966-8800<br><b>Fax:</b><br><b>After Hours Phone:</b> (858) 966-8800<br><b>Provider Gender:</b> Female<br><b>License number:</b> NP95005300<br><b>NPI:</b> 1922512318<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br><b>Medi-Cal Open Panel:</b> No<br><b>Min/Max Age:</b> 0/18<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b><br><b>Hours:</b> M-SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b> Rady Childrens Health Network | <b>Phone:</b> (800) 926-8273<br><b>Fax:</b> (888) 539-8781<br><b>After Hours Phone:</b> (800) 926-8273<br><b>Provider Gender:</b> Female<br><b>License number:</b> NP95015948<br><b>NPI:</b> 1821684390<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/999<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b><br><b>Hours:</b> M-SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b> Ucsd Medical Group |
| <b>MCQUINN, ELIZABETH A</b><br><b>Provider ID:</b> 125596<br><b>Board Certified Specialty:</b> No<br><b>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN</b><br><b>3020 CHILDRENS WAY</b><br><b>SAN DIEGO, CA 92123-4223</b><br><b>Phone:</b> (858) 966-8974<br><b>Fax:</b><br><b>After Hours Phone:</b> (858) 966-8974<br><b>Provider Gender:</b> Female<br><b>License number:</b> NP95005300<br><b>NPI:</b> 1922512318<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br><b>Medi-Cal Open Panel:</b> No<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b> No<br><b>Accessibility:</b> W<br><b>Hours:</b> M-SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b> | <b>MELTZER, VIRGINIA N</b><br><b>Provider ID:</b> 287395<br><b>Board Certified Specialty:</b> No<br><b>UCSD MEDICAL GROUP</b><br><b>350 DICKINSON ST</b><br><b>SAN DIEGO, CA 92103-1913</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MEYER, DAWN M</b><br><b>Provider ID:</b> 84131<br><b>Board Certified Specialty:</b> No<br><b>UCSD MEDICAL GROUP</b><br><b>200 W ARBOR DR</b><br><b>SAN DIEGO, CA 92103-1911</b><br><b>Phone:</b> (619) 543-6222<br><b>Fax:</b><br><b>After Hours Phone:</b> (619) 543-6222<br><b>Provider Gender:</b> Female<br><b>License number:</b> NP15769<br><b>NPI:</b> 1467575126<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b><br><b>Medi-Cal Open Panel:</b> No<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b>                                                                                  |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**MICHAEL, GEORGINA M**  
*Provider ID:* 84132  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Female  
*License number:* NP13763  
*NPI:* 1780825679  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**MILLER, EVA M**  
*Provider ID:* 255833  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST  
SAN DIEGO, CA 92103-2108

*Phone:* (619) 471-9210  
*Fax:*  
*After Hours Phone:* (619)  
471-9210  
*Provider Gender:* Female  
*License number:* NP8121  
*NPI:* 1043492523  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**MIRANDA, ADRIANNA R**  
*Provider ID:* 283729  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:* (858) 966-7483  
*After Hours Phone:* (858)  
966-5818  
*Provider Gender:* Female  
*License number:* NP14263  
*NPI:* 1316271570  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Stanford  
Health Care, Lucile Salter  
Packard Childrens Hosp, Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 18/999

*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**MIRANDA, BRIDGET A**  
*Provider ID:* 127249  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-7484  
*Fax:*  
*After Hours Phone:* (858)  
966-7484  
*Provider Gender:* Female  
*License number:* NP95006082  
*NPI:* 1225548159  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R,  
T, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**MIRANDA, BRIDGET A**  
*Provider ID:* 262338  
*Board Certified Specialty:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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### **RADY CHILDRENS HEALTH NETWORK**

7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289  
Phone: (858) 966-7484

Fax:

After Hours Phone: (858)  
966-7484

Provider Gender: Female

License number: NP95006082

NPI: 1225548159

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **MIRANDA, BRIDGET A**

Provider ID: 262341

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

8110 BIRMINGHAM WAY BLDG  
28

SAN DIEGO, CA 92123-2758

Phone: (858) 966-8052

Fax:

After Hours Phone: (858)

966-8052

Provider Gender: Female

License number: NP95006082

NPI: 1225548159

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **MISEL, TINA J**

Provider ID: 110428

Board Certified Specialty: No

UCSD MEDICAL GROUP

4510 EXECUTIVE DR # 7  
SAN DIEGO, CA 92121-3021

Phone: (858) 657-8071

Fax:

After Hours Phone: (858)  
657-8071

Provider Gender: Female

License number: NP9990

NPI: 1912011347

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MOHEBBI, ATHENA**

Provider ID: 201325

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE P2

SAN DIEGO, CA 92121-3028

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: NP19120

NPI: 1952627176

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Farsi

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **MORENO, MANUEL**

Provider ID: 116132

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-5743

Fax:

After Hours Phone: (619)  
543-5743

Provider Gender: Male

License number: NP22268

NPI: 1275991929

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd

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## D. Specialist Provider Directory

Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### NEJATI, FRESHTA

Provider ID: 214112  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9909 MIRA MESA BLVD STE  
 200  
 SAN DIEGO, CA 92131-1061  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: NP95001514  
 NPI: 1831598119  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### NGUYEN, MY HANH T

Provider ID: 110207  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

4168 FRONT ST # 1A  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-6303  
 Fax:  
 After Hours Phone: (619)  
 543-6303  
 Provider Gender: Female  
 License number: NP23129  
 NPI: 1598950651  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Vietnamese  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### NOCEDA, ANA B

Provider ID: 262231  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 License number: NP19505  
 NPI: 1386971760  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog  
 Cultural Competency: No

Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### NORTON, SARAH E

Provider ID: 207059  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: NP95010335  
 NPI: 1730659756  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **NOVENO, HILARIO C**

*Provider ID:* 286911  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE P2  
 SAN DIEGO, CA 92121-3028  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* NP95010779  
*NPI:* 1124486865  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NOVENO, HILARIO C**

*Provider ID:* 286912  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* NP95010779  
*NPI:* 1124486865  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Tagalog

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **OFLAHERTY-KEESE, KATE M**

*Provider ID:* 262329  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 8010 FROST ST STE 502  
 SAN DIEGO, CA 92123-4222  
*Phone:* (858) 966-8574  
*Fax:* (858) 966-7930  
*After Hours Phone:* (858) 966-8574  
*Provider Gender:* Female  
*License number:* NP12100  
*NPI:* 1144417726  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **OFLAHERTY-KEESE, KATE M**

*Provider ID:* 81394  
*Board Certified Specialty:* No  
 CHILDRENS HOSP SAN DIEGO CHADWICK CTR  
 3010 CHILDRENS WAY # 2W  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:*  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Female  
*License number:* NP12100  
*NPI:* 1144417726  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **ORPILLA, IMELDA M**

*Provider ID:* 127158  
*Board Certified Specialty:* No  
 OPERATION SAMAHAN RANCHO PENASQUITOS  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11  
 SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844) 200-2426  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

License number: NP95003211  
 NPI: 1790785988  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M,TU,TH,F  
 8:30AM-5:30PM, W 10AM-7PM,  
 SA 9AM-5PM  
 Website:  
 www.operationsamahan.org  
 Email:  
 Medical Group(s): Operation  
 Samahan Rancho Penasquitos  
 IPA: Community Care Ipa Llc

**ORPILLA, IMELDA M , NPA**  
 Provider ID: 243506  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9995 CARMEL MOUNTAIN RD #  
 B10-B11  
 SAN DIEGO, CA 92129-2889  
 Phone: (844) 200-2426  
 Fax:  
 After Hours Phone: (844)  
 200-2426  
 Provider Gender: Female  
 License number: NP95003211  
 NPI: 1790785988  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc  
  
**ORPILLA, IMELDA M**  
 Provider ID: 282962  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126-2375  
 Phone: (844) 200-2426  
 Fax: (858) 578-4417  
 After Hours Phone: (844)  
 200-2426  
 Provider Gender: Female  
 License number: NP95003211  
 NPI: 1790785988  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Tagalog  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**PADILLA, KIMBERLY C**  
 Provider ID: 262458  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232

Phone: (858) 966-6789  
 Fax: (858) 576-8412  
 After Hours Phone: (858)  
 966-6789  
 Provider Gender: Female  
 License number: NP95010468  
 NPI: 1639649239  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**PADILLA, KIMBERLY C**  
 Provider ID: 262459  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-6789  
 Fax: (858) 576-8412  
 After Hours Phone: (858)  
 966-6789  
 Provider Gender: Female  
 License number: NP95010468  
 NPI: 1639649239  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*American Sign Language (ASL):* 7910 FROST ST # 195  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PAI, SARAH A**

*Provider ID:* 276870  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
350 DICKINSON ST  
SAN DIEGO, CA 92103-1913  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP23711  
*NPI:* 1255762167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

*PAI, SARAH A*  
*Provider ID:* 276870  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
350 DICKINSON ST  
SAN DIEGO, CA 92103-1913  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP23711  
*NPI:* 1255762167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PARKER, ANDREA L**

*Provider ID:* 287526  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

### **PARK, SUN MIN**

*Provider ID:* 262377  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-8519  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Female  
*License number:* NP20538  
*NPI:* 1376678250  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PARK, SUN MIN**

*Provider ID:* 262378  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST STE 190  
SAN DIEGO, CA 92123-2731  
*Phone:* (858) 966-9360  
*Fax:* (858) 966-8519  
*After Hours Phone:* (858) 966-9360  
*Provider Gender:* Female  
*License number:* NP20538  
*NPI:* 1376678250  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PARK, SUN MIN**

*Provider ID:* 262379

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY STE  
410

SAN DIEGO, CA 92123-4228

*Phone:* (858) 966-6789

*Fax:* (858) 966-6706

*After Hours Phone:* (858)  
966-6789

*Provider Gender:* Female

*License number:* NP20538

*NPI:* 1376678250

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **PARNELL, TANIKA E**

*Provider ID:* 255551

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800

*Fax:*

*After Hours Phone:* (858)  
966-8800

*Provider Gender:* Female

*License number:* NP95013165

*NPI:* 1679121750

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **PARNELL, TANIKA E**

*Provider ID:* 287646

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

12036 SCRIPPS HIGHLANDS  
DR # 102

SAN DIEGO, CA 92131-5155

*Phone:* (858) 566-4444

*Fax:* (858) 566-3321

*After Hours Phone:* (858)

566-4444

*Provider Gender:* Female

*License number:* NP95013165

*NPI:* 1679121750

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **PARNELL, TANIKA E**

*Provider ID:* 287648

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

11943 EL CAMINO REAL STE  
210

SAN DIEGO, CA 92130-2597

*Phone:* (858) 793-1011

*Fax:* (858) 793-1035

*After Hours Phone:* (858)

793-1011

*Provider Gender:* Female

*License number:* NP95013165

*NPI:* 1679121750

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **PASTERNAK, ANNA**

*Provider ID:* 279593

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105-1690

*Phone:* (619) 280-2905

*Fax:* (619) 283-1614

*After Hours Phone:* (619)

280-2905

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

License number: NP95016490  
NPI: 1508459496  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **PATEL, KELLY M**

Provider ID: 110294  
Board Certified Specialty: No  
FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2444  
Fax:  
After Hours Phone: (619)  
515-2444  
Provider Gender: Female  
License number: NP95004735  
NPI: 1033493747  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM  
Website: www.fhcsd.org

Email:  
Medical Group(s): Family Hlth Ctr  
San Diego-Beach Area  
IPA:

### **PENA LEDON, GILBERTO**

Provider ID: 120284  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE P2  
SAN DIEGO, CA 92121-3028  
Phone: (855) 355-5864  
Fax:  
After Hours Phone: (855)  
355-5864  
Provider Gender: Male  
License number: NP22396  
NPI: 1447598354  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **PENA LEDON, GILBERTO**

Provider ID: 120286  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030

Phone: (855) 355-5864  
Fax:  
After Hours Phone: (855)  
355-5864  
Provider Gender: Male  
License number: NP22396  
NPI: 1447598354  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **PENA LEDON, GILBERTO**

Provider ID: 270084  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4520 EXECUTIVE DR # CL  
SAN DIEGO, CA 92121-3018  
Phone: (855) 355-5864  
Fax:  
After Hours Phone: (855)  
355-5864  
Provider Gender: Male  
License number: NP22396  
NPI: 1447598354  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

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## D. Specialist Provider Directory

---

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PEREZ, ALLYSSA M**

*Provider ID:* 286222  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR  
SAN DIEGO, CA 92121-3021  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* NP95015479  
*NPI:* 1497358915  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PEREZ, ALLYSSA M**

*Provider ID:* 286223  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* NP95015479  
*NPI:* 1497358915  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PETER-TRUESDELL, JILLIAN**

*Provider ID:* 276460  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
11943 EL CAMINO REAL STE  
210  
SAN DIEGO, CA 92130-2597  
*Phone:* (858) 793-1011  
*Fax:* (858) 793-1035  
*After Hours Phone:* (858)  
793-1011  
*Provider Gender:* Female  
*License number:* NP21205  
*NPI:* 1518247436  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PETTIS, BETH S**

*Provider ID:* 286878  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* NP95016003  
*NPI:* 1326638958  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PHILLIPS, KELLY M**

*Provider ID:* 84327  
*Board Certified Specialty:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (888) 309-8273

Fax:

After Hours Phone: (888)  
309-8273

Provider Gender: Female

License number: NP18868

NPI: 1336370543

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### PIATKOWSKI, BRIAN A

Provider ID: 84329

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Male

License number: NP20954

NPI: 1366703233

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### PROWSE, KAYLEIGH M

Provider ID: 271425

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232

Phone: (858) 966-5961

Fax: (858) 966-6791

After Hours Phone: (858)

966-5961

Provider Gender: Female

License number: NP22923

NPI: 1316571367

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### PRUETT, ZHIKE

Provider ID: 76608

Board Certified Specialty: No

BALBOA NEPHROLOGY MED

GRP INC

4060 4TH AVE STE 220

SAN DIEGO, CA 92103-2120

Phone: (619) 299-2350

Fax:

After Hours Phone: (619)  
299-2350

Provider Gender: Female

License number: NP22373

NPI: 1295086262

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, IB, E

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Imperial Health Holdings

Medical Group-Sd

### REINER, GAIL E

Provider ID: 262382

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

8001 FROST ST

SAN DIEGO, CA 92123-2746

Phone: (858) 966-8052

Fax: (858) 966-7789

After Hours Phone: (858)  
966-8052

Provider Gender: Female

License number: NP13630

NPI: 1710167853

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Rady Childrens Hospital San

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## D. Specialist Provider Directory

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Diego, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **REINER, GAIL E**

*Provider ID:* 284946

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE 325  
SAN DIEGO, CA 92121-3069

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female

*License number:* NP13630

*NPI:* 1710167853

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Rady Childrens Hospital San  
Diego, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **REINER, GAIL E**

*Provider ID:* 82165

*Board Certified Specialty:* No

RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN

3020 CHILDRENS WAY # 5008  
MC

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5818

*Fax:*

*After Hours Phone:* (858)  
966-5818

*Provider Gender:* Female

*License number:* NP13630

*NPI:* 1710167853

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Rady Childrens Hospital San  
Diego, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **REUTER, GIANA D**

*Provider ID:* 105705

*Board Certified Specialty:* No

RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN

3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-6789

*Fax:*

*After Hours Phone:* (858)  
966-6789

*Provider Gender:* Female

*License number:* NP16763

*NPI:* 1437483914

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **REUTER, GIANA D**

*Provider ID:* 262437

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 4  
NORTH

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4032

*Fax:* (858) 966-6227

*After Hours Phone:* (858)  
966-4032

*Provider Gender:* Female

*License number:* NP16763

*NPI:* 1437483914

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

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## D. Specialist Provider Directory

Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **RICHARDS, LISA M**

Provider ID: 84582  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 2  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-5415  
Fax:  
After Hours Phone: (619)  
543-5415  
Provider Gender: Female  
License number: NP8458  
NPI: 1720247612  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **RIEGO, SUZANNE N**

Provider ID: 214477  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111-3741

Phone: (858) 292-7200  
Fax:  
After Hours Phone: (858)  
292-7200  
Provider Gender: Female  
License number: NP18212  
NPI: 1144453754  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **RIPP, CHERYL L**

Provider ID: 264955  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
Phone: (858) 966-8052  
Fax: (858) 966-7789  
After Hours Phone: (858)  
966-8052  
Provider Gender: Female  
License number: NP95000092  
NPI: 1376972174  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **RIPP, CHERYL L**

Provider ID: 97416  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
Phone: (858) 966-5855  
Fax:  
After Hours Phone: (858)  
966-5855  
Provider Gender: Female  
License number: NP95000092  
NPI: 1376972174  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **RIVIELLO, GABRIELA**

Provider ID: 84587  
Board Certified Specialty: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
License number: NP13576  
NPI: 1871758508  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**ROBERTSON, RACHAEL A**  
Provider ID: 286940  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP95015675  
NPI: 1659912327  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**RODRIGUEZ, NATALY E**  
Provider ID: 275649  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-8801  
Fax: (858) 966-7508  
After Hours Phone: (858) 966-8801  
Provider Gender: Female  
License number: NP95010299  
NPI: 1558839837  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/25  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

**ROSS, CRYSTAL H**  
Provider ID: 287763  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
350 DICKINSON ST

SAN DIEGO, CA 92103-1913  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: NP95015413  
NPI: 1548683378  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**SAVILLE, EDITH F**  
Provider ID: 109941  
Board Certified Specialty: No  
LOGAN HEIGHTS FAMILY HEALTH CENTER  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2545  
Fax:  
After Hours Phone: (619) 515-2545  
Provider Gender: Female  
License number: NP7374  
NPI: 1730567678  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*American Sign Language (ASL):* 3030 CHILDRENS WAY STE No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SCOTT, ILEANA E**

*Provider ID:* 264608  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 4  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4032  
*Fax:* (858) 966-6227  
*After Hours Phone:* (858) 966-4032  
*Provider Gender:* Female  
*License number:* NP14157  
*NPI:* 1821142803  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SCOTT, MARYLOU**

*Provider ID:* 262838  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

410  
SAN DIEGO, CA 92123-4228  
*Phone:* (858) 966-6789  
*Fax:* (858) 966-6706  
*After Hours Phone:* (858) 966-6789  
*Provider Gender:* Female  
*License number:* NP10261  
*NPI:* 1023223252  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SCOTT, MARYLOU**

*Provider ID:* 262839  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST STE 190  
SAN DIEGO, CA 92123-2731  
*Phone:* (858) 966-9360  
*Fax:* (858) 966-8519  
*After Hours Phone:* (858) 966-9360  
*Provider Gender:* Female  
*License number:* NP10261  
*NPI:* 1023223252  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SCOTT, MARYLOU**

*Provider ID:* 262840  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 576-8412  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Female  
*License number:* NP10261  
*NPI:* 1023223252  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SEARS-WILEY, ELIZABETH**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

**Provider ID:** 276851  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**350 DICKINSON ST**  
**SAN DIEGO, CA 92103-1913**  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800) 926-8273  
**Provider Gender:** Female  
**License number:** NP95007257  
**NPI:** 1215394382  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

**SEBRING, JAN A**  
**Provider ID:** 101721  
**Board Certified Specialty:** No  
**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
**1809 NATIONAL AVE**  
**SAN DIEGO, CA 92113-2113**  
**Phone:** (619) 515-2300  
**Fax:**  
**After Hours Phone:** (619) 515-2300  
**Provider Gender:** Female  
**License number:** RN486421  
**NPI:** 1295750339  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**

**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

**SEBRING, JAN A**  
**Provider ID:** 101721  
**Board Certified Specialty:** No  
**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
**1809 NATIONAL AVE**  
**SAN DIEGO, CA 92113-2113**  
**Phone:** (619) 515-2300  
**Fax:**  
**After Hours Phone:** (619) 515-2300  
**Provider Gender:** Female  
**License number:** NP10906  
**NPI:** 1295750339  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

**SEKERES, JADE L**  
**Provider ID:** 289130  
**Board Certified Specialty:** No

**RADY CHILDRENS HEALTH NETWORK**  
**3020 CHILDRENS WAY**  
**SAN DIEGO, CA 92123-4223**  
**Phone:** (858) 966-5855  
**Fax:** (858) 966-7903  
**After Hours Phone:** (858) 966-5855  
**Provider Gender:** Female  
**License number:** NP95012149  
**NPI:** 1487208252  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Rady Childrens Health Network

**SELBY, BLAKE A**  
**Provider ID:** 246423  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**4510 EXECUTIVE DR**  
**SAN DIEGO, CA 92121-3021**  
**Phone:** (800) 926-8273  
**Fax:**  
**After Hours Phone:** (800) 926-8273  
**Provider Gender:** Female  
**License number:** NP18112  
**NPI:** 1417194358  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SELBY, BLAKE A**

*Provider ID:* 256646  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121-3018  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP18112  
*NPI:* 1417194358  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Ucsd Medical Group  
**SHACKELFORD, JENNIFER L**  
*Provider ID:* 116986  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* NP95004457  
*NPI:* 1518202944  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

*Provider ID:* 256646  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121-3018  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP18112  
*NPI:* 1417194358  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**SHELDON, ELIZABETH P**  
*Provider ID:* 105742  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3010 CHILDRENS WAY # 2W  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:*  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Female

*License number:* NP95003217  
*NPI:* 1336511831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**SHELDON, ELIZABETH P**  
*Provider ID:* 262747  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY # 2-WEST  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Female  
*License number:* NP95003217  
*NPI:* 1336511831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**SHUMAKOVA, ALINA**

*Provider ID:* 270583

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800

*Fax:* (858) 966-7433

*After Hours Phone:* (858)  
966-8800

*Provider Gender:* Female

*License number:* NP95008524

*NPI:* 1083116321

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Russian

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*Phone:* (858) 966-4032

*Fax:* (858) 966-6227

*After Hours Phone:* (858)  
966-4032

*Provider Gender:* Female

*License number:* NP22781

*NPI:* 1891036448

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**SILVA, MICHELLE L**

*Provider ID:* 92079

*Board Certified Specialty:* No

RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4003

*Fax:*

*After Hours Phone:* (858)

966-4003

*Provider Gender:* Female

*License number:* NP22781

*NPI:* 1891036448

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**SILVESTRO, ELISA S**

*Provider ID:* 118690

*Board Certified Specialty:* No

LOGAN HEIGHTS FAMILY  
HEALTH CENTER

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2545

*Fax:*

*After Hours Phone:* (619)

515-2545

*Provider Gender:* Female

*License number:* NP95005103

*NPI:* 1548302011

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

**SMITH, ELIZABETH W**

*Provider ID:* 287506

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH  
NETWORK

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

7910 FROST ST # 195  
 SAN DIEGO, CA 92123-2771  
 Phone: (858) 966-8974  
 Fax:  
 After Hours Phone: (858) 966-8974  
 Provider Gender: Female  
 License number: NP95006872  
 NPI: 1568953172  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### SMITH, HEIDI A

Provider ID: 84817  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: NP8236  
 NPI: 1992950539  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### SOTO, ROBIN J

Provider ID: 110448  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST FL 2  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-5415  
 Fax:  
 After Hours Phone: (619) 543-5415  
 Provider Gender: Female  
 License number: NP11778  
 NPI: 1487688099  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### SOTO, ROBIN J

Provider ID: 80434  
 Board Certified Specialty: No  
 SHERMAN HEIGHTS FAMILY  
 HLTH CTRS INC  
 2391 ISLAND AVE  
 SAN DIEGO, CA 92102-2941

Phone: (619) 515-2435  
 Fax:  
 After Hours Phone: (619) 515-2435  
 Provider Gender: Female  
 License number: NP11778  
 NPI: 1487688099  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s): Sherman Heights Family Hlth Ctrs Inc  
 IPA:

### SOX, REBECCA L

Provider ID: 102397  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3665 KEARNY VILLA RD STE 400  
 SAN DIEGO, CA 92123-1955  
 Phone: (858) 966-8801  
 Fax:  
 After Hours Phone: (858) 966-8801  
 Provider Gender: Female  
 License number: NP14589  
 NPI: 1053519850  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**SOX, REBECCA L**  
*Provider ID:* 263650  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-7869  
*Fax:* (619) 543-7543  
*After Hours Phone:* (619)  
543-7869  
*Provider Gender:* Female  
*License number:* NP14589  
*NPI:* 1053519850  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network  
**SOX, REBECCA L**  
*Provider ID:* 263651  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3665 KEARNY VILLA RD  
SAN DIEGO, CA 92123-1953  
*Phone:* (858) 966-5382  
*Fax:* (858) 966-6733  
*After Hours Phone:* (858)  
966-5382  
*Provider Gender:* Female  
*License number:* NP14589  
*NPI:* 1053519850  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**SOX, REBECCA L**  
*Provider ID:* 88214  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-7869  
*Fax:*  
*After Hours Phone:* (619)  
543-7869  
*Provider Gender:* Female  
*License number:* NP14589  
*NPI:* 1053519850  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**SPIES, JEANIE M**  
*Provider ID:* 263928  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3010 CHILDRENS WAY # 2W  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858)  
966-5811  
*Provider Gender:* Female  
*License number:* NP4891  
*NPI:* 1861688756  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

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## D. Specialist Provider Directory

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*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **SPIES, JEANIE M**

*Provider ID:* 85883

*Board Certified Specialty:* No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FN D TN

3020 CHILDRENS WAY # 5008

MC

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5818

*Fax:*

*After Hours Phone:* (858)

966-5818

*Provider Gender:* Female

*License number:* NP4891

*NPI:* 1861688756

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **STANGL, LISA**

*Provider ID:* 84903

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

330 LEWIS ST # 400

SAN DIEGO, CA 92103-2108

*Phone:* (619) 543-8089

*Fax:*

*After Hours Phone:* (619)

543-8089

*Provider Gender:* Female

*License number:* NP5599

*NPI:* 1902864580

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **STEARNS, PHILIP H**

*Provider ID:* 265077

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY STE

410

SAN DIEGO, CA 92123-4228

*Phone:* (858) 966-6789

*Fax:* (858) 966-6706

*After Hours Phone:* (858)

966-6789

*Provider Gender:* Male

*License number:* NP11899

*NPI:* 1609900810

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/99

*American Sign Language (ASL):*

No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **STEARNS, PHILIP H**

*Provider ID:* 265078

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 190

SAN DIEGO, CA 92123-2731

*Phone:* (858) 966-9360

*Fax:* (858) 966-8519

*After Hours Phone:* (858)

966-9360

*Provider Gender:* Male

*License number:* NP11899

*NPI:* 1609900810

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/99

*American Sign Language (ASL):*

No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

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## D. Specialist Provider Directory

### Network

#### **STEARNS, PHILIP H**

*Provider ID:* 265079  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 576-8412  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Male  
*License number:* NP11899  
*NPI:* 1609900810  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

#### **STEPHENSON, CARA LEE**

*Provider ID:* 265236  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 7910 FROST ST STE 120  
 SAN DIEGO, CA 92123-2776  
*Phone:* (858) 966-8574  
*Fax:* (858) 966-7930  
*After Hours Phone:* (858) 966-8574  
*Provider Gender:* Female

*License number:* NP16262  
*NPI:* 1245416296  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

#### **STEPHENSON, CARA LEE**

*Provider ID:* 80610  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:*  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* NP16262  
*NPI:* 1245416296  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

#### **SWARTZ, ERIN**

*Provider ID:* 255787  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 330 LEWIS ST  
 SAN DIEGO, CA 92103-2108  
*Phone:* (858) 657-8530  
*Fax:*  
*After Hours Phone:* (858) 657-8530  
*Provider Gender:* Female  
*License number:* NP95011666  
*NPI:* 1639571292  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

#### **TAING, JENNIFER S**

*Provider ID:* 201573  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

License number: NP22002  
 NPI: 1649528357  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: University Of California Irvine Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**TALBOT, ADRIANNE V**  
 Provider ID: 278183  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST # 1A  
 SAN DIEGO, CA 92103-2030  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP17553  
 NPI: 1992048557  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Ucsd Medical Group  
**TANGTUMNU, RUNGFA**  
 Provider ID: 84922  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: NP17451  
 NPI: 1689828741  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**TAYLOR, KAYLA L**  
 Provider ID: 124031  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE  
 1550 BROADWAY # 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2525  
 Fax:  
 After Hours Phone: (619) 515-2525  
 Provider Gender: Female  
 License number: NP95006792  
 NPI: 1730604414

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr San Diego- City College  
 IPA:

**THOMPSON, COURTNEY J**  
 Provider ID: 112483  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-3995  
 Fax:  
 After Hours Phone: (619) 543-3995  
 Provider Gender: Female  
 License number: NP95001073  
 NPI: 1629487285  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

|                                            |                                           |                                      |
|--------------------------------------------|-------------------------------------------|--------------------------------------|
| <i>IPA:</i>                                | <i>Provider English Spoken: Yes</i>       |                                      |
| <b>THRASHER, JULIA A</b>                   | <i>Provider Language(s) Spoken:</i>       | <b>TOROK, ELIZABETH M</b>            |
| <i>Provider ID: 121886</i>                 | Spanish                                   | <i>Provider ID: 265129</i>           |
| <i>Board Certified Specialty: No</i>       | <i>Cultural Competency: No</i>            | <i>Board Certified Specialty: No</i> |
| UCSD MEDICAL GROUP                         | <i>Hospital Affiliation: Ucsd Medical</i> | RADY CHILDRENS HEALTH                |
| 200 W ARBOR DR                             | Ctr, Ucsd La Jolla John Sally             | NETWORK                              |
| SAN DIEGO, CA 92103-1911                   | Thornton                                  | 3010 CHILDRENS WAY #                 |
| <i>Phone: (619) 543-6222</i>               | <i>Medi-Cal Open Panel: No</i>            | 2-WEST                               |
| <i>Fax:</i>                                | <i>Min/Max Age: None</i>                  | SAN DIEGO, CA 92123-4223             |
| <i>After Hours Phone: (619)</i>            | <i>American Sign Language (ASL):</i>      | <i>Phone: (858) 966-5811</i>         |
| 543-6222                                   | No                                        | <i>Fax: (858) 966-8035</i>           |
| <i>Provider Gender: Female</i>             | <i>♿ Accessibility:</i>                   | <i>After Hours Phone: (858)</i>      |
| <i>License number: NP95007258</i>          | <i>Hours: M-SA 9AM-5PM</i>                | 966-5811                             |
| <i>NPI: 1073031993</i>                     | <i>Website:</i>                           | <i>Provider Gender: Female</i>       |
| <i>Provider English Spoken: Yes</i>        | <i>Email:</i>                             | <i>License number: NP21326</i>       |
| <i>Provider Language(s) Spoken:</i>        | <i>Medical Group(s):</i>                  | <i>NPI: 1386901700</i>               |
| <i>Cultural Competency: No</i>             | <i>IPA:</i>                               | <i>Provider English Spoken: Yes</i>  |
| <i>Hospital Affiliation: Ucsd La Jolla</i> | <b>TOPPEN, LAURA</b>                      | <i>Provider Language(s) Spoken:</i>  |
| John Sally Thornton, Ucsd                  | <i>Provider ID: 215477</i>                | <i>Cultural Competency: No</i>       |
| Medical Ctr                                | <i>Board Certified Specialty: No</i>      | <i>Hospital Affiliation:</i>         |
| <i>Medi-Cal Open Panel: No</i>             | UCSD MEDICAL GROUP                        | <i>Medi-Cal Open Panel: No</i>       |
| <i>Min/Max Age: None</i>                   | 200 W ARBOR DR                            | <i>Min/Max Age: 0/99</i>             |
| <i>American Sign Language (ASL):</i>       | SAN DIEGO, CA 92103-1911                  | <i>American Sign Language (ASL):</i> |
| No                                         | <i>Phone: (800) 926-8273</i>              | No                                   |
| <i>♿ Accessibility: W</i>                  | <i>Fax:</i>                               | <i>♿ Accessibility:</i>              |
| <i>Hours: M-SA 9AM-5PM</i>                 | <i>After Hours Phone: (800)</i>           | <i>Hours: M-SA 9AM-5PM</i>           |
| <i>Website:</i>                            | 926-8273                                  | <i>Website:</i>                      |
| <i>Email:</i>                              | <i>Provider Gender: Female</i>            | <i>Email:</i>                        |
| <i>Medical Group(s):</i>                   | <i>License number: NP95010163</i>         | <i>Medical Group(s):</i>             |
| <i>IPA:</i>                                | <i>NPI: 1326563495</i>                    | <i>IPA: Rady Childrens Health</i>    |
|                                            | <i>Provider English Spoken: Yes</i>       | Network                              |
|                                            | <i>Provider Language(s) Spoken:</i>       |                                      |
|                                            | <i>Cultural Competency: No</i>            | <b>TURNER, ELIZABETH A</b>           |
|                                            | <i>Hospital Affiliation:</i>              | <i>Provider ID: 255601</i>           |
|                                            | <i>Medi-Cal Open Panel: Yes</i>           | <i>Board Certified Specialty: No</i> |
|                                            | <i>Min/Max Age: 0/999</i>                 | UCSD MEDICAL GROUP                   |
|                                            | <i>American Sign Language (ASL):</i>      | 4510 EXECUTIVE DR STE 315            |
|                                            | No                                        | SAN DIEGO, CA 92121-3029             |
|                                            | <i>♿ Accessibility:</i>                   | <i>Phone: (858) 534-8019</i>         |
|                                            | <i>Hours: M-SA 9AM-5PM</i>                | <i>Fax:</i>                          |
|                                            | <i>Website:</i>                           | <i>After Hours Phone: (858)</i>      |
|                                            | <i>Email:</i>                             | 534-8019                             |
|                                            | <i>Medical Group(s):</i>                  | <i>Provider Gender: Female</i>       |
|                                            | <i>IPA: Ucsd Medical Group</i>            | <i>License number: NP95009547</i>    |
|                                            |                                           | <i>NPI: 1326570045</i>               |
| <b>TOPEROFF, WILL E</b>                    |                                           |                                      |
| <i>Provider ID: 84926</i>                  |                                           |                                      |
| <i>Board Certified Specialty: No</i>       |                                           |                                      |
| UCSD MEDICAL GROUP                         |                                           |                                      |
| 4168 FRONT ST                              |                                           |                                      |
| SAN DIEGO, CA 92103-2030                   |                                           |                                      |
| <i>Phone: (619) 543-3995</i>               |                                           |                                      |
| <i>Fax:</i>                                |                                           |                                      |
| <i>After Hours Phone: (619)</i>            |                                           |                                      |
| 543-3995                                   |                                           |                                      |
| <i>Provider Gender: Male</i>               |                                           |                                      |
| <i>License number: NP14178</i>             |                                           |                                      |
| <i>NPI: 1013103472</i>                     |                                           |                                      |

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **VALENCIANO, MARCI J**

*Provider ID:* 263001  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Female  
*License number:* NP20033  
*NPI:* 1093780421  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health Network  
**VALLES, ELIZABETH A**  
*Provider ID:* 108406  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3665 KEARNY VILLA RD STE 400  
 SAN DIEGO, CA 92123-1955  
*Phone:* (858) 966-8801  
*Fax:*

*After Hours Phone:* (858) 966-8801  
*Provider Gender:* Female  
*License number:* NP95002921  
*NPI:* 1609235589  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **VALLES, ELIZABETH A**

*Provider ID:* 263033  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3665 KEARNY VILLA RD STE 400  
 SAN DIEGO, CA 92123-1955

*Phone:* (858) 966-8801  
*Fax:* (858) 966-8528  
*After Hours Phone:* (858) 966-8801  
*Provider Gender:* Female  
*License number:* NP95002921  
*NPI:* 1609235589  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **VEGA, TERESA**

*Provider ID:* 95372  
*Board Certified Specialty:* No  
 LOGAN HEIGHTS FAMILY HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Provider Gender:* Female  
*License number:* NP95001705  
*NPI:* 1912304569  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

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## D. Specialist Provider Directory

*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **VIBAL-POASTER, MARIA K**

*Provider ID:* 205651  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NP95008661  
*NPI:* 1376046680  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **WATSON, CHRISTINE M**

*Provider ID:* 270000  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 995 GATEWAY CENTER WAY  
 STE 202  
 SAN DIEGO, CA 92102-4545

*Phone:* (619) 264-3107  
*Fax:* (619) 264-6927  
*After Hours Phone:* (619) 264-3107  
*Provider Gender:* Female  
*License number:* NP95006319  
*NPI:* 1508307364  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **WILLEY, MARTI L , NPA**

*Provider ID:* 256421  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858) 649-5100  
*Provider Gender:* Female  
*License number:* NP22548  
*NPI:* 1144574062  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/120  
*American Sign Language (ASL):*

No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **WILLIAMS, BREAHA A**

*Provider ID:* 115124  
*Board Certified Specialty:* No  
 LA MAESTRA FAMILY CLINIC INC  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
*Phone:* (619) 255-9155  
*Fax:*  
*After Hours Phone:* (619) 255-9155  
*Provider Gender:* Female  
*License number:* NP95001840  
*NPI:* 1063884864  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:* www.lamaestra.org  
*Email:*  
*Medical Group(s):* La Maestra Family Clinic Inc  
*IPA:*

### **WOUDSTRA, JOCELYN**

*Provider ID:* 283535  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK

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## D. Specialist Provider Directory

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-8574  
Fax: (858) 966-7930  
After Hours Phone: (858) 966-8574  
Provider Gender: Female  
License number: NP95017397  
NPI: 1609261965  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **YEH-NAYRE, LANIPUA A**

Provider ID: 262455  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3010 CHILDRENS WAY BLDG 2  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5811  
Fax: (858) 966-8035  
After Hours Phone: (858) 966-5811  
Provider Gender: Female  
License number: NP17336  
NPI: 1417157819  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **YEH-NAYRE, LANIPUA A**

Provider ID: 82992  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
3010 CHILDRENS WAY # 2W  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5811  
Fax:  
After Hours Phone: (858) 966-5811  
Provider Gender: Female  
License number: NP17336  
NPI: 1417157819  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **ZENDEJAS, CATHERINE T**

Provider ID: 279271  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
6475 ALVARADO RD STE 120  
SAN DIEGO, CA 92120-5007  
Phone: (619) 583-6133  
Fax: (619) 583-0321  
After Hours Phone: (619) 583-6133  
Provider Gender: Female  
License number: NP95016516  
NPI: 1639590326  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

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### **CERTIFIED REGISTERED NURSE MIDWIFE**

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### **BOSTON, LAURA H**

Provider ID: 25671  
Board Certified Specialty: No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax: (619) 269-0053  
After Hours Phone: (619) 515-2300  
Provider Gender: Female  
License number: NM792

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## D. Specialist Provider Directory

NPI: 1174553259

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### COOPER, ANNE S

Provider ID: 83306

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-7878

Fax: (619) 543-6792

After Hours Phone: (619)  
543-7878

Provider Gender: Female

License number: NM1689

NPI: 1477644417

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### DOLLAND, STEVEN C

Provider ID: 280552

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: NA95000632

NPI: 1982059044

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Kern Medical

Center, Ucsd Medical Ctr, Ucsd

La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### EKHOLM, JANNA L

Provider ID: 122017

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-7878

Fax:

After Hours Phone: (619)

543-7878

Provider Gender: Female

License number: NM1894

NPI: 1588977151

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### GARRETT BROWN, REBECCA C

Provider ID: 83460

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-7878

Fax: (619) 543-6792

After Hours Phone: (619)  
543-7878

Provider Gender: Female

License number: NMW862

NPI: 1659344224

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **GEPSHTEIN, YANA**

*Provider ID:* 52244  
*Board Certified Specialty:* No  
**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
 3690 MISSION BLVD  
 SAN DIEGO, CA 92109-7368  
*Phone:* (619) 876-4420  
*Fax:* (619) 269-0053  
*After Hours Phone:* (619) 876-4420  
*Provider Gender:* Female  
*License number:* NM1662  
*NPI:* 1396956512  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hebrew  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GOODWIN, RACHEL K**

*Provider ID:* 210018  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NM1908  
*NPI:* 1518274919  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GOODWIN, RACHEL K**

*Provider ID:* 210019  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NM1908  
*NPI:* 1518274919  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GREAR MANN, MELISSA P**

*Provider ID:* 210052  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NMW1830  
*NPI:* 1255384475  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GREAR MANN, MELISSA P**

*Provider ID:* 210053  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* NMW1830  
*NPI:* 1255384475  
*Provider English Spoken:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GUNTHER, HOPE R**

*Provider ID:* 210041  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* NM1421  
*NPI:* 1285667741  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GUNTHER, HOPE R**

*Provider ID:* 83523  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (888) 309-8273  
*Fax:*  
*After Hours Phone:* (888)  
 309-8273  
*Provider Gender:* Female  
*License number:* NM1421  
*NPI:* 1285667741  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HIRSCH, JENNIFER S**

*Provider ID:* 210054  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-7878  
*Fax:*  
*After Hours Phone:* (619)  
 543-7878  
*Provider Gender:* Female  
*License number:* NMW970  
*NPI:* 1891752069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HIRSCH, JENNIFER S**

*Provider ID:* 210055  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-7878  
*Fax:*  
*After Hours Phone:* (619)  
 543-7878  
*Provider Gender:* Female  
*License number:* NMW970  
*NPI:* 1891752069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HIRSCH, JENNIFER S**

*Provider ID:* 210058  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NMW970  
 NPI: 1891752069  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HIRSCH, JENNIFER S**

Provider ID: 83593  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (888) 309-8273  
 Fax:  
 After Hours Phone: (888) 309-8273  
 Provider Gender: Female  
 License number: NMW970  
 NPI: 1891752069  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**HIRSCH, JENNIFER S**  
 Provider ID: 83595  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-7878  
 Fax: (619) 543-6792  
 After Hours Phone: (619) 543-7878  
 Provider Gender: Female  
 License number: NMW970  
 NPI: 1891752069  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **PERDION, KAREN L**

Provider ID: 210134  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Phone: (619) 543-7878  
 Fax: (619) 543-2366  
 After Hours Phone: (619) 543-7878  
 Provider Gender: Female  
 License number: NM1061  
 NPI: 1518916857  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **PERDION, KAREN L**

Provider ID: 210137  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NM1061  
 NPI: 1518916857  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **PERDION, KAREN L**

Provider ID: 84323  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-7878  
Fax: (619) 543-2366  
After Hours Phone: (619) 543-7878  
Provider Gender: Female  
License number: NM1061  
NPI: 1518916857  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TIMPE, BETH K**

Provider ID: 84924  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030

Phone: (619) 543-6790  
Fax:  
After Hours Phone: (619) 543-6790  
Provider Gender: Female  
License number: NM1598  
NPI: 1336209428  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **VU, ERICA T**

Provider ID: 84942  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-2366  
Fax: (619) 543-2366  
After Hours Phone: (619) 543-2366  
Provider Gender: Female  
License number: NM1848  
NPI: 1578890737  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None

American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **VU, ERICA T**

Provider ID: 84942  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-2366  
Fax: (619) 543-2366  
After Hours Phone: (619) 543-2366  
Provider Gender: Female  
License number: NP18891  
NPI: 1578890737  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

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## **CHIROPRACTOR**

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### **BUI, MAI T**

Provider ID: 125052  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

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## D. Specialist Provider Directory

5354 UNIVERSITY AVE # 3  
SAN DIEGO, CA 92105-2204  
Phone: (619) 692-3211  
Fax: (619) 640-3211  
After Hours Phone: (619)  
692-3211  
Provider Gender: Female  
License number: DC31634  
NPI: 1780901264  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings  
Medical Group-Sd

### **BUI, MAI T**

Provider ID: 217595  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
10717 CAMINO RUIZ STE 238  
SAN DIEGO, CA 92126-2364  
Phone: (619) 692-3211  
Fax: (619) 640-3211  
After Hours Phone: (619)  
692-3211  
Provider Gender: Female  
License number: DC31634  
NPI: 1780901264  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: No  
Hospital Affiliation:

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings  
Medical Group-Sd

### **LUU, DANIEL Q**

Provider ID: 269883  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4419 EUCLID AVE STE 105  
SAN DIEGO, CA 92115-4564  
Phone: (619) 287-1235  
Fax: (619) 566-3553  
After Hours Phone: (619)  
287-1235  
Provider Gender: Male  
License number: DC26096  
NPI: 1225108269  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: No  
Hospital Affiliation:

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **ROJAS, RICHARD J**

Provider ID: 109528  
Board Certified Specialty: No  
FAMILY HLTH CTR SD

HILLCREST  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2545  
Fax:  
After Hours Phone: (619)  
515-2545  
Provider Gender: Male  
License number: DC31024  
NPI: 1538318811  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Family Hlth Ctr  
Sd Hillcrest  
IPA:

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### DERMATOLOGY

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### **BOEN, MONICA**

Provider ID: 129041  
Board Certified Specialty: No  
WEST DERMATOLOGY AND  
SURG MED GRP  
9339 GENESEE AVE # 350A  
SAN DIEGO, CA 92121-2119  
Phone: (858) 454-4300  
Fax:  
After Hours Phone: (858)  
454-4300  
Provider Gender: Female  
License number: A149554  
NPI: 1508203563  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

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## D. Specialist Provider Directory

French, Polish, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:* westdermatology.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BOEN, MONICA, MD**

*Provider ID:* 269740  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9339 GENESEE AVE STE 350  
 SAN DIEGO, CA 92121-2150  
*Phone:* (858) 454-4300  
*Fax:* (858) 454-5088  
*After Hours Phone:* (858)  
 454-4300  
*Provider Gender:* Female  
*License number:* A149554  
*NPI:* 1508203563  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, Polish, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BOEN, MONICA, MD**

*Provider ID:* 269741

*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 4060 4TH AVE STE 415  
 SAN DIEGO, CA 92103-2121  
*Phone:* (619) 298-9809  
*Fax:* (619) 298-9823  
*After Hours Phone:* (619)  
 298-9809  
*Provider Gender:* Female  
*License number:* A149554  
*NPI:* 1508203563  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, Polish, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BROUHA, BROOK L**

*Provider ID:* 115451  
*Board Certified Specialty:* No  
 WEST DERMATOLOGY AND  
 SURG MED GRP  
 9339 GENESEE AVE # 350A  
 SAN DIEGO, CA 92121-2119  
*Phone:* (858) 263-0571  
*Fax:*  
*After Hours Phone:* (858)  
 263-0571  
*Provider Gender:* Male  
*License number:* A97902  
*NPI:* 1114173937  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:* westdermatology.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BROUHA, BROOK L , MD**

*Provider ID:* 267943  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 9339 GENESEE AVE STE 350  
 SAN DIEGO, CA 92121-2150  
*Phone:* (858) 454-4300  
*Fax:* (858) 454-5088  
*After Hours Phone:* (858)  
 454-4300  
*Provider Gender:* Male  
*License number:* A97902  
*NPI:* 1114173937  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IPA: Community Care Ipa Llc

### **CALAME, ANTOANELLA**

Provider ID: 109337

Board Certified Specialty: No  
COMPASS

DERMATOPATHOLOGY INC  
6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121-2253  
Phone: (858) 750-2983

Fax:

After Hours Phone: (858)  
750-2983

Provider Gender: Female

License number: A84455

NPI: 1285817569

Provider English Spoken: Yes

Provider Language(s) Spoken:

Romanian

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **DINARDO, ANNA**

Provider ID: 83359

Board Certified Specialty: No

UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER LN

STE 350

SAN DIEGO, CA 92122-1010

Phone: (858) 657-8322

Fax:

After Hours Phone: (858)  
657-8322

Provider Gender: Female

License number: A104854

NPI: 1992873673

Provider English Spoken: Yes

Provider Language(s) Spoken:

Italian

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **DOHIL, MAGDALENE A**

Provider ID: 242290

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL 4

SAN DIEGO, CA 92123-4232

Phone: (858) 966-6795

Fax:

After Hours Phone: (858)

966-6795

Provider Gender: Female

License number: A86265

NPI: 1528139383

Provider English Spoken: Yes

Provider Language(s) Spoken:

German, Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr, Sharp

Memorial Hospital, Sharp Mary

Birch Hosp For Women And

Newborns

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **DOHIL, MAGDALENE A**

Provider ID: 277244

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-6795

Fax: (858) 966-7479

After Hours Phone: (858)

966-6795

Provider Gender: Female

License number: A86265

NPI: 1528139383

Provider English Spoken: Yes

Provider Language(s) Spoken:

German, Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr, Sharp

Memorial Hospital, Sharp Mary

Birch Hosp For Women And

Newborns

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **DORSCHNER, ROBERT A**

*Provider ID:* 116640

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER LN  
STE 350

SAN DIEGO, CA 92122-1010

*Phone:* (858) 657-8322

*Fax:*

*After Hours Phone:* (858)  
657-8322

*Provider Gender:* Male

*License number:* A128567

*NPI:* 1306103924

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **DORSCHNER, ROBERT A**

*Provider ID:* 272945

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER LN  
STE 350

SAN DIEGO, CA 92122-1010

*Phone:* (858) 657-8322

*Fax:*

*After Hours Phone:* (858)  
657-8322

*Provider Gender:* Male

*License number:* A128567

*NPI:* 1306103924

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **EICHENFIELD, DAWN Z**

*Provider ID:* 283142

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-6795

*Fax:* (858) 966-7479

*After Hours Phone:* (858)

966-6795

*Provider Gender:* Female

*License number:* A150792

*NPI:* 1295198091

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **EICHENFIELD, LAWRENCE F**

*Provider ID:* 242242

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 4  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-6795

*Fax:*

*After Hours Phone:* (858)

966-6795

*Provider Gender:* Male

*License number:* G69132

*NPI:* 1477624138

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital, Ucsd

Medical Ctr, Childrens Hospital

Of Orange County, Childrens

Hosp And Resrch Ctr At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **EICHENFIELD, LAWRENCE F**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

**Provider ID:** 51947  
**Board Certified Specialty:** No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
**8010 FROST ST STE 602**  
**SAN DIEGO, CA 92123-4204**  
**Phone:** (858) 966-6795  
**Fax:**  
**After Hours Phone:** (858) 966-6795  
**Provider Gender:** Male  
**License number:** G69132  
**NPI:** 1477624138  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr, Childrens Hospital Of Orange County, Childrens Hosp And Resrch Ctr At Oakland  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**♿ Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Rady Childrens Health Network

**ELSENSOHN, ASHLEY N**  
**Provider ID:** 272777  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**8899 UNIVERSITY CENTER LN STE 350**  
**SAN DIEGO, CA 92122-1010**

**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800) 926-8273  
**Provider Gender:** Female  
**License number:** A148423  
**NPI:** 1467847905  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

**FABRIKANT, JORDAN S**  
**Provider ID:** 262275  
**Board Certified Specialty:** No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
**4060 4TH AVE STE 415**  
**SAN DIEGO, CA 92103-2121**  
**Phone:** (619) 298-9809  
**Fax:** (619) 298-9823  
**After Hours Phone:** (619) 298-9809  
**Provider Gender:** Male  
**License number:** 20A13142  
**NPI:** 1649585753  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital Chula Vista  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No

**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Imperial Health Holdings Medical Group-Sd

**GERSTENFELD, ERIC S**  
**Provider ID:** 26531  
**Board Certified Specialty:** Yes  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
**4060 4TH AVE STE 415**  
**SAN DIEGO, CA 92103-2121**  
**Phone:** (619) 298-9809  
**Fax:**  
**After Hours Phone:** (619) 298-9809  
**Provider Gender:** Male  
**License number:** G70325  
**NPI:** 1114979754  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital Chula Vista, Corona Regional Med Ctr, Scripps Mercy Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No

**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Imperial Health Holdings Medical Group-Sd

**GRAY, JAYLA B**  
**Provider ID:** 279378  
**Board Certified Specialty:** No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

COMMUNITY CARE IPA LLC  
4765 CARMEL MOUNTAIN RD  
STE 201  
SAN DIEGO, CA 92130-6657  
Phone: (858) 369-7546  
Fax: (760) 738-7616  
After Hours Phone: (858) 369-7546  
Provider Gender: Female  
License number: A169832  
NPI: 1053706911  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **HAMMAN, MICHAEL S**

Provider ID: 115453  
Board Certified Specialty: Yes  
WEST DERMATOLOGY AND  
SURG MED GRP  
9339 GENESEE AVE # 350A  
SAN DIEGO, CA 92121-2119  
Phone: (858) 454-4300  
Fax:  
After Hours Phone: (858) 454-4300  
Provider Gender: Male  
License number: A97551  
NPI: 1538346911  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital

Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website: westdermatology.com  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **HAMMAN, MICHAEL S , MD**

Provider ID: 241043  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4060 4TH AVE STE 415  
SAN DIEGO, CA 92103-2121  
Phone: (619) 298-9809  
Fax: (619) 298-9823  
After Hours Phone: (619) 298-9809  
Provider Gender: Male  
License number: A97551  
NPI: 1538346911  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **HAMMAN, MICHAEL S , MD**

Provider ID: 241044  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9339 GENESEE AVE STE 350

SAN DIEGO, CA 92121-2150  
Phone: (858) 454-4300  
Fax: (858) 454-5088  
After Hours Phone: (858) 454-4300  
Provider Gender: Male  
License number: A97551  
NPI: 1538346911  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **HEMPERLY, STEPHEN E**

Provider ID: 115398  
Board Certified Specialty: No  
WEST DERMATOLOGY AND  
SURG MED GRP  
4060 4TH AVE STE 415  
SAN DIEGO, CA 92103-2121  
Phone: (619) 298-9809  
Fax:  
After Hours Phone: (619) 298-9809  
Provider Gender: Male  
License number: 20A14658  
NPI: 1013277045  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None

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## D. Specialist Provider Directory

*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:* westdermatology.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HEMPERLY, STEPHEN E**

*Provider ID:* 243726  
*Board Certified Specialty:* Yes  
**COMMUNITY CARE IPA LLC**  
 4060 4TH AVE STE 415  
 SAN DIEGO, CA 92103-2121  
*Phone:* (619) 298-9809  
*Fax:* (619) 298-9823  
*After Hours Phone:* (619) 298-9809  
*Provider Gender:* Male  
*License number:* 20A14658  
*NPI:* 1013277045  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HIGHTOWER, GEORGE K**

*Provider ID:* 245756  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3030 CHILDRENS WAY FL 4

**SAN DIEGO, CA 92123-4232**  
*Phone:* (858) 966-6795  
*Fax:*  
*After Hours Phone:* (858) 966-6795  
*Provider Gender:* Male  
*License number:* A156244  
*NPI:* 1881014652  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **HIGHTOWER, GEORGE K**

*Provider ID:* 285643  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A156244  
*NPI:* 1881014652  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

**Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr**  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **JIANG, SHANG I**

*Provider ID:* 83638  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 8899 UNIVERSITY CENTER LN STE 350  
 SAN DIEGO, CA 92122-1010  
*Phone:* (858) 657-8322  
*Fax:* (858) 657-1291  
*After Hours Phone:* (858) 657-8322  
*Provider Gender:* Male  
*License number:* A87333  
*NPI:* 1801835996  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KANNAN, SWATI V**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider ID:* 286287  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 STE 350  
 SAN DIEGO, CA 92122-1010  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A137129  
*NPI:* 1508155227  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ronald Reagan Ucla Med Ctr, Santa Monica Ucla Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KASSAB, GHADA K , MD**

*Provider ID:* 245638  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3737 MORAGA AVE STE A206  
 SAN DIEGO, CA 92117-5493  
*Phone:* (858) 273-2726  
*Fax:* (858) 273-2725  
*After Hours Phone:* (858) 273-2726  
*Provider Gender:* Female  
*License number:* A114457  
*NPI:* 1023278504

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **KAUNITZ, GENEVIEVE J**

*Provider ID:* 285011  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 STE 350  
 SAN DIEGO, CA 92122-1010  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A172778  
*NPI:* 1053734905  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KOZMA, BONITA D**

*Provider ID:* 269301  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 STE 350  
 SAN DIEGO, CA 92122-1010  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A137074  
*NPI:* 1659654598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Providence Saint Johns Health Center, Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LEVIN, JACQUELINE M**

*Provider ID:* 102457  
*Board Certified Specialty:* No  
 WEST DERMATOLOGY AND SURG MED GRP  
 4060 4TH AVE STE 415  
 SAN DIEGO, CA 92103-2121

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## D. Specialist Provider Directory

Phone: (619) 298-9809  
 Fax: (619) 298-9823  
 After Hours Phone: (619) 298-9809  
 Provider Gender: Female  
 License number: 20A12190  
 NPI: 1164653093  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### LEVIN, JACQUELINE M

Provider ID: 242685  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 4060 4TH AVE STE 415  
 SAN DIEGO, CA 92103-2121  
 Phone: (619) 298-9809  
 Fax: (619) 298-9823  
 After Hours Phone: (619) 298-9809  
 Provider Gender: Female  
 License number: 20A12190  
 NPI: 1164653093  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### NAHM, WALTER K , MD

Provider ID: 69317  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 7695 CARDINAL CT STE 200  
 SAN DIEGO, CA 92123-3357  
 Phone: (858) 278-8835  
 Fax: (858) 386-4776  
 After Hours Phone: (858) 278-8835  
 Provider Gender: Male  
 License number: A78569  
 NPI: 1467447284  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Korean, Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### ORME, CHARISSE

Provider ID: 110331  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER LN  
 STE 350  
 SAN DIEGO, CA 92122-1010  
 Phone: (858) 657-8322  
 Fax:  
 After Hours Phone: (858) 657-8322  
 Provider Gender: Female  
 License number: A141036  
 NPI: 1861767097  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### ORTIZ, ARISA E

Provider ID: 84317  
 Board Certified Specialty: Yes  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 STE 350  
 SAN DIEGO, CA 92122-1010  
 Phone: (858) 657-8322  
 Fax:  
 After Hours Phone: (858) 657-8322  
 Provider Gender: Female  
 License number: A101163  
 NPI: 1659556165  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **REED, KELLY L**

Provider ID: 242598  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4060 4TH AVE STE 415  
SAN DIEGO, CA 92103-2121  
Phone: (619) 298-9809  
Fax: (619) 298-9823  
After Hours Phone: (619)  
298-9809  
Provider Gender: Female  
License number: 20A15550  
NPI: 1053666370  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **REED, KELLY L**

Provider ID: 242599  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9339 GENESEE AVE STE 350  
SAN DIEGO, CA 92121-2150

Phone: (858) 454-4300  
Fax: (858) 484-5088  
After Hours Phone: (858)  
454-4300  
Provider Gender: Female  
License number: 20A15550  
NPI: 1053666370  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SCHAIRER, DAVID O**

Provider ID: 242313  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 4  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-6795  
Fax: (858) 966-7479  
After Hours Phone: (858)  
966-6795  
Provider Gender: Male  
License number: A148597  
NPI: 1619311164  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Childrens Hospital Of Orange  
County  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **SCHAIRER, DAVID O**

Provider ID: 264683  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-6795  
Fax: (858) 966-7479  
After Hours Phone: (858)  
966-6795  
Provider Gender: Male  
License number: A148597  
NPI: 1619311164  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Childrens Hospital Of Orange  
County  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **SCHNEIDER, JEREMY A**

Provider ID: 110359

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
8899 UNIVERSITY CENTER LN  
STE 350

SAN DIEGO, CA 92122-1010

*Phone:* (858) 657-8322

*Fax:*

*After Hours Phone:* (858)

657-8322

*Provider Gender:* Male

*License number:* A124232

*NPI:* 1265762520

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **SHAHAN, FRED F , MD**

*Provider ID:* 65605

*Board Certified Specialty:* No  
SAN DIEGO DERMATOLOGY  
AND COSMETIC SURGERY

6367 ALVARADO CT STE 107

SAN DIEGO, CA 92120-4914

*Phone:* (619) 287-1882

*Fax:* (619) 287-4121

*After Hours Phone:* (619)

287-1882

*Provider Gender:* Male

*License number:* G83901

*NPI:* 1811913221

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Alvarado

Hospital Llc, Scripps Memorial

Hospital Encinitas

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **SHIELL, RONALD D , MD**

*Provider ID:* 242596

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

4060 4TH AVE STE 415

SAN DIEGO, CA 92103-2121

*Phone:* (619) 289-9809

*Fax:* (619) 289-9823

*After Hours Phone:* (619)

289-9809

*Provider Gender:* Male

*License number:* G70359

*NPI:* 1285687384

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### **SHIELL, RONALD D**

*Provider ID:* 41094

*Board Certified Specialty:* No  
WEST DERMATOLOGY AND  
SURG MED GRP

4060 4TH AVE STE 415

SAN DIEGO, CA 92103-2121

*Phone:* (619) 289-9809

*Fax:* (619) 289-9823

*After Hours Phone:* (619)

289-9809

*Provider Gender:* Male

*License number:* G70359

*NPI:* 1285687384

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **SHI, VERONICA J**

*Provider ID:* 271713

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER LN

STE 350

SAN DIEGO, CA 92122-1010

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A152990

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

**NPI:** 1366897464  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
 No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

**SHI, VERONICA J**  
**Provider ID:** 286335  
**Board Certified Specialty:** No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800)  
 926-8273  
**Provider Gender:** Female  
**License number:** A152990  
**NPI:** 1366897464  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
 No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**

**Medical Group(s):**  
**IPA:** Ucsd Medical Group  
**SIMZAR, SOHEIL, MD**  
**Provider ID:** 242621  
**Board Certified Specialty:** No  
 COMMUNITY CARE IPA LLC  
 4060 4TH AVE STE 415  
 SAN DIEGO, CA 92103-2121  
**Phone:** (619) 298-9809  
**Fax:** (619) 298-9823  
**After Hours Phone:** (619)  
 298-9809  
**Provider Gender:** Male  
**License number:** A97769  
**NPI:** 1780881797  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Farsi, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Los Angeles  
 County Harbor UCLA Medical  
 Center  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
 No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

**SIMZAR, SOHEIL**  
**Provider ID:** 98869  
**Board Certified Specialty:** No  
 WEST DERMATOLOGY AND  
 SURG MED GRP  
 4060 4TH AVE STE 415  
 SAN DIEGO, CA 92103-2121

**Phone:** (619) 298-9809  
**Fax:** (619) 298-9823  
**After Hours Phone:** (619)  
 298-9809  
**Provider Gender:** Male  
**License number:** A97769  
**NPI:** 1780881797  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Farsi, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Los Angeles  
 County Harbor UCLA Medical  
 Center  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
 No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

**SINGH, GAURAV**  
**Provider ID:** 272612  
**Board Certified Specialty:** No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN  
 STE 350  
 SAN DIEGO, CA 92122-1010  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800)  
 926-8273  
**Provider Gender:** Male  
**License number:** A168460  
**NPI:** 1184073801  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd La Jolla

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

John Sally Thornton, Ucsd  
Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **SOHN, GRACE K**

*Provider ID:* 218330

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER LN  
STE 350

SAN DIEGO, CA 92122-1010

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A144607

*NPI:* 1023405727

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Korean

*Cultural Competency:* No

*Hospital Affiliation:* John Muir

Medical Center Concord

Campus, John Muir Medical

Center Walnut Creek Campus

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **SPRAGUE, JESSICA M**

*Provider ID:* 127460

*Board Certified Specialty:* No

RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN

8010 FROST ST STE 602

SAN DIEGO, CA 92123-4204

*Phone:* (858) 966-6795

*Fax:*

*After Hours Phone:* (858)

966-6795

*Provider Gender:* Female

*License number:* A134345

*NPI:* 1437594884

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **SPRAGUE, JESSICA M**

*Provider ID:* 242318

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 4

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-6795

*Fax:*

*After Hours Phone:* (858)

966-6795

*Provider Gender:* Female

*License number:* A134345

*NPI:* 1437594884

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **STEIN, ALEXANDER D , MD**

*Provider ID:* 268621

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

6280 JACKSON DR STE 8

SAN DIEGO, CA 92119-3436

*Phone:* (619) 303-3062

*Fax:* (760) 687-2825

*After Hours Phone:* (619)

303-3062

*Provider Gender:* Male

*License number:* A106295

*NPI:* 1760431654

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

French, Romanian

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SUN, BRYAN K**

Provider ID: 109550  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8899 UNIVERSITY CENTER LN  
STE 350  
SAN DIEGO, CA 92122-1010  
Phone: (858) 657-8322  
Fax:  
After Hours Phone: (858)  
657-8322  
Provider Gender: Male  
License number: A109152  
NPI: 1275787673  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Stanford  
Health Care, Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **TOMPKINS, STACY D**

Provider ID: 115608  
Board Certified Specialty: No  
WEST DERMATOLOGY AND  
SURG MED GRP  
9339 GENESEE AVE # 350A  
SAN DIEGO, CA 92121-2119

Phone: (858) 454-4300  
Fax:  
After Hours Phone: (858)  
454-4300  
Provider Gender: Female  
License number: A52958  
NPI: 1255418265  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website: westdermatology.com  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **TOMPKINS, STACY D , MD**

Provider ID: 246364  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9333 GENESEE AVE # 350A  
SAN DIEGO, CA 92121-2111  
Phone: (858) 454-4300  
Fax: (858) 454-5088  
After Hours Phone: (858)  
454-4300  
Provider Gender: Female  
License number: A52958  
NPI: 1255418265  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **TOM, WYNNIS L**

Provider ID: 242311  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 4  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-6795  
Fax: (858) 966-7479  
After Hours Phone: (858)  
966-6795  
Provider Gender: Female  
License number: A99290  
NPI: 1922215045  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Chinese, Mandarin, Spanish,  
Yue Chinese  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital, Ucsd  
Medical Ctr, Childrens Hosp And  
Resrch Ctr At Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### Network

#### **TOM, WYNNIS L**

*Provider ID:* 64659

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-6248

*Fax:* (858) 966-7479

*After Hours Phone:* (619)

543-6248

*Provider Gender:* Female

*License number:* A99290

*NPI:* 1922215045

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Chinese, Mandarin, Spanish,

Yue Chinese

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Rady Childrens Hospital San

Diego, Sharp Memorial Hospital,

Childrens Hosp And Resrch Ctr

At Oakland

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

#### **TOM, WYNNIS L**

*Provider ID:* 84925

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER LN

STE 230

SAN DIEGO, CA 92122-1010

*Phone:* (858) 657-7726

*Fax:*

*After Hours Phone:* (858)

657-7726

*Provider Gender:* Female

*License number:* A99290

*NPI:* 1922215045

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Chinese, Mandarin, Spanish,

Yue Chinese

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Rady Childrens Hospital San

Diego, Sharp Memorial Hospital,

Childrens Hosp And Resrch Ctr

At Oakland

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

#### **TSE, YARDY**

*Provider ID:* 280330

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

4765 CARMEL MOUNTAIN RD

STE 201

SAN DIEGO, CA 92130-6657

*Phone:* (858) 369-7546

*Fax:* (858) 369-7547

*After Hours Phone:* (858)

369-7546

*Provider Gender:* Female

*License number:* G82156

*NPI:* 1881608321

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Memorial Hospital

Encinitas

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

#### **ZALESKI LARSEN, LISA A**

*Provider ID:* 109712

*Board Certified Specialty:* No

WEST DERMATOLOGY AND

SURG MED GRP

4060 4TH AVE STE 415

SAN DIEGO, CA 92103-2121

*Phone:* (619) 298-9809

*Fax:* (619) 298-9823

*After Hours Phone:* (619)

298-9809

*Provider Gender:* Female

*License number:* 20A13774

*NPI:* 1336296912

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:* westdermatology.com

*Email:*

*Medical Group(s):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IPA: Community Care Ipa Llc

### **ZALESKI LARSEN, LISA A , MD**

Provider ID: 242549

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

4060 4TH AVE STE 415

SAN DIEGO, CA 92103-2121

Phone: (619) 298-9809

Fax: (619) 298-9823

After Hours Phone: (619)

298-9809

Provider Gender: Female

License number: 20A13774

NPI: 1336296912

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

Provider Gender: Female

License number: A81381

NPI: 1023105335

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr, Ucsd La Jolla

John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network, Ucsd Medical Group

### **GIST, LAUREN**

Provider ID: 214806

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

11752 EL CAMINO REAL # 2100

SAN DIEGO, CA 92130-2050

Phone: (858) 793-9591

Fax:

After Hours Phone: (858)

793-9591

Provider Gender: Female

License number: A81381

NPI: 1023105335

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr, Ucsd La Jolla

John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network, Ucsd Medical Group

### **GIST, LAUREN**

Provider ID: 246932

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL 4

SAN DIEGO, CA 92123-4232

Phone: (858) 966-4032

Fax: (858) 966-6227

After Hours Phone: (858)

966-4032

Provider Gender: Female

License number: A81381

NPI: 1023105335

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr, Ucsd La Jolla

John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network, Ucsd Medical Group

### **DEVELOPMENTAL BEHAVIORAL PEDIATRICS**

### **GIST, LAUREN**

Provider ID: 214805

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 360

SAN DIEGO, CA 92123-2776

Phone: (858) 246-0794

Fax:

After Hours Phone: (858)

246-0794

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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### **GIST, LAUREN**

*Provider ID:* 246933  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
11752 EL CAMINO REAL # 100  
SAN DIEGO, CA 92130-2050  
*Phone:* (858) 793-9591  
*Fax:* (858) 793-1153  
*After Hours Phone:* (858) 793-9591  
*Provider Gender:* Female  
*License number:* A81381  
*NPI:* 1023105335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **GIST, LAUREN**

*Provider ID:* 246934  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3665 KEARNY VILLA RD # 410  
SAN DIEGO, CA 92123-1953

*Phone:* (858) 966-5990  
*Fax:* (858) 966-7508  
*After Hours Phone:* (858) 966-5990  
*Provider Gender:* Female  
*License number:* A81381  
*NPI:* 1023105335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **RHODUS, CECILIA M**

*Provider ID:* 284951  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
7910 FROST ST STE 230  
SAN DIEGO, CA 92123-2776  
*Phone:* (858) 246-0053  
*Fax:* (858) 496-9257  
*After Hours Phone:* (858) 246-0053  
*Provider Gender:* Female  
*License number:* A137260  
*NPI:* 1699161059  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Northern Inyo Hosp, Rady Childrens Hospital

San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

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### **EMERGENCY MEDICINE**

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### **AMANN, CHRISTOPHER J**

*Provider ID:* 270913  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* C132360  
*NPI:* 1134326895  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

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## D. Specialist Provider Directory

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### **BARRY, JEFFREY R**

*Provider ID:* 271129  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE P2  
SAN DIEGO, CA 92121-3028  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A149215  
*NPI:* 1801207006  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BARRY, JEFFREY R**

*Provider ID:* 271130  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A149215  
*NPI:* 1801207006  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BARRY, JEFFREY R**

*Provider ID:* 271132  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A149215  
*NPI:* 1801207006  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BELLINGHAUSEN, AMY**

*Provider ID:* 270333  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE P2  
SAN DIEGO, CA 92121-3028  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A143164  
*NPI:* 1801206354  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BELLINGHAUSEN, AMY**

*Provider ID:* 270334  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A143164

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## D. Specialist Provider Directory

*NPI:* 1801206354

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Coronado Hosp And Healthcare  
Ctr, Sharp Memorial Hospital,

Ucsd La Jolla John Sally

Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **BELLINGHAUSEN, AMY**

*Provider ID:* 270336

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female

*License number:* A143164

*NPI:* 1801206354

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Coronado Hosp And Healthcare  
Ctr, Sharp Memorial Hospital,

Ucsd La Jolla John Sally

Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **BELLOMO, THOMAS N**

*Provider ID:* 205601

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105-1690

*Phone:* (619) 280-2905

*Fax:* (619) 283-1614

*After Hours Phone:* (619)  
280-2905

*Provider Gender:* Male

*License number:* G69193

*NPI:* 1700926698

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr

At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/25

*American Sign Language (ASL):*

No

*Accessibility:* P, EB, IB, E

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **CHOW, BYRON C**

*Provider ID:* 206094

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800

*Fax:* (858) 966-7433

*After Hours Phone:* (858)  
966-8800

*Provider Gender:* Male

*License number:* A78116

*NPI:* 1619907607

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Palomar Medical Center

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **CHOW, BYRON C**

*Provider ID:* 206095

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

4305 UNIVERSITY AVE STE

150

SAN DIEGO, CA 92105-1690

*Phone:* (619) 280-2905

*Fax:* (619) 283-1614

*After Hours Phone:* (619)  
280-2905

*Provider Gender:* Male

*License number:* A78116

*NPI:* 1619907607

*Provider English Spoken:* Yes

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## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **DEVERA, GEMMIE S**

*Provider ID:* 288572  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858)  
 966-8800  
*Provider Gender:* Female  
*License number:* A161466  
*NPI:* 1366622078  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health  
 Network

### **KANTHARIA, TINA H**

*Provider ID:* 206412  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY STE  
 402  
 SAN DIEGO, CA 92123-4228  
*Phone:* (858) 309-7701  
*Fax:* (858) 966-8038  
*After Hours Phone:* (858)  
 309-7701  
*Provider Gender:* Female  
*License number:* A126911  
*NPI:* 1659632362  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **KEARNEY, LAUREN K**

*Provider ID:* 206219  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858)  
 966-8800  
*Provider Gender:* Female  
*License number:* G83666  
*NPI:* 1740296268  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Palomar Health Downtown  
 Campus, Palomar Medical  
 Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **KEARNEY, LAUREN K**

*Provider ID:* 206221  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105-1690  
*Phone:* (619) 280-2905  
*Fax:* (619) 283-1614  
*After Hours Phone:* (619)  
 280-2905  
*Provider Gender:* Female  
*License number:* G83666  
*NPI:* 1740296268  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Palomar Health Downtown  
Campus, Palomar Medical  
Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:* P, EB, IB, E  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **LI, JINGHONG**

*Provider ID:* 255939  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (858) 657-7125  
*Fax:* (858) 657-7107  
*After Hours Phone:* (858)  
657-7125  
*Provider Gender:* Female  
*License number:* A107000  
*NPI:* 1619014479  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Ucsd Medical Group  
**LOVEJOY, AMY E**  
*Provider ID:* 206107  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105-1690  
*Phone:* (619) 280-2905  
*Fax:* (619) 283-1614  
*After Hours Phone:* (619)  
280-2905  
*Provider Gender:* Female  
*License number:* A75176  
*NPI:* 1790856557  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Childrens Hospital Of Orange  
County  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **MINKA, GENEVIEVE M**

*Provider ID:* 205334  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800  
*Fax:*  
*After Hours Phone:* (858)  
966-8800  
*Provider Gender:* Female  
*License number:* A77841  
*NPI:* 1689646689  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **MINKA, GENEVIEVE M**

*Provider ID:* 205336  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105-1690  
*Phone:* (619) 280-2905  
*Fax:* (619) 283-1614  
*After Hours Phone:* (619)  
280-2905  
*Provider Gender:* Female  
*License number:* A77841  
*NPI:* 1689646689  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

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## D. Specialist Provider Directory

Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **MISHRA-OCCHINO, SEEMA S**

Provider ID: 205404  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-1700  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 576-1700  
 Provider Gender: Female  
 License number: A100307  
 NPI: 1689612830  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **NGUYEN, MARGARET B**

Provider ID: 270705  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 License number: A131847  
 NPI: 1942485248  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **PADDOCK, DIANA L**

Provider ID: 267967  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: PA52175  
 NPI: 1447657804

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **PARIKH, PAYAL**

Provider ID: 205870  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 License number: 20A10898  
 NPI: 1871757989  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Gujarati, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Kaiser Foundation Hospital San  
 Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **PARIKH, PAYAL**

*Provider ID:* 205871

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105-1690

*Phone:* (619) 280-2905

*Fax:* (619) 283-1614

*After Hours Phone:* (619) 280-2905

*Provider Gender:* Female

*License number:* 20A10898

*NPI:* 1871757989

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Gujarati, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Kaiser Foundation Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **PARKER, SHERINE B**

*Provider ID:* 205784

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800

*Fax:* (858) 966-7433

*After Hours Phone:* (858) 966-8800

*Provider Gender:* Female

*License number:* G81658

*NPI:* 1477626513

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Glendale Adventist Med Ctr, Glendale Memorial Hosp And Health Ctr, Tri City Medical Ctr, Rady Childrens Hospital San Diego, Valley Childrens Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **RILEY-HAGAN, MARGARET**

*Provider ID:* 205988

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800

*Fax:* (858) 966-7433

*After Hours Phone:* (858) 966-8800

*Provider Gender:* Female

*License number:* A49609

*NPI:* 1548352388

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* French, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Palomar Medical Center, Palomar Health Downtown Campus, Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **RILEY-HAGAN, MARGARET**

*Provider ID:* 205989

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105-1690

*Phone:* (619) 280-2905

*Fax:* (619) 283-1614

*After Hours Phone:* (619) 280-2905

*Provider Gender:* Female

*License number:* A49609

*NPI:* 1548352388

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* French, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Palomar Medical Center, Palomar Health Downtown Campus, Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**ROSE, OLGA D**  
 Provider ID: 205952  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 License number: A143536  
 NPI: 1740560044  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Russian  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Ucsd Medical Ctr, Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

Network  
**ROSE, OLGA D**  
 Provider ID: 205954  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105-1690  
 Phone: (619) 280-2905  
 Fax: (619) 283-1614  
 After Hours Phone: (619)  
 280-2905  
 Provider Gender: Female  
 License number: A143536  
 NPI: 1740560044  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Russian  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Rady Childrens Hospital San  
 Diego, Sharp Memorial Hospital,  
 Scripps Memorial Hospital,  
 Scripps Memorial Hospital  
 Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**SIEW, RUTH**  
 Provider ID: 244692  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-5846  
 Fax: (858) 966-8457  
 After Hours Phone: (858)  
 966-5846  
 Provider Gender: Female  
 License number: A132946  
 NPI: 1255674479  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**VAIDYA, KAMALA**  
 Provider ID: 205809  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 License number: A124814  
 NPI: 1083840920  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes

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## D. Specialist Provider Directory

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### ENDOCRINOLOGY

### METABOLISM DIABETES

#### BOEDER, SCHAFFER C

Provider ID: 117049

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-6303

Fax:

After Hours Phone: (619)

543-6303

Provider Gender: Male

License number: A129134

NPI: 1477808285

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

#### BOEDER, SCHAFFER C

Provider ID: 255611

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A129134

NPI: 1477808285

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

#### CHUNG, JOYCE

Provider ID: 64551

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST # 1A

SAN DIEGO, CA 92103-2030

Phone: (619) 543-6303

Fax:

After Hours Phone: (619)

543-6303

Provider Gender: Female

License number: A50122

NPI: 1477561504

Provider English Spoken: Yes

Provider Language(s) Spoken:

Chinese, Mandarin

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Sharp Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

#### CHU, NEELIMA V

Provider ID: 64550

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST # 1A

SAN DIEGO, CA 92103-2030

Phone: (619) 543-6303

Fax:

After Hours Phone: (619)

543-6303

Provider Gender: Female

License number: A65536

NPI: 1154407443

Provider English Spoken: Yes

Provider Language(s) Spoken:

Telugu

Cultural Competency: No

Hospital Affiliation: Paradise

Valley Hospital, Scripps Mercy

Hospital Chula Vista, Scripps

Memorial Hospital Encinitas,

Ucsd Medical Ctr, Sharp

Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

**DEMETERCO BERGGREN,  
CARLA**

*Provider ID:* 121812

*Board Certified Specialty:* No

**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED  
FNDTN**

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4003

*Fax:*

*After Hours Phone:* (858)

966-4003

*Provider Gender:* Female

*License number:* A98629

*NPI:* 1619130655

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

**EKANAYAKE, PREETHIKA S**

*Provider ID:* 284812

*Board Certified Specialty:* No

**UCSD MEDICAL GROUP**

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A126503

*NPI:* 1083922462

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Sinhala, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

**EKANAYAKE, PREETHIKA S**

*Provider ID:* 284813

*Board Certified Specialty:* No

**UCSD MEDICAL GROUP**

4168 FRONT ST

SAN DIEGO, CA 92103-2030

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A126503

*NPI:* 1083922462

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Sinhala, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

**FEIGENBAUM, ANNETTE S**

*Provider ID:* 104983

*Board Certified Specialty:* No

**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED**

**FNDTN**

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4003

*Fax:*

*After Hours Phone:* (858)

966-4003

*Provider Gender:* Female

*License number:* C54803

*NPI:* 1902187859

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

**GOTTESMAN BOWEN,  
BETHANY L**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

**Provider ID:** 285961  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**3030 CHILDRENS WAY FL 4**  
**SAN DIEGO, CA 92123-4232**  
**Phone:** (858) 966-4032  
**Fax:** (858) 966-6227  
**After Hours Phone:** (858) 966-4032  
**Provider Gender:** Female  
**License number:** A156739  
**NPI:** 1164849899  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Rady Childrens Health Network

**GUERIN, CHRIS K**  
**Provider ID:** 284646  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**200 W ARBOR DR**  
**SAN DIEGO, CA 92103-1911**  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800) 926-8273  
**Provider Gender:** Male  
**License number:** G47081  
**NPI:** 1275648875  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**

**Cultural Competency:** No  
**Hospital Affiliation:** Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

**HARRIS, SAMANTHA R**  
**Provider ID:** 122893  
**Board Certified Specialty:** No  
**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
**1809 NATIONAL AVE**  
**SAN DIEGO, CA 92113-2113**  
**Phone:** (619) 515-2300  
**Fax:**  
**After Hours Phone:** (619) 515-2300  
**Provider Gender:** Female  
**License number:** A120043  
**NPI:** 1720305436  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Memorial Hospital, Scripps Mercy Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** ME  
**Hours:** M-SA 9AM-5PM  
**Website:** www.fhcsd.org  
**Email:**

**Medical Group(s):** Logan Heights Family Health Center  
**IPA:**

**JUANG, PATRICIA S**  
**Provider ID:** 255605  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**4168 FRONT ST**  
**SAN DIEGO, CA 92103-2030**  
**Phone:** (800) 926-8273  
**Fax:** (858) 657-7298  
**After Hours Phone:** (800) 926-8273  
**Provider Gender:** Female  
**License number:** A110217  
**NPI:** 1265695795  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Mandarin  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

**JUANG, PATRICIA S**  
**Provider ID:** 83642  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**4168 FRONT ST**  
**SAN DIEGO, CA 92103-2030**  
**Phone:** (858) 657-1636  
**Fax:** (858) 657-7298  
**After Hours Phone:** (858) 657-1636

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Female  
*License number:* A110217  
*NPI:* 1265695795  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KIM, JANE J**

*Provider ID:* 52051  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6789  
*Fax:*  
*After Hours Phone:* (858) 966-6789  
*Provider Gender:* Female  
*License number:* C51620  
*NPI:* 1235200098  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Medical Ctr At Ucsf  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KULASA, KRISTEN M**

*Provider ID:* 255622  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (619) 543-6500  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A96293  
*NPI:* 1932324175

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KULASA, KRISTEN M**

*Provider ID:* 64591  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST # 1A  
 SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-6303  
*Fax:*  
*After Hours Phone:* (619) 543-6303  
*Provider Gender:* Female  
*License number:* A96293  
*NPI:* 1932324175  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LEVINE, MATTHEW J**

*Provider ID:* 64600  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:* (858) 764-3360  
*After Hours Phone:* (619) 543-6248  
*Provider Gender:* Male  
*License number:* A77126  
*NPI:* 1801994231  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No

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## D. Specialist Provider Directory

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **MARINKOVIC, MAJA**

*Provider ID:* 52053

*Board Certified Specialty:* No

**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED FNDTN**

3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4003

*Fax:*

*After Hours Phone:* (858) 966-4003

*Provider Gender:* Female

*License number:* A95251

*NPI:* 1053469767

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **MARX, CHRISTOPHER W**

*Provider ID:* 25723

*Board Certified Specialty:* No  
**LOGAN HEIGHTS FAMILY  
HEALTH CENTER**

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619) 515-2300

*Provider Gender:* Male

*License number:* G58195

*NPI:* 1811958929

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps  
Green Hospital, Scripps  
Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* ME

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

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Logan Heights  
Family Health Center

*IPA:*

### **MCCALLUM, JAMES D**

*Provider ID:* 25724

*Board Certified Specialty:* No  
**LOGAN HEIGHTS FAMILY  
HEALTH CENTER**

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619) 515-2300

*Provider Gender:* Male

*License number:* A55708

*NPI:* 1609838994

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Rady

Childrens Hospital San Diego,

Scripps Green Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* ME

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

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Logan Heights  
Family Health Center

*IPA:*

### **MCCALLUM, JAMES D**

*Provider ID:* 64610

*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**

4168 FRONT ST

SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-6248

*Fax:*

*After Hours Phone:* (619) 543-6248

*Provider Gender:* Male

*License number:* A55708

*NPI:* 1609838994

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Rady

Childrens Hospital San Diego,

Scripps Green Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **NAGELBERG, JODI B**

Provider ID: 287779  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122-1013  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A146838  
NPI: 1720474141  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **NAGELBERG, JODI B**

Provider ID: 287780  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST  
SAN DIEGO, CA 92103-2108

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A146838  
NPI: 1720474141  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **NAGELBERG, JODI B**

Provider ID: 287781  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A146838  
NPI: 1720474141  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **NAGELBERG, JODI B**

Provider ID: 287782  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9909 MIRA MESA BLVD STE  
200  
SAN DIEGO, CA 92131-1061  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A146838  
NPI: 1720474141  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **NYHAN, WILLIAM L**

Provider ID: 205654  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 4  
NORTH  
SAN DIEGO, CA 92123-4232

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (858) 966-5840  
 Fax: (858) 966-7942  
 After Hours Phone: (858) 966-5840  
 Provider Gender: Male  
 License number: C30911  
 NPI: 1710041462  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: ME  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **PHILIS-TSIMIKAS, ATHENA**

Provider ID: 109606  
 Board Certified Specialty: No  
 LOGAN HEIGHTS FAMILY HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Provider Gender: Female  
 License number: A50477  
 NPI: 1922105964  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Greek  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps

Memorial Hospital Encinitas, Scripps Green Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Logan Heights Family Health Center  
 IPA:

### **RIVERA-VEGA, MICHELLE Y**

Provider ID: 259111  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-4032  
 Fax: (858) 966-6227  
 After Hours Phone: (858) 966-4032  
 Provider Gender: Female  
 License number: C167414  
 NPI: 1992992432  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health

Network

### **SANTOS CAVAIOLA, TRICIA**

Provider ID: 256091  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (800) 926-8273  
 Fax: (858) 657-7298  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A108282  
 NPI: 1518163799  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **TANTISIRA, LALITA K**

Provider ID: 286323  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4303 LA JOLLA VILLAGE DR  
 STE 2110  
 SAN DIEGO, CA 92122-1396  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: C170095  
 NPI: 1508874298

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Thai  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **VARGAS TRUJILLO, MARCELA**

*Provider ID:* 102679  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:*  
*After Hours Phone:* (858) 966-4003  
*Provider Gender:* Female  
*License number:* A139213  
*NPI:* 1952534091  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network  
**YU, JOSEPH J**  
*Provider ID:* 64668  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6303  
*Fax:* (619) 543-7352  
*After Hours Phone:* (619) 543-6303  
*Provider Gender:* Male  
*License number:* A56057  
*NPI:* 1669464103  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Ucsd Medical Ctr, Palomar Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **FAMILY PRACTICE GERIATRIC MEDICINE**

**MILLER, SCOTT B , MD**  
*Provider ID:* 271539  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC

9878 CARMEL MOUNTAIN RD  
 STE B  
 SAN DIEGO, CA 92129-2893  
*Phone:* (858) 312-1440  
*Fax:* (858) 484-3474  
*After Hours Phone:* (858) 312-1440  
*Provider Gender:* Male  
*License number:* G129295  
*NPI:* 1104845536  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **FAMILY PRACTICE SPORTS MEDICINE**

**ACHAR, SURAJ A**  
*Provider ID:* 255632  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6789  
*Fax:* (858) 966-6706  
*After Hours Phone:* (858) 966-6789  
*Provider Gender:* Male  
*License number:* G80093  
*NPI:* 1235167321  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, Spanish

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## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **KAUFMAN, ELIZABETH A**

*Provider ID:* 285905

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-6789

*Fax:* (858) 966-6706

*After Hours Phone:* (858)

966-6789

*Provider Gender:* Female

*License number:* A135037

*NPI:* 1942644679

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Green Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **SPRING, JASON E**

*Provider ID:* 271551

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
16918 DOVE CANYON RD  
SAN DIEGO, CA 92127-3445

*Phone:* (858) 924-1900

*Fax:* (858) 924-1949

*After Hours Phone:* (858)  
924-1900

*Provider Gender:* Male

*License number:* 20A9497

*NPI:* 1114011459

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

*Provider Gender:* Male

*License number:* G80093

*NPI:* 1235167321

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
French, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **ARRIETA, NOEMI J**

*Provider ID:* 109765

*Board Certified Specialty:* No  
LOGAN HEIGHTS FAMILY HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Provider Gender:* Female

*License number:* 20A11153

*NPI:* 1912223496

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

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### **FAMILY PRACTICE**

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### **ACHAR, SURAJ A**

*Provider ID:* 65095

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121-2113

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)  
926-8273

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/> <i>♿ Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medical Group(s):</i> Logan Heights<br/> Family Health Center<br/> <i>IPA:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>IHP ST VINCENT DE PAUL<br/> VILLAGE<br/> 1501 IMPERIAL AVE<br/> SAN DIEGO, CA 92101-7638<br/> <i>Phone:</i> (619) 233-8500<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619)<br/> 233-8500<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> C53121<br/> <i>NPI:</i> 1952390437<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical<br/> Ctr, Ucsd La Jolla John Sally<br/> Thornton<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/> No<br/> <i>♿ Accessibility:</i><br/> <i>Hours:</i> M-F 8AM-5:30PM, SA<br/> 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i> St Vincent De<br/> Paul Village Family Health<br/> Center<br/> <i>IPA:</i></p> | <p><i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/> No<br/> <i>♿ Accessibility:</i><br/> <i>Hours:</i> M-W,F 8:30AM-5:30PM,<br/> TH 9AM-6PM, SA 9AM-5PM<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medical Group(s):</i> Family Hlth Ctr<br/> San Diego-Beach Area<br/> <i>IPA:</i></p>                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>BOWER, KIMBERLY A</b><br/> <i>Provider ID:</i> 80008<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS<br/> SPECIALISTS SAN DIEGO MED<br/> FNDTN<br/> 3030 CHILDRENS WAY FL 2<br/> SAN DIEGO, CA 92123-4232<br/> <i>Phone:</i> (858) 966-8022<br/> <i>Fax:</i> (858) 966-8457<br/> <i>After Hours Phone:</i> (858)<br/> 966-8022<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A83280<br/> <i>NPI:</i> 1114005741<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady<br/> Childrens Hospital San Diego,<br/> Scripps Green Hospital<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/> No<br/> <i>♿ Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health<br/> Network</p> | <p><b>BRODSKY, MARK E</b><br/> <i>Provider ID:</i> 109475<br/> <i>Board Certified Specialty:</i> No<br/> FAMILY HLTH CTR SAN<br/> DIEGO-BEACH AREA<br/> 3705 MISSION BLVD<br/> SAN DIEGO, CA 92109-7104<br/> <i>Phone:</i> (619) 515-2444<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619)<br/> 515-2444<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> C53623<br/> <i>NPI:</i> 1346337904</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>BROWNELL, KRISTIN J</b><br/> <i>Provider ID:</i> 65875<br/> <i>Board Certified Specialty:</i> No<br/> CITY HEIGHTS FAMILY<br/> HEALTH CENTERS INC<br/> 5454 EL CAJON BLVD<br/> SAN DIEGO, CA 92115-3621<br/> <i>Phone:</i> (619) 515-2400<br/> <i>Fax:</i> (619) 795-2756<br/> <i>After Hours Phone:</i> (619)<br/> 515-2400<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A80154<br/> <i>NPI:</i> 1134232259<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy<br/> Hospital<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i><br/> No<br/> <i>♿ Accessibility:</i> P, EB, IB, E, R,<br/> T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i> www.fhcsd.org</p> |
| <p><b>BRADY, PATRICIA H</b><br/> <i>Provider ID:</i> 118664<br/> <i>Board Certified Specialty:</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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## D. Specialist Provider Directory

Email:  
Medical Group(s): City Heights  
Family Health Centers Inc  
IPA:

### **BROWN, BRANDON S**

Provider ID: 127602  
Board Certified Specialty: No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Provider Gender: Male  
License number: A148499  
NPI: 1013399559  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Logan Heights  
Family Health Center  
IPA:

### **BUCKHOLZ, GARY T**

Provider ID: 83248  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
Fax: (858) 822-6227  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: A82836  
NPI: 1174601702  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CARSON, COREY M**

Provider ID: 109587  
Board Certified Specialty: No  
FAMILY HLTH CTR SD  
HILLCREST  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2545  
Fax:  
After Hours Phone: (619)  
515-2545  
Provider Gender: Female  
License number: A136616  
NPI: 1245599778  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):

No  
♿ Accessibility:  
Hours: M-TH 8AM-9PM, F  
8AM-5PM, SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Family Hlth Ctr  
Sd Hillcrest  
IPA:

### **CARSON, COREY M**

Provider ID: 110217  
Board Certified Specialty: No  
CITY HEIGHTS FAMILY  
HEALTH CENTERS INC  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619)  
515-2400  
Provider Gender: Female  
License number: A136616  
NPI: 1245599778  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:

Medical Group(s): City Heights  
Family Health Centers Inc  
IPA:

### **CARSON, COREY M**

Provider ID: 110221  
Board Certified Specialty: No

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## D. Specialist Provider Directory

LOGAN HEIGHTS FAMILY  
HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Provider Gender: Female  
License number: A136616  
NPI: 1245599778  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Logan Heights  
Family Health Center  
IPA:

### CHENG, TERRI L

Provider ID: 269914  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2017 1ST AVE STE 100  
SAN DIEGO, CA 92101-9001  
Phone: (619) 881-4516  
Fax:  
After Hours Phone: (619)  
881-4516  
Provider Gender: Female  
License number: A151346  
NPI: 1942644976  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### CHEN, ALICE I

Provider ID: 207163  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121-2113  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: 20A16077  
NPI: 1265810337  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Chinese  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### CHEN, ALICE I

Provider ID: 207164  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST  
SAN DIEGO, CA 92103-2108  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: 20A16077  
NPI: 1265810337  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Chinese  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### CHEN, ALICE I

Provider ID: 207167  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: 20A16077  
NPI: 1265810337  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

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## D. Specialist Provider Directory

Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**CORMAN, DANIEL M**  
*Provider ID:* 114951  
*Board Certified Specialty:* No  
 CITY HEIGHTS FAMILY HEALTH CENTERS INC  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Provider Gender:* Male  
*License number:* 20A13060  
*NPI:* 1629339593  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* City Heights

Family Health Centers Inc  
*IPA:*  
**CORMAN, DANIEL M**  
*Provider ID:* 128274  
*Board Certified Specialty:* No  
 FAMILY HLTH CTR SAN DIEGO-BEACH AREA  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2444  
*Fax:*  
*After Hours Phone:* (619) 515-2444  
*Provider Gender:* Male  
*License number:* 20A13060  
*NPI:* 1629339593  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area  
*IPA:*

**COULSON, LAURA E**  
*Provider ID:* 108550  
*Board Certified Specialty:* No  
 CITY HEIGHTS FAMILY HEALTH CENTERS INC  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Provider Gender:* Female  
*License number:* A76301  
*NPI:* 1447308424  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* City Heights Family Health Centers Inc  
*IPA:*

**EDMONDS, KYLE P**  
*Provider ID:* 83397  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:* (858) 822-6227  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A121683  
*NPI:* 1003044728  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No

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## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GREEN, BRENDA**

Provider ID: 109906  
 Board Certified Specialty: No  
 CITY HEIGHTS FAMILY  
 HEALTH CENTERS INC  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619)  
 515-2400  
 Provider Gender: Female  
 License number: A134406  
 NPI: 1508125410  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, EB, IB, E, R,  
 T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): City Heights  
 Family Health Centers Inc  
 IPA:

### **GRIFFITHS, KENNETH J**

Provider ID: 106937  
 Board Certified Specialty: No

FAMILY HLTH CTR SD  
 HILLCREST  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2545  
 Fax:  
 After Hours Phone: (619)  
 515-2545  
 Provider Gender: Male  
 License number: C52451  
 NPI: 1760563068  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-TH 8AM-9PM, F  
 8AM-5PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr  
 Sd Hillcrest  
 IPA:

### **HALBEISEN, ANNA M**

Provider ID: 128973  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9333 GENESEE AVE STE 200  
 SAN DIEGO, CA 92121-2113  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: 20A12902  
 NPI: 1801044862  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish

Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HALBEISEN, ANNA M**

Provider ID: 128974  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9909 MIRA MESA BLVD STE  
 200  
 SAN DIEGO, CA 92131-1061  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: 20A12902  
 NPI: 1801044862  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

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## D. Specialist Provider Directory

IPA: Ucsd Medical Group

### **HALBEISEN, ANNA M**

Provider ID: 201238

Board Certified Specialty: No

UCSD MEDICAL GROUP

9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121-2113

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: 20A12902

NPI: 1801044862

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **HALBEISEN, ANNA M**

Provider ID: 201239

Board Certified Specialty: No

UCSD MEDICAL GROUP

9909 MIRA MESA BLVD STE  
200

SAN DIEGO, CA 92131-1061

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: 20A12902

NPI: 1801044862

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **HALBEISEN, ANNA M**

Provider ID: 201240

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST  
SAN DIEGO, CA 92103-2108

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: 20A12902

NPI: 1801044862

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **HALBEISEN, ANNA M**

Provider ID: 201241

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR # 1  
SAN DIEGO, CA 92121-3018

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: 20A12902

NPI: 1801044862

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **HAMILTON, LISA MARIE S**

Provider ID: 110638

Board Certified Specialty: No

DIAMOND NEIGHBORHOODS

FAMILY HLTH CTRS INC

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

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## D. Specialist Provider Directory

Phone: (619) 515-2560  
 Fax:  
 After Hours Phone: (619) 515-2560  
 Provider Gender: Female  
 License number: 20A14772  
 NPI: 1235576059  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Diamond Neighborhoods Family Hlth Ctrs Inc  
 IPA:

### **HAMILTON, LISA MARIE S**

Provider ID: 110642  
 Board Certified Specialty: No  
 FAMILY HEALTH CTR SAN DIEGO-OAK PARK  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429  
 Phone: (619) 515-2454  
 Fax:  
 After Hours Phone: (619) 515-2454  
 Provider Gender: Female  
 License number: 20A14772  
 NPI: 1235576059  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None

American Sign Language (ASL): No  
 Accessability:  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Health Ctr San Diego-Oak Park  
 IPA:

### **KAUFHOLD, ANNE D**

Provider ID: 37791  
 Board Certified Specialty: No  
 COMPREHENSIVE HEALTH CENTER METRO  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 Phone: (619) 662-4100  
 Fax: (619) 858-1003  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 License number: A88893  
 NPI: 1164508073  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website: www.ihpsocal.org  
 Email:  
 Medical Group(s): San Ysidro Health Chc - Ocean View  
 IPA:

### **KAUFMAN, JENNIFER CHILYN**

**L**  
 Provider ID: 120073  
 Board Certified Specialty: No  
 CITY HEIGHTS FAMILY HEALTH CENTERS INC  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619) 515-2400  
 Provider Gender: Female  
 License number: G149974  
 NPI: 1407818768  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessability: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): City Heights Family Health Centers Inc  
 IPA:

### **KAUFMAN, JENNIFER CHILYN**

**L**  
 Provider ID: 120074  
 Board Certified Specialty: No  
 FAMILY HEALTH CTR IBARRA  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2426  
 Fax:  
 After Hours Phone: (619) 515-2426  
 Provider Gender: Female  
 License number: G149974

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## D. Specialist Provider Directory

NPI: 1407818768  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

⚡ Accessibility: P, EB, IB, E, R, T  
 Hours: M-F 8:30AM-5:30PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Health Ctr Ibarra  
 IPA:

### KEFLEZIGHI, BAHGHI R

Provider ID: 80429  
 Board Certified Specialty: No  
 DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2560  
 Fax: (619) 263-2499  
 After Hours Phone: (619) 515-2560  
 Provider Gender: Female  
 License number: A100391  
 NPI: 1124210844  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No

⚡ Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Diamond Neighborhoods Family Hlth Ctrs Inc  
 IPA:

### LAUZON, VANESSA L

Provider ID: 110179  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 350 DICKINSON ST  
 SAN DIEGO, CA 92103-1913  
 Phone: (619) 543-6222  
 Fax: (619) 543-3738  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: A112525  
 NPI: 1457507709  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

⚡ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### LINDEMAN, KURTIS P

Provider ID: 64347  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 400

SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9260  
 Fax:  
 After Hours Phone: (619) 471-9260  
 Provider Gender: Male  
 License number: A104052  
 NPI: 1124155791  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ⚡ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### LINDEMAN, KURTIS P

Provider ID: 78875  
 Board Certified Specialty: No  
 IHP ST VINCENT DE PAUL VILLAGE  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
 Phone: (619) 233-8500  
 Fax:  
 After Hours Phone: (619) 233-8500  
 Provider Gender: Male  
 License number: A104052  
 NPI: 1124155791  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):* St Vincent De  
Paul Village Family Health  
Center  
*IPA:*

### **LU, JULIE P**

*Provider ID:* 127485  
*Board Certified Specialty:* No  
FAMILY HEALTH CTR SAN  
DIEGO-OAK PARK  
5160 FEDERAL BLVD  
SAN DIEGO, CA 92105-5429  
*Phone:* (619) 515-2454  
*Fax:*  
*After Hours Phone:* (619)  
515-2454  
*Provider Gender:* Female  
*License number:* 20A14804  
*NPI:* 1619210614  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA  
9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Health

Ctr San Diego-Oak Park  
*IPA:*

### **LYNCH, SHAUNA M**

*Provider ID:* 269894  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1075 CAMINO DEL RIO S  
SAN DIEGO, CA 92108-3538  
*Phone:* (805) 739-8450  
*Fax:*  
*After Hours Phone:* (805)  
739-8450  
*Provider Gender:* Female  
*License number:* 20A11056  
*NPI:* 1356551220

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NOVOTNY, RICHARD W**

*Provider ID:* 110220  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 400  
SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9260  
*Fax:*  
*After Hours Phone:* (619)  
471-9260  
*Provider Gender:* Male  
*License number:* A143811  
*NPI:* 1588002877  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **NUQUI, JOSIE C**

*Provider ID:* 129962  
*Board Certified Specialty:* No  
OPERATION SAMAHAN - MIRA  
MESA  
9855 ERMA RD STE 105  
SAN DIEGO, CA 92131-1007  
*Phone:* (844) 200-2426  
*Fax:*  
*After Hours Phone:* (844)  
200-2426  
*Provider Gender:* Female  
*License number:* A71544  
*NPI:* 1184773673  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
www.operationsamahan.org  
*Email:*  
*Medical Group(s):* Operation

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Samahan - Mira Mesa

IPA:

### **ROSENBLUM, ELIZABETH**

Provider ID: 64380

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST # 400

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9260

Fax:

After Hours Phone: (619)

471-9260

Provider Gender: Female

License number: C52654

NPI: 1669497939

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SANNIDHI, DEEPA V**

Provider ID: 117559

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST

SAN DIEGO, CA 92103-2108

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A136286

NPI: 1083007397

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SHAHTAJI, ALAN P**

Provider ID: 69095

Board Certified Specialty: No

UCSD MEDICAL GROUP

9333 GENESEE AVE STE 200

SAN DIEGO, CA 92121-2113

Phone: (858) 657-8600

Fax:

After Hours Phone: (858)

657-8600

Provider Gender: Male

License number: 20A11087

NPI: 1972751089

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SHAHTAJI, ALAN P**

Provider ID: 84780

Board Certified Specialty: No

UCSD MEDICAL GROUP

9909 MIRA MESA BLVD STE

200

SAN DIEGO, CA 92131-1061

Phone: (858) 657-7750

Fax:

After Hours Phone: (858)

657-7750

Provider Gender: Male

License number: 20A11087

NPI: 1972751089

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SMOOT, CHARLES B**

Provider ID: 39265

Board Certified Specialty: No

LOGAN HEIGHTS FAMILY

HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

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## D. Specialist Provider Directory

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*Provider Gender:* Male  
*License number:* A97036  
*NPI:* 1245490358  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights Family Health Center  
*IPA:*

### **TAYLOR, KENNETH S**

*Provider ID:* 65106  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121-2113  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A55037  
*NPI:* 1265458269  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **THOMAS, ZACHARY S**

*Provider ID:* 123029  
*Board Certified Specialty:* No  
CITY HEIGHTS FAMILY HEALTH CENTERS INC  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Provider Gender:* Male  
*License number:* A145023  
*NPI:* 1326453119  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* City Heights Family Health Centers Inc  
*IPA:*

### **TRAN, UYEN THAO P**

*Provider ID:* 25643  
*Board Certified Specialty:* No  
LOGAN HEIGHTS FAMILY HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300  
*Fax:* (619) 795-2756  
*After Hours Phone:* (619) 515-2300  
*Provider Gender:* Female  
*License number:* A76709  
*NPI:* 1891720355  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights Family Health Center  
*IPA:*

### **TRAN, UYEN THAO P**

*Provider ID:* 65771  
*Board Certified Specialty:* No  
CITY HEIGHTS FAMILY HEALTH CENTERS INC  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Provider Gender:* Female  
*License number:* A76709  
*NPI:* 1891720355  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Hospital, Scripps Mercy Hospital  
Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): City Heights

Family Health Centers Inc

IPA:

### YEUNG, HEIDI N

Provider ID: 84253

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Female

License number: A103222

NPI: 1316125198

Provider English Spoken: Yes

Provider Language(s) Spoken:

French

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### FEMALE PELVIC MED AND RECONSTRUCTIVE SURG

### LUKACZ, EMILY S

Provider ID: 256955

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A63540

NPI: 1750339446

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### LUKACZ, EMILY S

Provider ID: 256956

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE 360

SAN DIEGO, CA 92121-3020

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A63540

NPI: 1750339446

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 16/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### GASTROENTEROLOGY

### AJMERA, VEERAL H

Provider ID: 116559

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: A124545

NPI: 1932429842

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

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## D. Specialist Provider Directory

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*Email:*

*Medical Group(s):*

*IPA:*

**ANAND, GOBIND S**

*Provider ID:* 272837

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-2347

*Fax:* (858) 657-7259

*After Hours Phone:* (619)

543-2347

*Provider Gender:* Male

*License number:* A120739

*NPI:* 1861626814

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

**BAUMAN, LAURA E**

*Provider ID:* 260041

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4003

*Fax:* (858) 560-6798

*After Hours Phone:* (858)

966-4003

*Provider Gender:* Female

*License number:* A157981

*NPI:* 1255697850

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/99

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**BORTNIKER, ETHAN I**

*Provider ID:* 238774

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A155188

*NPI:* 1396905576

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

**CHOI, LILLIAN J**

*Provider ID:* 206042

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL 2

SOUTH

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4003

*Fax:* (858) 560-6798

*After Hours Phone:* (858)

966-4003

*Provider Gender:* Female

*License number:* A90646

*NPI:* 1831350453

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Korean

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**COPUR DAHI, NEDRET**

*Provider ID:* 63862

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Phone: (619) 543-6222  
Fax: (619) 543-7731  
After Hours Phone: (619) 543-6222

Provider Gender: Female  
License number: A99701  
NPI: 1932290145  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Turkish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

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

### **CUBAS, IVAN P**

Provider ID: 262292  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114-3629  
Phone: (619) 266-3332  
Fax: (619) 266-6000  
After Hours Phone: (619) 266-3332  
Provider Gender: Male  
License number: C55825  
NPI: 1447464912  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Portuguese, Spanish  
Cultural Competency: No  
Hospital Affiliation: Paradise Valley Hospital, Scripps Mercy

Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings Medical Group-Sd

### **CUBAS, IVAN P**

Provider ID: 88139  
Board Certified Specialty: No  
DIGESTIVE DISEASE ASSOCS INC  
292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114-3629  
Phone: (619) 266-3332  
Fax: (619) 266-6000  
After Hours Phone: (619) 266-3332  
Provider Gender: Male  
License number: C55825  
NPI: 1447464912  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Portuguese, Spanish  
Cultural Competency: No  
Hospital Affiliation: Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, W  
Hours: M-F 9AM-5PM, SA

9AM-5PM  
Website: www.3dcinc.com  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings Medical Group-Sd

### **DAVE, SHRAVAN S**

Provider ID: 270450  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR # 7  
SAN DIEGO, CA 92121-3021  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A139385  
NPI: 1588081814  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **DESTA, TADDESE T**

Provider ID: 26477  
Board Certified Specialty: No  
DIGESTIVE DISEASE ASSOCS INC  
292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114-3629

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## D. Specialist Provider Directory

*Phone:* (619) 266-3332  
*Fax:* (619) 266-6000  
*After Hours Phone:* (619) 266-3332  
*Provider Gender:* Male  
*License number:* A49164  
*NPI:* 1346326246  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Amharic, Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

**DESTA, TADDESE T**  
*Provider ID:* 26477  
*Board Certified Specialty:* No  
 DIGESTIVE DISEASE ASSOCS INC  
 292 EUCLID AVE STE 115  
 SAN DIEGO, CA 92114-3629  
*Phone:* (619) 266-3332  
*Fax:* (619) 266-6006  
*After Hours Phone:* (619) 266-3332  
*Provider Gender:* Male  
*License number:* A49164  
*NPI:* 1346326246  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Amharic, Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:* www.3dcinc.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

**DEVER, JOHN B**  
*Provider ID:* 110435  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A114858  
*NPI:* 1093918724  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**FELDSTEIN, ARIEL E**  
*Provider ID:* 79848  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:*  
*After Hours Phone:* (858) 966-4003  
*Provider Gender:* Male  
*License number:* C54991  
*NPI:* 1174587281  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**GARCIA, MARY ABIGAIL S**  
*Provider ID:* 205694  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2  
 SOUTH

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## D. Specialist Provider Directory

SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:* (858) 560-6798  
*After Hours Phone:* (858) 966-4003  
*Provider Gender:* Female  
*License number:* A89980  
*NPI:* 1386805877  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**HASSANEIN, TAREK I , MD**  
*Provider ID:* 269557  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 995 GATEWAY CENTER WAY  
 STE 105  
 SAN DIEGO, CA 92102-4544  
*Phone:* (619) 264-1934  
*Fax:* (619) 264-1937  
*After Hours Phone:* (619) 264-1934  
*Provider Gender:* Male  
*License number:* A54452  
*NPI:* 1801854450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French, German, Spanish, Urdu  
*Cultural Competency:* No

*Hospital Affiliation:* Parkview Community Hospital Medical Center, Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr, Saddleback Memorial Med Ctr, Scripps Mercy Hospital Chula Vista, Riverside Community Hosp, Childrens Hospital At Mission, Grossmont Hospital, Alvarado Hospital Llc, Hoag Hospital Irvine  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**HEMPERLY, AMY V**  
*Provider ID:* 244166  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:* (858) 560-6798  
*After Hours Phone:* (858) 966-4003  
*Provider Gender:* Female  
*License number:* 20A14741  
*NPI:* 1881960888  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**HEMPERLY, AMY V**  
*Provider ID:* 259013  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-4003  
*Fax:* (858) 560-6798  
*After Hours Phone:* (858) 966-4003

*Provider Gender:* Female  
*License number:* 20A14741  
*NPI:* 1881960888  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/25  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**HILDRETH, AMBER N**  
*Provider ID:* 280464

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## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:* (858) 560-6798  
*After Hours Phone:* (858) 966-4003  
*Provider Gender:* Female  
*License number:* 20A14177  
*NPI:* 1548521511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HOM, XENIA B**

*Provider ID:* 206024  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3030 CHILDRENS WAY FL 2 SOUTH  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:* (858) 560-6798  
*After Hours Phone:* (858) 576-1700  
*Provider Gender:* Female  
*License number:* G86642  
*NPI:* 1982775748  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Chinese (Family), Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HUANG, JEANNIE S**

*Provider ID:* 205939  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3030 CHILDRENS WAY FL 2 SOUTH  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:* (858) 560-6798  
*After Hours Phone:* (858) 966-1700  
*Provider Gender:* Female  
*License number:* A61762  
*NPI:* 1013088871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Naval Medical Ctr Sd Rbe  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KALMAZ, DENISE**

*Provider ID:* 63987  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2347  
*Fax:* (619) 543-7731  
*After Hours Phone:* (619) 543-2347  
*Provider Gender:* Female  
*License number:* A87252  
*NPI:* 1275700973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KLAPHEKE, ROBERT W**

*Provider ID:* 283346  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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## D. Specialist Provider Directory

*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A154916  
*NPI:* 1891113288  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KONO, YUKO**

*Provider ID:* 64589  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:*  
*After Hours Phone:* (619) 543-6248  
*Provider Gender:* Female  
*License number:* A111039  
*NPI:* 1982628665  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KONO, YUKO**

*Provider ID:* 83663  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:* (619) 471-9473  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Female  
*License number:* A111039  
*NPI:* 1982628665  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KONO, YUKO**

*Provider ID:* 83664  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619) 471-9240  
*Provider Gender:* Female  
*License number:* A111039  
*NPI:* 1982628665  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KUMAR, SOMA**

*Provider ID:* 205377  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2 SOUTH  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:* (858) 560-6798  
*After Hours Phone:* (858) 966-4003  
*Provider Gender:* Female  
*License number:* A140223  
*NPI:* 1356502520  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**MENDLER, MICHEL H**  
*Provider ID:* 210291  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR FL 2  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A78316  
*NPI:* 1134232051  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French  
*Cultural Competency:* No  
*Hospital Affiliation:* Keck Hospital  
Of USC, Ucsd Medical Ctr, USC  
Kenneth Norris Jr Cancer  
Hospital, Lac USC Medical  
Center, Lac Rancho Los Amigos  
National Rehab Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**MENDLER, MICHEL H**  
*Provider ID:* 210293  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR # 7  
SAN DIEGO, CA 92121-3021  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A78316  
*NPI:* 1134232051  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Lac USC Medical Center, Lac  
Rancho Los Amigos National  
Rehab Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**MENDLER, MICHEL H**  
*Provider ID:* 64079  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222  
*Fax:* (909) 558-6415  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* A78316  
*NPI:* 1134232051  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Lac USC Medical Center, Lac  
Rancho Los Amigos National  
Rehab Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**PATEL, DEREK R**  
*Provider ID:* 64130  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2347  
*Fax:*  
*After Hours Phone:* (619)  
543-2347  
*Provider Gender:* Male  
*License number:* A69111  
*NPI:* 1073538385  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No

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## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **PATTON, HEATHER M**

Provider ID: 64627  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST FL 2  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-5415  
 Fax:  
 After Hours Phone: (619) 543-5415  
 Provider Gender: Female  
 License number: A75284  
 NPI: 1396796124  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Palomar Health Downtown Campus, Ucsd Medical Ctr, Palomar Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **POLK, DAVID B**

Provider ID: 275449  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

NETWORK  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760) 294-9260  
 Provider Gender: Male  
 License number: A43654  
 NPI: 1427140839  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **REDDY, ANANTHRAM P , MD**

Provider ID: 34354  
 Board Certified Specialty: Yes  
 SUMANA AND ANANTHRAM REDDY MD INC  
 6699 ALVARADO RD STE 2301  
 SAN DIEGO, CA 92120-5241  
 Phone: (619) 229-1005  
 Fax: (619) 588-4004  
 After Hours Phone: (619) 229-1005  
 Provider Gender: Male  
 License number: C52423  
 NPI: 1124014923  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cambodian, Hindi, Spanish

Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **REDDY, ANANTHRAM P**

Provider ID: 34354  
 Board Certified Specialty: Yes  
 SUMANA AND ANANTHRAM REDDY MD INC  
 6699 ALVARADO RD STE 2301  
 SAN DIEGO, CA 92120-5241  
 Phone: (619) 229-1005  
 Fax: (619) 588-4004  
 After Hours Phone: (619) 229-1005  
 Provider Gender: Male  
 License number: C52423  
 NPI: 1124014923  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cambodian, Hindi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **REDDY, ANANTHRAM P**

Provider ID: 34354

Board Certified Specialty: No  
SUMANA AND ANANTHRAM  
REDDY MD INC

6699 ALVARADO RD STE 2301

SAN DIEGO, CA 92120-5241

Phone: (619) 299-1005

Fax: (619) 326-0380

After Hours Phone: (619)

299-1005

Provider Gender: Male

License number: C52423

NPI: 1124014923

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cambodian, Hindi, Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Alvarado Hospital Llc

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### **REDDY, JOSEPH B**

Provider ID: 27748

Board Certified Specialty: No

ADVANCED ENDOSCOPY

CONSULTANTS INC

6699 ALVARADO RD STE 2301

SAN DIEGO, CA 92120-5241

Phone: (619) 588-4074

Fax: (619) 588-4004

After Hours Phone: (619)

588-4074

Provider Gender: Male

License number: A46472

NPI: 1245215391

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Spanish, Telugu

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Alvarado Hospital Llc

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-W 8AM-5PM, TH,F

8AM-3PM, SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Imperial Health Holdings

Medical Group-Sd

### **REDDY, JOSEPH B**

Provider ID: 27748

Board Certified Specialty: Yes

ADVANCED ENDOSCOPY

CONSULTANTS INC

6699 ALVARADO RD STE 2301

SAN DIEGO, CA 92120-5241

Phone: (619) 270-5665

Fax: (619) 588-4004

After Hours Phone: (619)

270-5665

Provider Gender: Male

License number: A46472

NPI: 1245215391

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Spanish, Telugu

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Alvarado Hospital Llc

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Imperial Health Holdings

Medical Group-Sd

### **SCHAEFFER, CYNTHIA L**

Provider ID: 26694

Board Certified Specialty: No

DIGESTIVE DISEASE ASSOCS

INC

292 EUCLID AVE STE 115

SAN DIEGO, CA 92114-3629

Phone: (619) 266-3332

Fax: (619) 266-6000

After Hours Phone: (619)

266-3332

Provider Gender: Female

License number: A91771

NPI: 1740352293

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Paradise

Valley Hospital, Scripps Mercy

Hospital Chula Vista, Sharp

Chula Vista Med Ctr, Scripps

Memorial Hospital, Scripps

Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

Website:

Email:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Medical Group(s):*  
IPA: Imperial Health Holdings  
Medical Group-Sd

### **SCHAEFFER, CYNTHIA L**

*Provider ID:* 26694  
*Board Certified Specialty:* No  
DIGESTIVE DISEASE ASSOCS  
INC

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114-3629

*Phone:* (619) 266-3332

*Fax:* (619) 266-6000

*After Hours Phone:* (619)  
266-3332

*Provider Gender:* Female

*License number:* A91771

*NPI:* 1740352293

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Paradise  
Valley Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp  
Chula Vista Med Ctr, Scripps  
Memorial Hospital, Scripps  
Mercy Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R,  
T, W

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

*Website:* www.3dcinc.com

*Email:*

*Medical Group(s):*

IPA: Imperial Health Holdings  
Medical Group-Sd

### **SHAH, SHAILJA C**

*Provider ID:* 283896

*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female

*License number:* A125800

*NPI:* 1073803243

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

IPA: Ucsd Medical Group

### **THOMAS, CARLTON W**

*Provider ID:* 125014

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114-3629

*Phone:* (619) 266-3332

*Fax:* (619) 266-6006

*After Hours Phone:* (619)  
266-3332

*Provider Gender:* Male

*License number:* A88112

*NPI:* 1205881398

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Paradise  
Valley Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp  
Chula Vista Med Ctr, Scripps  
Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

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

*Website:*

*Email:*

*Medical Group(s):*

IPA: Imperial Health Holdings  
Medical Group-Sd

### **THOMAS, CARLTON W**

*Provider ID:* 54337

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101-2650

*Phone:* (619) 266-3332

*Fax:* (619) 266-6000

*After Hours Phone:* (619)  
266-3332

*Provider Gender:* Male

*License number:* A88112

*NPI:* 1205881398

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Paradise  
Valley Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp  
Chula Vista Med Ctr, Scripps  
Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Imperial Health Holdings

Medical Group-Sd

### **THOMAS, CARLTON W**

*Provider ID:* 66107

*Board Certified Specialty:* No  
DIGESTIVE DISEASE ASSOCS  
INC

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114-3629

*Phone:* (619) 266-3332

*Fax:*

*After Hours Phone:* (619)  
266-3332

*Provider Gender:* Male

*License number:* A88112

*NPI:* 1205881398

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Paradise  
Valley Hospital, Scripps Mercy  
Hospital Chula Vista, Sharp  
Chula Vista Med Ctr, Scripps  
Mercy Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R,  
T, W

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

*Website:* www.3dcinc.com

*Email:*

*Medical Group(s):*

*IPA:* Imperial Health Holdings  
Medical Group-Sd

### **WONG, GREGORY K**

*Provider ID:* 279598

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4003

*Fax:* (858) 560-6798

*After Hours Phone:* (858)

966-4003

*Provider Gender:* Male

*License number:* A124939

*NPI:* 1386977288

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Childrens  
Hospital Of Orange County,  
Pomona Valley Hosp Med Ctr,  
Providence St Joseph Hospital,  
Fountain Valley Regional Hosp  
And Med Ctr, Childrens Hospital  
At Mission, Rady Childrens  
Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **YANG, EDWARD**

*Provider ID:* 283165

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Male

*License number:* A154057

*NPI:* 1437545654

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

## **GENERAL PRACTICE**

### **BORRERO, MARCOS**

*Provider ID:* 125077

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

3490 PALM AVE

SAN DIEGO, CA 92154-1664

*Phone:* (619) 423-5616

*Fax:* (619) 423-5686

*After Hours Phone:* (619)  
423-5616

*Provider Gender:* Male

*License number:* A38907

*NPI:* 1952312621

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Scripps Mercy

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## D. Specialist Provider Directory

Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No

♿ Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings  
 Medical Group-Sd

### **GENETICS CLINICAL BIOCHEMICAL**

#### **LEVINE, FRED**

Provider ID: 206098  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 4  
 NORTH  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-5840  
 Fax: (858) 966-7942  
 After Hours Phone: (858)  
 966-5840  
 Provider Gender: Male  
 License number: G65341  
 NPI: 1154493476  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA: Rady Childrens Health  
 Network

### **GENETICS CLINICAL**

#### **JONES, KENNETH L**

Provider ID: 276105  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 7910 FROST ST STE 230  
 SAN DIEGO, CA 92123-2776  
 Phone: (858) 502-1100  
 Fax: (858) 505-9931  
 After Hours Phone: (858)  
 502-1100  
 Provider Gender: Male  
 License number: G29045  
 NPI: 1962550673  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GENETICS MEDICAL**

#### **BARSHOP, BRUCE A**

Provider ID: 202349  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 212 DICKINSON ST # CTFB213  
 SAN DIEGO, CA 92103-2071

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
 926-8273

Provider Gender: Male

License number: G58157

NPI: 1477624237

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
 Ctr, Rady Childrens Hospital San  
 Diego, Ucsd La Jolla John Sally  
 Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
 No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

#### **BIRD, LYNNE M**

Provider ID: 206065  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
 Phone: (858) 966-7484  
 Fax: (858) 966-4064  
 After Hours Phone: (858)  
 966-7484  
 Provider Gender: Female  
 License number: A45464  
 NPI: 1487725230  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Sharp

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

Mary Birch Hosp For Women  
And Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R, T

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **BIRD, LYNNE M**

*Provider ID:* 257903

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-1700

*Fax:* (858) 966-4064

*After Hours Phone:* (858)

966-1700

*Provider Gender:* Female

*License number:* A45464

*NPI:* 1487725230

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital, Sharp

Mary Birch Hosp For Women

And Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/25

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **BIRD, LYNNE M**

*Provider ID:* 52305

*Board Certified Specialty:* No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

*Phone:* (858) 966-7484

*Fax:* (858) 966-4064

*After Hours Phone:* (858)

966-7484

*Provider Gender:* Female

*License number:* A45464

*NPI:* 1487725230

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital, Sharp

Mary Birch Hosp For Women

And Newborns

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, R,

T, W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **DEL CAMPO CASANELLES, MIGUEL**

*Provider ID:* 102437

*Board Certified Specialty:* No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

*Phone:* (858) 966-7484

*Fax:* (858) 966-4064

*After Hours Phone:* (858)

966-7484

*Provider Gender:* Male

*License number:* F30

*NPI:* 1598141475

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

French, Italian, Portuguese,  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Ucsd Medical Ctr, Ucsd La Jolla

John Sally Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, R,  
T, W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **DEL CAMPO CASANELLES, MIGUEL**

*Provider ID:* 206013

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

*Phone:* (858) 966-7484

*Fax:* (858) 966-4064

*After Hours Phone:* (858)

966-7484

*Provider Gender:* Male

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## D. Specialist Provider Directory

*License number:* F30  
*NPI:* 1598141475  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Italian, Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **JONES, MARILYN C**

*Provider ID:* 202348  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4910 DIRECTORS PL STE 200  
 SAN DIEGO, CA 92121-3814  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* G30850  
*NPI:* 1295806040  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **JONES, MARILYN C**

*Provider ID:* 206268  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-7484  
*Fax:* (858) 966-4064  
*After Hours Phone:* (858) 966-7484  
*Provider Gender:* Female  
*License number:* G30850  
*NPI:* 1295806040  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

*♿ Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **JONES, MARILYN C**

*Provider ID:* 243882

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5840  
*Fax:* (858) 966-8550  
*After Hours Phone:* (858) 966-5840  
*Provider Gender:* Female  
*License number:* G30850  
*NPI:* 1295806040  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **LEVINE, FRED**

*Provider ID:* 52504  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6789  
*Fax:*  
*After Hours Phone:* (858) 966-6789  
*Provider Gender:* Male  
*License number:* G65341

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*NPI:* 1154493476

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **MARDACH, REBECCA**

*Provider ID:* 241946

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

*Phone:* (858) 966-5840

*Fax:*

*After Hours Phone:* (858)

966-5840

*Provider Gender:* Female

*License number:* A45110

*NPI:* 1457330607

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ronald

Reagan UCLA Med Ctr, UC Davis

Medical Ctr, Rady Childrens

Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **MARDACH, REBECCA**

*Provider ID:* 241947

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL 4

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-5840

*Fax:*

*After Hours Phone:* (858)

966-5840

*Provider Gender:* Female

*License number:* A45110

*NPI:* 1457330607

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ronald

Reagan UCLA Med Ctr, UC Davis

Medical Ctr, Rady Childrens

Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **NIEMI, ANNA-KAISA**

*Provider ID:* 127720

*Board Certified Specialty:* No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5841

*Fax:*

*After Hours Phone:* (858)

966-5841

*Provider Gender:* Female

*License number:* A104907

*NPI:* 1497941397

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **NIEMI, ANNA-KAISA**

*Provider ID:* 127721

*Board Certified Specialty:* No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

4077 5TH AVE

SAN DIEGO, CA 92103-2105

*Phone:* (619) 260-7046

*Fax:*

*After Hours Phone:* (619)

260-7046

*Provider Gender:* Female

*License number:* A104907

*NPI:* 1497941397

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### WIGBY, KRISTEN M

Provider ID: 206185

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

Phone: (858) 966-7484

Fax: (858) 966-4064

After Hours Phone: (858) 966-7484

Provider Gender: Female

License number: A136240

NPI: 1487920724

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### GYNECOLOGY

#### WEBER, AKILAH F

Provider ID: 206332

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

Phone: (858) 966-7484

Fax: (858) 966-4064

After Hours Phone: (858) 966-7484

Provider Gender: Female

License number: C56035

NPI: 1760652713

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL): No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

Phone: (619) 583-7002

Fax: (619) 583-9404

After Hours Phone: (619) 583-7002

Provider Gender: Female

License number: HA7100

NPI: 1063558856

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### ANDERSON, ELAINE M , MD

Provider ID: 268691

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9340 CLAIREMONT MESA BLVD STE D

SAN DIEGO, CA 92123-1224

Phone: (858) 278-9911

Fax: (858) 565-7324

After Hours Phone: (858) 278-9911

Provider Gender: Female

License number: HA7100

NPI: 1063558856

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL): No

♿ Accessibility:

### HEARING AID DEALER / SUPPLIER

#### ANDERSON, ELAINE M , MD

Provider ID: 268689

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
6367 ALVARADO CT STE 101  
SAN DIEGO, CA 92120-4914

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## D. Specialist Provider Directory

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **DANDURAND, JOHN M , MD**

Provider ID: 269781

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

6367 ALVARADO CT

SAN DIEGO, CA 92120-4904

Phone: (619) 824-3138

Fax: (619) 583-9404

After Hours Phone: (619)

824-3138

Provider Gender: Male

License number: HA2056

NPI: 1497901680

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **DAVIS, KELLE L , MD**

Provider ID: 268652

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

6367 ALVARADO CT STE 101

SAN DIEGO, CA 92120-4914

Phone: (619) 583-7002

Fax: (619) 583-9404

After Hours Phone: (619)

583-7002

Provider Gender: Female

License number: HA6083

NPI: 1902853344

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **DAVIS, KELLE L , MD**

Provider ID: 268653

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

9340 CLAIREMONT MESA

BLVD STE D

SAN DIEGO, CA 92123-1224

Phone: (858) 278-9911

Fax: (858) 565-7324

After Hours Phone: (858)

278-9911

Provider Gender: Female

License number: HA6083

NPI: 1902853344

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

## **HEMATOLOGY / ONCOLOGY**

### **ARISTIZABAL, MARIA P**

Provider ID: 78395

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

3010 CHILDRENS WAY # 2W

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5811

Fax:

After Hours Phone: (858)

966-5811

Provider Gender: Female

License number: A127586

NPI: 1154662583

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **BESSUDO, ALBERTO, MD**

Provider ID: 256962

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

16918 DOVE CANYON RD STE

103

SAN DIEGO, CA 92127-3455

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858) 649-5100  
*Provider Gender:* Male  
*License number:* A50309  
*NPI:* 1003888074  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **BOTTA, GREGORY P**

*Provider ID:* 242347  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A140495  
*NPI:* 1881006955  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DING, HILDA H**

*Provider ID:* 109323  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3010 CHILDRENS WAY # 2W  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:*  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Female  
*License number:* A144295  
*NPI:* 1780813923  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **EISENBERG, STEVEN G**

*Provider ID:* 242455  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858) 649-5100  
*Provider Gender:* Male  
*License number:* 20A8293  
*NPI:* 1831162627  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **FLORES, EDNA I**

*Provider ID:* 115370  
*Board Certified Specialty:* No  
 CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455

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## D. Specialist Provider Directory

*Phone:* (858) 649-5100

*Fax:*

*After Hours Phone:* (858)  
649-5100

*Provider Gender:* Female

*License number:* A114373

*NPI:* 1396994604

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Pioneers

Memorial Hospital, Scripps

Memorial Hospital Encinitas,

Scripps Memorial Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **FRAKES, LAURIE A**

*Provider ID:* 68216

*Board Certified Specialty:* No

CALIFORNIA CANCER  
ASSOCS FOR RESEARCH AND  
EXCELL

16918 DOVE CANYON RD STE  
103

SAN DIEGO, CA 92127-3455

*Phone:* (858) 649-5100

*Fax:*

*After Hours Phone:* (858)

649-5100

*Provider Gender:* Female

*License number:* A52663

*NPI:* 1174595144

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

Medical Ctr, Scripps Memorial

Hospital, Scripps Memorial

Hospital Encinitas

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **GLOUDE, NICHOLAS J**

*Provider ID:* 117121

*Board Certified Specialty:* No

CHILDRENS HOSP SAN DIEGO  
CHADWICK CTR

3010 CHILDRENS WAY # 2W  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5811

*Fax:*

*After Hours Phone:* (858)

966-5811

*Provider Gender:* Male

*License number:* A119146

*NPI:* 1447527833

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **GOODMAN, AARON M**

*Provider ID:* 216895

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122-1013

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A130400

*NPI:* 1851603559

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **LAMON, JOEL M , MD**

*Provider ID:* 241036

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

16918 DOVE CANYON RD STE  
103

SAN DIEGO, CA 92127-3455

*Phone:* (858) 649-5100

*Fax:* (858) 649-5099

*After Hours Phone:* (858)

649-5100

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* G28164  
*NPI:* 1699721035  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, German, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **LAMON, JOEL M**

*Provider ID:* 68222  
*Board Certified Specialty:* No  
 CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:*  
*After Hours Phone:* (858) 649-5100  
*Provider Gender:* Male  
*License number:* G28164  
*NPI:* 1699721035  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, German, Spanish, Tagalog  
*Cultural Competency:* No

*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **LEE, KAREN K**

*Provider ID:* 284165  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Female  
*License number:* A154276  
*NPI:* 1518352970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health

Network

### **MCKAY, RANA R**

*Provider ID:* 110729  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (858) 822-6100  
*Fax:*  
*After Hours Phone:* (858) 822-6100  
*Provider Gender:* Female  
*License number:* A145444  
*NPI:* 1306013610  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PAUL, MEGAN R**

*Provider ID:* 274499  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY # 2W  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Female  
*License number:* A141572  
*NPI:* 1427495894

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### VON DRYGALSKI, ANNETTE

*Provider ID:* 101374  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 8929 UNIVERSITY CENTER LN  
 STE 201  
 SAN DIEGO, CA 92122-1008  
*Phone:* (858) 657-5947  
*Fax:*  
*After Hours Phone:* (858)  
 657-5947  
*Provider Gender:* Female  
*License number:* A100681  
*NPI:* 1376607036  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Rady Childrens Hospital San  
 Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:*

### VU, PETER

*Provider ID:* 272716  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A149741  
*NPI:* 1861810830  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### ZHOU, JENNY Y

*Provider ID:* 273188  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 9333 GENESEE AVE # 310  
 SAN DIEGO, CA 92121-2111  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A133845

*NPI:* 1598007924  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

## HEPATOLOGY

### BARMAN, PRANAB M

*Provider ID:* 241953  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 315  
 SAN DIEGO, CA 92121-3029  
*Phone:* (800) 826-5273  
*Fax:*  
*After Hours Phone:* (800)  
 826-5273  
*Provider Gender:* Male  
*License number:* A162554  
*NPI:* 1023301991  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **KUO, ALEXANDER**

Provider ID: 64592  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 2  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-5415  
Fax:  
After Hours Phone: (619)  
543-5415  
Provider Gender: Male  
License number: A86787  
NPI: 1912032764  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SHARPTON, SUZANNE**

Provider ID: 245666  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 2  
SAN DIEGO, CA 92103-2030

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A123642  
NPI: 1891084257  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SHARPTON, SUZANNE**

Provider ID: 245668  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR # 7  
SAN DIEGO, CA 92121-3021  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A123642  
NPI: 1891084257  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

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### **HOSPICE AND PALLIATIVE MEDICINE**

---

### **BOWER, KIMBERLY A**

Provider ID: 260051  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY # 2  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-8022  
Fax: (858) 966-8457  
After Hours Phone: (858)  
966-8022  
Provider Gender: Female  
License number: A83280  
NPI: 1114005741  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Green Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **RUBENSIK, TAMARA T**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**Provider ID:** 125355  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**200 W ARBOR DR**  
**SAN DIEGO, CA 92103-1911**  
**Phone:** (800) 926-8273  
**Fax:**  
**After Hours Phone:** (800)  
**926-8273**  
**Provider Gender:** Female  
**License number:** A119245  
**NPI:** 1811200652  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd La Jolla  
**John Sally Thornton, Ucsd**  
**Medical Ctr**  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
**No**  
**Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

### **RUBENZI, TAMARA T**

**Provider ID:** 245573  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**200 W ARBOR DR**  
**SAN DIEGO, CA 92103-1911**  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800)  
**926-8273**  
**Provider Gender:** Female  
**License number:** A119245  
**NPI:** 1811200652  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No

**Hospital Affiliation:** Ucsd La Jolla  
**John Sally Thornton, Ucsd**  
**Medical Ctr**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
**No**  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

### **RUBENZI, TAMARA T**

**Provider ID:** 276671  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**4168 FRONT ST**  
**SAN DIEGO, CA 92103-2030**  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800)  
**926-8273**  
**Provider Gender:** Female  
**License number:** A119245  
**NPI:** 1811200652  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd La Jolla  
**John Sally Thornton, Ucsd**  
**Medical Ctr**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
**No**  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

### **SCHIFF, DEBORAH E**

**Provider ID:** 52321  
**Board Certified Specialty:** No  
**RADY CHILDRENS**  
**SPECIALISTS SAN DIEGO MED**  
**FNDTN**  
**3010 CHILDRENS WAY # 2W**  
**SAN DIEGO, CA 92123-4223**  
**Phone:** (858) 966-5811  
**Fax:** (858) 966-8035  
**After Hours Phone:** (858)  
**966-5811**  
**Provider Gender:** Female  
**License number:** G68457  
**NPI:** 1922179779  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps  
**Memorial Hospital, Rady**  
**Childrens Hospital San Diego,**  
**Scripps Green Hospital,**  
**Childrens Hosp And Resrch Ctr**  
**At Oakland**  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
**No**  
**Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Rady Childrens Health  
**Network**

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### **HOSPITALIST MD/DO**

---

### **CHILDERS, DIANA J**

**Provider ID:** 275068  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**200 W ARBOR DR**  
**SAN DIEGO, CA 92103-1911**

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A86157  
NPI: 1033128376  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**FIRESTEIN, CATHERINE E**  
Provider ID: 275387  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A143013  
NPI: 1427348382  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**HAMMOND, CHARLES F**  
Provider ID: 278588  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A169655  
NPI: 1033641816  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**SHINDO, YURI**  
Provider ID: 284743  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A167796  
NPI: 1700271939  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Japanese  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Ucsd La Jolla

**SCANLON, ASHLEY A**  
Provider ID: 287138  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A165174  
NPI: 1932605086  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**SHINDO, YURI**  
Provider ID: 284743  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A167796  
NPI: 1700271939  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Japanese  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Ucsd La Jolla

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## D. Specialist Provider Directory

John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SPILMAN, SAMANTHA L**

*Provider ID:* 272704  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A161231  
*NPI:* 1134651607  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **INFECTIOUS DISEASE**

### **ARNOLD, JOHN C**

*Provider ID:* 260077  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (885) 966-7785  
*Fax:* (858) 966-8658  
*After Hours Phone:* (885)  
 966-7785  
*Provider Gender:* Male  
*License number:* A70189  
*NPI:* 1023191053  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **ARONOFF SPENCER, ELIAH S**

*Provider ID:* 83195  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6146  
*Fax:* (619) 543-6614  
*After Hours Phone:* (619)  
 543-6146  
*Provider Gender:* Male  
*License number:* A104748  
*NPI:* 1770737579  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

French, Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ASLAM, SAIMA**

*Provider ID:* 64526  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST FL 3  
 SAN DIEGO, CA 92103-2030  
*Phone:* (858) 657-8000  
*Fax:*  
*After Hours Phone:* (858)  
 657-8000  
*Provider Gender:* Female  
*License number:* A112604  
*NPI:* 1477565257  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

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## D. Specialist Provider Directory

### **BAMFORD, LAURA P**

*Provider ID:* 276546  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST FL 3  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6382  
*Fax:* (888) 539-8781  
*After Hours Phone:* (619) 543-6382  
*Provider Gender:* Female  
*License number:* C169020  
*NPI:* 1750435996  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BHARTI, AJAY R**

*Provider ID:* 64532  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6146  
*Fax:* (619) 543-7841  
*After Hours Phone:* (619) 543-6146  
*Provider Gender:* Male  
*License number:* A85085  
*NPI:* 1902954910  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BLANCHARD, JENNIFER N**

*Provider ID:* 64536  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-3995  
*Fax:* (619) 543-7841  
*After Hours Phone:* (619) 543-3995  
*Provider Gender:* Female  
*License number:* A65285  
*NPI:* 1972545077  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:*

### **BLUMENTHAL, JILL S**

*Provider ID:* 122503  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9260  
*Fax:*  
*After Hours Phone:* (619) 471-9260  
*Provider Gender:* Female  
*License number:* A117338  
*NPI:* 1336308378  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BLUMENTHAL, JILL S**

*Provider ID:* 88097  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6146  
*Fax:* (619) 543-3511  
*After Hours Phone:* (619) 543-6146  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

License number: A117338  
NPI: 1336308378  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BURNS, JANE C**

Provider ID: 206071  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 246-0157  
Fax: (858) 966-8527  
After Hours Phone: (858)  
246-0157  
Provider Gender: Female  
License number: G68119  
NPI: 1619040953  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Italian, Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **CACHAY, EDWARD R**

Provider ID: 64541  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-6248  
Fax: (619) 543-7841  
After Hours Phone: (619)  
543-6248  
Provider Gender: Male  
License number: A84561  
NPI: 1336290071  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **DAN, JENNIFER M**

Provider ID: 110016  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030

Phone: (619) 543-6146  
Fax:  
After Hours Phone: (619)  
543-6146  
Provider Gender: Female  
License number: A119193  
NPI: 1225343601  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **DEISS, ROBERT G**

Provider ID: 258330  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-3995  
Fax:  
After Hours Phone: (619)  
543-3995  
Provider Gender: Male  
License number: A111310  
NPI: 1194977652  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Portuguese, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

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## D. Specialist Provider Directory

---

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **FARNAES, LAUGE**

*Provider ID:* 260385  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232  
*Phone:* (885) 966-7785  
*Fax:* (858) 966-8658  
*After Hours Phone:* (885) 966-7785  
*Provider Gender:* Male  
*License number:* A124601  
*NPI:* 1881988749  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HORTON, LUCY E**

*Provider ID:* 240887  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A137391  
*NPI:* 1427324821  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KATSIVAS, THEODOROS F , MD**

*Provider ID:* 269840  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-3000  
*Fax:*  
*After Hours Phone:* (619) 543-3000  
*Provider Gender:* Male  
*License number:* A78543  
*NPI:* 1679526164  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* German, Greek, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **LATHER, TUYET T**

*Provider ID:* 245064  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-3995  
*Fax:*  
*After Hours Phone:* (619) 543-3995  
*Provider Gender:* Female  
*License number:* 20A9180  
*NPI:* 1467668053  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LAW, NANCY**

*Provider ID:* 117545  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
License number: 20A15618  
NPI: 1225327349  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Mandarin  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**LETENDRE, SCOTT L**  
Provider ID: 64599  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-3995  
Fax:  
After Hours Phone: (619) 543-3995  
Provider Gender: Male  
License number: A63591  
NPI: 1588696660  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**LEWINSKI, MARY K**  
Provider ID: 114987  
Board Certified Specialty: No  
FAMILY HLTH CTR SD HILLCREST  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2545  
Fax:  
After Hours Phone: (619) 515-2545  
Provider Gender: Female  
License number: A109633  
NPI: 1659535094  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Family Hlth Ctr Sd Hillcrest  
IPA:

**LITTLE, SUSAN J**  
Provider ID: 64601  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-6146  
Fax: (619) 298-0177  
After Hours Phone: (619) 543-6146  
Provider Gender: Female  
License number: G70574  
NPI: 1033134572  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**LIU, GEORGE Y**  
Provider ID: 208185  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2S  
SAN DIEGO, CA 92123-4232  
Phone: (885) 966-7785  
Fax:  
After Hours Phone: (885) 966-7785  
Provider Gender: Male  
License number: A70228  
NPI: 1699727321  
Provider English Spoken: Yes

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## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Cedars Sinai Medical Center, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MARTIN, THOMAS C**

*Provider ID:* 277225  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A155619  
*NPI:* 1093193583  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Ucsd Medical Group  
**MARTIN, THOMAS C**  
*Provider ID:* 277226  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A155619  
*NPI:* 1093193583  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MOODLEY, AMARAN**

*Provider ID:* 208558  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232  
*Phone:* (885) 966-7785  
*Fax:* (858) 966-8658  
*After Hours Phone:* (885) 966-7785  
*Provider Gender:* Male

*License number:* A108369  
*NPI:* 1104023670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PROMER, KATHERINE E**

*Provider ID:* 258545  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A131952  
*NPI:* 1306280607  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

Medical Group(s):  
IPA: Ucsd Medical Group

### **RAJAGOPAL, AMUTHA V**

Provider ID: 221088  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A135167  
NPI: 1124465745  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **RAMCHANDAR, NANDA**

Provider ID: 285942  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-7785  
Fax: (858) 966-8658  
After Hours Phone: (858)  
966-7785  
Provider Gender: Male  
License number: A154225

NPI: 1477998912  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **RAWLINGS, STEPHEN A**

Provider ID: 284363  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A146123  
NPI: 1861888984  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:

Medical Group(s):  
IPA: Ucsd Medical Group

### **RAWLINGS, STEPHEN A**

Provider ID: 284364  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A146123  
NPI: 1861888984  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **REED, SHARON L**

Provider ID: 64632  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-6146  
Fax:  
After Hours Phone: (619)  
543-6146  
Provider Gender: Female  
License number: G40122

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## D. Specialist Provider Directory

*NPI:* 1710902044

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **RITTER, MICHELE L**

*Provider ID:* 64637

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-6248

*Fax:*

*After Hours Phone:* (619)

543-6248

*Provider Gender:* Female

*License number:* A112536

*NPI:* 1225262975

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*♿ Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **SAWYER, MARK H**

*Provider ID:* 206240

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-7785

*Fax:* (858) 966-7466

*After Hours Phone:* (858)

966-7785

*Provider Gender:* Male

*License number:* G46156

*NPI:* 1477624229

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*Website:*

*Email:*

*Medical Group(s):*

*Phone:* (858) 966-7785

*Fax:* (858) 966-8658

*After Hours Phone:* (858)

966-7785

*Provider Gender:* Female

*License number:* A130894

*NPI:* 1033491311

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles, Long Beach Memorial Med Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/99

*American Sign Language (ASL):* No

*♿ Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

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*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*Website:*

*Email:*

*Medical Group(s):*

### **TOVAR PADUA, LEIDY J**

*Provider ID:* 265093

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800

*Fax:* (858) 966-7433

*After Hours Phone:* (858)

966-8800

*Provider Gender:* Female

*License number:* A130894

*NPI:* 1033491311

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego,

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*Website:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Childrens Hosp Of Los Angeles,  
Long Beach Memorial Med Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/99

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### WAGNER, GABRIEL A

Provider ID: 102090

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-3995

Fax: (619) 543-7841

After Hours Phone: (619)  
543-3995

Provider Gender: Male

License number: A108967

NPI: 1992962245

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### INTERNAL MEDICINE CRITICAL CARE MEDICINE

#### BEGOVIC, ADNAN

Provider ID: 210825

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A79574

NPI: 1093791014

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Southwest Healthcare  
System Wildomar, Southwest  
Healthcare System Murrieta,

Scripps Memorial Hospital, Ucsd  
La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

#### BEGOVIC, ADNAN

Provider ID: 276290

Board Certified Specialty: No  
UCSD MEDICAL GROUP

555 WASHINGTON ST

SAN DIEGO, CA 92103-2289

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A79574

NPI: 1093791014

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Southwest Healthcare  
System Wildomar, Southwest  
Healthcare System Murrieta,

Scripps Memorial Hospital, Ucsd  
La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

#### BEGOVIC, ADNAN

Provider ID: 276291

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR # 3-313

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A79574

NPI: 1093791014

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Southwest Healthcare

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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System Wildomar, Southwest  
Healthcare System Murrieta,  
Scripps Memorial Hospital, Ucsd  
La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BOROK, ZEA**

*Provider ID:* 284704  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE P2  
SAN DIEGO, CA 92121-3028  
*Phone:* (800) 926-5273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-5273  
*Provider Gender:* Female  
*License number:* A47911  
*NPI:* 1750317251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hebrew  
*Cultural Competency:* No  
*Hospital Affiliation:* Ronald  
Reagan UCLA Med Ctr, Lac Usc  
Medical Center, Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Ucsd Medical Group  
**BOROK, ZEA**  
*Provider ID:* 284705  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-5273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-5273

*Provider Gender:* Female  
*License number:* A47911  
*NPI:* 1750317251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hebrew  
*Cultural Competency:* No  
*Hospital Affiliation:* Ronald  
Reagan UCLA Med Ctr, Lac Usc  
Medical Center, Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BOROK, ZEA**

*Provider ID:* 284706  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030

*Phone:* (800) 926-5273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-5273  
*Provider Gender:* Female  
*License number:* A47911  
*NPI:* 1750317251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hebrew  
*Cultural Competency:* No  
*Hospital Affiliation:* Ronald  
Reagan UCLA Med Ctr, Lac Usc  
Medical Center, Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **ODISH, MAZEN F**

*Provider ID:* 271466  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE P2  
SAN DIEGO, CA 92121-3028  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A133179  
*NPI:* 1992141428  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### ODISH, MAZEN F

*Provider ID:* 271467  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A133179  
*NPI:* 1992141428  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### ODISH, MAZEN F

*Provider ID:* 271469  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A133179  
*NPI:* 1992141428  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### TRAN, LINH N

*Provider ID:* 271939  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A122603  
*NPI:* 1851682728  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd

Medical Ctr, Southwest  
 Healthcare System Murrieta  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

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### INTERNAL MEDICINE GERIATRIC MEDICINE

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### AGNIHOTRI, PARAG

*Provider ID:* 247292  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* C52218  
*NPI:* 1447351085  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Mercy  
 General Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

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## D. Specialist Provider Directory

### **BOULAND, DANIEL L**

Provider ID: 63814  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Male  
 License number: G50358  
 NPI: 1669498630  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Riverside  
 Community Hosp, Ucsd Medical  
 Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GUTIERREZ, AIREEN L**

Provider ID: 247325  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A77031  
 NPI: 1306857701  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula  
 Vista Med Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc,  
 Ucsd Medical Group

### **YOURMAN, LINDSEY C**

Provider ID: 124823  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Female  
 License number: A122839  
 NPI: 1174813943  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA:

### **INTERNAL MEDICINE**

### **ABDELMALEK, JOSEPH A**

Provider ID: 63765  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 471-9186  
 Fax:  
 After Hours Phone: (619)  
 471-9186  
 Provider Gender: Male  
 License number: A107185  
 NPI: 1740485531  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ABELES, SHIRA R**

Provider ID: 83076  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Female  
 License number: A103260  
 NPI: 1720240625

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ALASSIL, SALLY**

*Provider ID:* 124640  
*Board Certified Specialty:* No  
LOGAN HEIGHTS FAMILY HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Provider Gender:* Female  
*License number:* A122238  
*NPI:* 1982044483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic

*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights

Family Health Center  
*IPA:*

### **ALLY, MARYANN T**

*Provider ID:* 116564  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-9186  
*Fax:*  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Female  
*License number:* C146011  
*NPI:* 1316104359  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **AMIRREZVANI, ALI**

*Provider ID:* 63781  
*Board Certified Specialty:* No  
UCSD DEPARTMENT OF MED  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* G88284

*NPI:* 1861485005

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ANTONUCCI, STEPHEN A**

*Provider ID:* 113895  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*

*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A143234  
*NPI:* 1124331426  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

Medical Group(s):

IPA:

### **ARUTYUNOV, BORIS S**

Provider ID: 201910

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 471-9186

Fax:

After Hours Phone: (619)

471-9186

Provider Gender: Male

License number: A137892

NPI: 1144562703

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency: No

Hospital Affiliation: Good

Samaritan Hospital, Good

Samaritan Hospital Los Angeles,

Sutter Medical Center

Sacramento, Ucsd La Jolla John

Sally Thornton, Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

Phone: (619) 543-6222

Fax: (619) 543-8255

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: A100515

NPI: 1548208812

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BAJWA, JASWINDER P**

Provider ID: 63791

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax: (619) 543-8255

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: A118049

NPI: 1306000922

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Punjabi

Cultural Competency: No

Hospital Affiliation: Ucsd Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BAZICK, JESSICA G**

Provider ID: 63801

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A121356

NPI: 1114155082

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BEGOVIC, ADNAN**

Provider ID: 63803

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

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## D. Specialist Provider Directory

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A79574  
*NPI:* 1093791014  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**BEHREND, TERRY L , MD**  
*Provider ID:* 244798  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 7910 FROST ST STE 220  
 SAN DIEGO, CA 92123-2781  
*Phone:* (858) 637-4700  
*Fax:* (858) 637-4701  
*After Hours Phone:* (858) 637-4700  
*Provider Gender:* Male  
*License number:* A75812  
*NPI:* 1790780484  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/120  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BELL, JOHN F**  
*Provider ID:* 63805  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:* (619) 543-8255  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A120667  
*NPI:* 1699978445  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**BIRGERSDOTTER GREEN, ULRIKA M**  
*Provider ID:* 64534

*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-5743  
*Fax:* (619) 543-2917  
*After Hours Phone:* (619) 543-5743  
*Provider Gender:* Female  
*License number:* A49525  
*NPI:* 1851349757  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**BLUESTEIN, HARRY G**  
*Provider ID:* 64538  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:*  
*After Hours Phone:* (619) 543-6248  
*Provider Gender:* Male  
*License number:* G20053  
*NPI:* 1295793024  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No

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## D. Specialist Provider Directory

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*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BORDIN-WOSK, TALYA S**

*Provider ID:* 273983  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (760) 471-9186  
*Fax:* (619) 543-8255  
*After Hours Phone:* (760)  
471-9186  
*Provider Gender:* Female  
*License number:* A123772  
*NPI:* 1801184973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BROWNE, SARA H**

*Provider ID:* 64540  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030  
*Phone:* (858) 657-8000  
*Fax:*  
*After Hours Phone:* (858)  
657-8000  
*Provider Gender:* Female  
*License number:* A51877  
*NPI:* 1275571176  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CAPERNA, JOSEPH C**

*Provider ID:* 63155  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:* (858) 822-5362  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* A49951  
*NPI:* 1720141153  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

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

### **CARLIN, AARON F**

*Provider ID:* 83255  
*Board Certified Specialty:* Yes  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-9186  
*Fax:*  
*After Hours Phone:* (619)  
471-9186  
*Provider Gender:* Male  
*License number:* A115480  
*NPI:* 1760718035  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CHACE, CONSTANCE R**

*Provider ID:* 117244  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

Phone: (619) 471-9186

Fax:

After Hours Phone: (619)  
471-9186

Provider Gender: Female

License number: A129086

NPI: 1154682953

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CHANG, JOHN T**

Provider ID: 63841

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax: (858) 822-7652

After Hours Phone: (619)  
543-6222

Provider Gender: Male

License number: A110350

NPI: 1265594527

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CHENG, GEORGE Z**

Provider ID: 247639

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A166013

NPI: 1316174568

Provider English Spoken: Yes

Provider Language(s) Spoken:

Chinese

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **CHEN, CHUNG-JIAH J**

Provider ID: 272667

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: A158441

NPI: 1548792377

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **CHOE, CHARLES H**

Provider ID: 64549

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (649) 543-6303

Fax: (619) 543-7352

After Hours Phone: (649)

543-6303

Provider Gender: Male

License number: A77451

NPI: 1891733846

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*American Sign Language (ASL):* 200 W ARBOR DR  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**CHONGKRAIRATANAKUL,  
TEPSIRI, MD**

*Provider ID:* 269868  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
8010 FROST ST STE 510  
SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4700  
*Fax:* (858) 637-4701  
*After Hours Phone:* (858)  
637-4700  
*Provider Gender:* Male  
*License number:* C157995  
*NPI:* 1982806329  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Thai

*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**CHOUERI, MICHEL B**

*Provider ID:* 113618  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

*Phone:* (619) 471-9186  
*Fax:* (619) 543-8255  
*After Hours Phone:* (619)  
471-9186  
*Provider Gender:* Male  
*License number:* A117112  
*NPI:* 1780991869  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**CLAY, BRIAN J**

*Provider ID:* 63856  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-9198  
*Fax:*  
*After Hours Phone:* (619)  
471-9198  
*Provider Gender:* Male  
*License number:* A83799  
*NPI:* 1831124635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**DAVIS, JASON T , MD**

*Provider ID:* 270967  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
7910 FROST ST STE 250  
SAN DIEGO, CA 92123-2752  
*Phone:* (858) 637-4800  
*Fax:* (858) 637-4801  
*After Hours Phone:* (858)  
637-4800  
*Provider Gender:* Male  
*License number:* A100799  
*NPI:* 1295911469  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista, Sharp  
Coronado Hosp And Healthcare  
Ctr, Sharp Memorial Hospital,  
Kindred Hospital San Diego,  
Scripps Mercy Hospital, Vibra  
Hospital Of San Diego,  
Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Group-Sd

### **DAVIS, JASON T , MD**

*Provider ID:* 80404

*Board Certified Specialty:* No

**BALBOA NEPHROLOGY MED  
GRP INC**

4060 4TH AVE STE 220

SAN DIEGO, CA 92103-2120

*Phone:* (619) 299-2350

*Fax:* (619) 297-8379

*After Hours Phone:* (619)

299-2350

*Provider Gender:* Male

*License number:* A100799

*NPI:* 1295911469

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy

Hospital Chula Vista, Sharp

Coronado Hosp And Healthcare

Ctr, Sharp Memorial Hospital,

Kindred Hospital San Diego,

Scripps Mercy Hospital, Vibra

Hospital Of San Diego,

Grossmont Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/120

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, IB, E

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### **DJEKIC, KRISTINA**

*Provider ID:* 286668

*Board Certified Specialty:* No

**UCSD MEDICAL GROUP**

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* 20A15063

*NPI:* 1417343732

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **EISENBERG, STEVEN G**

*Provider ID:* 68214

*Board Certified Specialty:* No

**CALIFORNIA CANCER**

**ASSOCS FOR RESEARCH AND**

**EXCELL**

16918 DOVE CANYON RD STE

103

SAN DIEGO, CA 92127-3455

*Phone:* (858) 649-5100

*Fax:*

*After Hours Phone:* (858)

649-5100

*Provider Gender:* Male

*License number:* 20A8293

*NPI:* 1831162627

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Pomerado

Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### **EL KAREH, ROBERT E**

*Provider ID:* 63891

*Board Certified Specialty:* No

**UCSD MEDICAL GROUP**

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 471-9185

*Fax:* (619) 543-8255

*After Hours Phone:* (619)

471-9185

*Provider Gender:* Male

*License number:* A112957

*NPI:* 1497944656

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

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## D. Specialist Provider Directory

---

**FARKHONDEHPOUR, MOHAMMAD A**

*Provider ID:* 115440  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A134730  
*NPI:* 1265876890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**FIRESTEIN, CATHERINE E**

*Provider ID:* 110393  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* A143013  
*NPI:* 1427348382  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**FREDERICK, WILLIAM J**

*Provider ID:* 83441  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-9186  
*Fax:* (619) 543-8255  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Male  
*License number:* A123614  
*NPI:* 1841592805  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**GANDHI, NIKHIL R**

*Provider ID:* 63912  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A81799  
*NPI:* 1609934538  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Vibra Hospital Of San Diego, Ucsd Medical Ctr, Alvarado Hospital Llc, Scripps Memorial Hospital, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**GELBERG, ANNA**

*Provider ID:* 285638  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273

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## D. Specialist Provider Directory

*Provider Gender:* Female  
*License number:* A105308  
*NPI:* 1104004258  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Hoag Memorial Hospital Presbyterian, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**GRUNVALD, EDUARDO L**  
*Provider ID:* 127696  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE 111  
 SAN DIEGO, CA 92121-3019  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A65336  
*NPI:* 1497791339  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group  
**GRUNVALD, EDUARDO L**  
*Provider ID:* 286343  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4303 LA JOLLA VILLAGE DR  
 STE 2110  
 SAN DIEGO, CA 92122-1396  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A65336  
*NPI:* 1497791339  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**GRUNVALD, EDUARDO L**  
*Provider ID:* 286344  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A65336  
*NPI:* 1497791339  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**HAZELBAKER, PAUL N**  
*Provider ID:* 109909  
*Board Certified Specialty:* No  
 DOWNTOWN FAMILY CTR AT CONNECTIONS  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2430  
*Fax:*  
*After Hours Phone:* (619) 515-2430  
*Provider Gender:* Male  
*License number:* 20A7147  
*NPI:* 1831106103  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

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## D. Specialist Provider Directory

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*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Downtown Family Ctr At Connections  
*IPA:*

### **HENDERSON, PHILIP L**

*Provider ID:* 121132  
*Board Certified Specialty:* No  
FAMILY HLTH CTR SD  
HILLCREST  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2545  
*Fax:*  
*After Hours Phone:* (619) 515-2545  
*Provider Gender:* Male  
*License number:* A140324  
*NPI:* 1447678834  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-TH 8AM-9PM, F 8AM-5PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr Sd Hillcrest  
*IPA:*

### **HILL, DEANNA L**

*Provider ID:* 64320  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
330 LEWIS ST # 400  
SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9260  
*Fax:*  
*After Hours Phone:* (619) 471-9260  
*Provider Gender:* Female  
*License number:* A101349  
*NPI:* 1417194614  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HOGARTH, MICHAEL A**

*Provider ID:* 214386  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A51060  
*NPI:* 1225019193  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Uc Davis Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HUANG, BRYAN J**

*Provider ID:* 63970  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A87875  
*NPI:* 1881652394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **JABBOUR, MOUSSA**

*Provider ID:* 256659

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A148314  
*NPI:* 1255741633  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**JASSAL, SIMERJOT K**  
*Provider ID:* 103183  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-9186  
*Fax:*  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Female  
*License number:* A70679  
*NPI:* 1689698052  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**JENKINS, IAN H**  
*Provider ID:* 63983  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-9198  
*Fax:*  
*After Hours Phone:* (619) 471-9198  
*Provider Gender:* Male  
*License number:* A87009  
*NPI:* 1992762520  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**KAFI, AARYA**  
*Provider ID:* 271608  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**

200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A123008  
*NPI:* 1255612339  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**KAFI, AARYA**  
*Provider ID:* 271609  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4520 EXECUTIVE DR STE P2  
 SAN DIEGO, CA 92121-3028  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A123008  
*NPI:* 1255612339  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KAFI, AARYA**

*Provider ID:* 271610  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A123008  
*NPI:* 1255612339  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Ucsd Medical Group  
**KAHN, ANDREW M**  
*Provider ID:* 63985  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Male  
*License number:* A78646  
*NPI:* 1841247384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KAHN, ANDREW M**

*Provider ID:* 64332  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619) 471-9240  
*Provider Gender:* Male  
*License number:* A78646  
*NPI:* 1841247384

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KALUNIAN, KENNETH C**

*Provider ID:* 64580  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:* (619) 543-3511  
*After Hours Phone:* (619) 543-6248  
*Provider Gender:* Male  
*License number:* G43645  
*NPI:* 1346269990  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

|                                    |                                   |                                    |
|------------------------------------|-----------------------------------|------------------------------------|
| IPA:                               | Provider English Spoken: Yes      | Medical Group(s):                  |
| <b>KARL, BETHANY E</b>             | Provider Language(s) Spoken:      | IPA:                               |
| Provider ID: 83646                 | Cultural Competency: No           |                                    |
| Board Certified Specialty: No      | Hospital Affiliation:             | <b>KLINE, LAWRENCE E</b>           |
| UCSD MEDICAL GROUP                 | Medi-Cal Open Panel: Yes          | Provider ID: 118395                |
| 200 W ARBOR DR                     | Min/Max Age: 18/999               | Board Certified Specialty: No      |
| SAN DIEGO, CA 92103-1911           | American Sign Language (ASL):     | UCSD MEDICAL GROUP                 |
| Phone: (619) 471-9186              | No                                | 4520 EXECUTIVE DR # 1              |
| Fax: (858) 543-8255                | ♿ Accessibility:                  | SAN DIEGO, CA 92121-3018           |
| After Hours Phone: (619)           | Hours: M-SA 9AM-5PM               | Phone: (619) 543-6312              |
| 471-9186                           | Website:                          | Fax:                               |
| Provider Gender: Female            | Email:                            | After Hours Phone: (619)           |
| License number: 20A10783           | Medical Group(s):                 | 543-6312                           |
| NPI: 1790980472                    | IPA: Ucsd Medical Group           | Provider Gender: Male              |
| Provider English Spoken: Yes       | <b>KHALID, SHAFI M</b>            | License number: 20A3294            |
| Provider Language(s) Spoken:       | Provider ID: 125346               | NPI: 1730140278                    |
| Cultural Competency: No            | Board Certified Specialty: No     | Provider English Spoken: Yes       |
| Hospital Affiliation: Ucsd Medical | SAN DIEGO PAIN                    | Provider Language(s) Spoken:       |
| Ctr, Ucsd La Jolla John Sally      | CONSULTANTS PROF CORP             | Cultural Competency: No            |
| Thornton                           | 5850 OBERLIN DR STE 100           | Hospital Affiliation: Ucsd Medical |
| Medi-Cal Open Panel: No            | SAN DIEGO, CA 92121-4710          | Ctr, Ucsd La Jolla John Sally      |
| Min/Max Age: None                  | Phone: (858) 485-1523             | Thornton, Scripps Green            |
| American Sign Language (ASL):      | Fax:                              | Hospital, Scripps Memorial         |
| No                                 | After Hours Phone: (858)          | Hospital                           |
| ♿ Accessibility: W                 | 485-1523                          | Medi-Cal Open Panel: No            |
| Hours: M-SA 9AM-5PM                | Provider Gender: Male             | Min/Max Age: None                  |
| Website:                           | License number: C51093            | American Sign Language (ASL):      |
| Email:                             | NPI: 1750343760                   | No                                 |
| Medical Group(s):                  | Provider English Spoken: Yes      | ♿ Accessibility: W                 |
| IPA:                               | Provider Language(s) Spoken:      | Hours: M-SA 9AM-5PM                |
|                                    | Bengali, Farsi, Spanish, Tagalog, | Website:                           |
|                                    | Urdu                              | Email:                             |
|                                    | Cultural Competency: No           | Medical Group(s):                  |
|                                    | Hospital Affiliation: Pomerado    | IPA:                               |
|                                    | Hospital, Palomar Medical         |                                    |
|                                    | Center                            | <b>KOMSOUKANIANTS, ARKADY</b>      |
|                                    | Medi-Cal Open Panel: No           | Provider ID: 116695                |
|                                    | Min/Max Age: None                 | Board Certified Specialty: No      |
|                                    | American Sign Language (ASL):     | UCSD MEDICAL GROUP                 |
|                                    | No                                | 200 W ARBOR DR                     |
|                                    | ♿ Accessibility: W                | SAN DIEGO, CA 92103-1911           |
|                                    | Hours: M-SA 9AM-5PM               | Phone: (619) 471-9186              |
|                                    | Website: www.sdpain.org           | Fax:                               |
|                                    | Email:                            | After Hours Phone: (619)           |
|                                    |                                   | 471-9186                           |
| <b>KATZ, YISRAEL</b>               |                                   |                                    |
| Provider ID: 272936                |                                   |                                    |
| Board Certified Specialty: No      |                                   |                                    |
| UCSD MEDICAL GROUP                 |                                   |                                    |
| 200 W ARBOR DR                     |                                   |                                    |
| SAN DIEGO, CA 92103-1911           |                                   |                                    |
| Phone: (800) 926-8273              |                                   |                                    |
| Fax:                               |                                   |                                    |
| After Hours Phone: (800)           |                                   |                                    |
| 926-8273                           |                                   |                                    |
| Provider Gender: Male              |                                   |                                    |
| License number: A158910            |                                   |                                    |
| NPI: 1730507872                    |                                   |                                    |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* A139258  
*NPI:* 1720498959  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KOOLA, JEJO D**

*Provider ID:* 111071  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-9186  
*Fax:*  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Male  
*License number:* A122014  
*NPI:* 1073775532  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:*  
**KRIJGER, LISA C**  
*Provider ID:* 124279  
*Board Certified Specialty:* No  
 IHP ST VINCENT DE PAUL VILLAGE  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:*  
*After Hours Phone:* (619) 233-8500  
*Provider Gender:* Female  
*License number:* A67762  
*NPI:* 1932278710  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8AM-5:30PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):* St Vincent De Paul Village Family Health Center  
*IPA:*

### **KVIATKOVSKY, MILLA J**

*Provider ID:* 274003  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222

*Provider Gender:* Female  
*License number:* 20A15453  
*NPI:* 1366855355  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Finnish, French, Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KWAK, KEVIN W**

*Provider ID:* 116427  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-9186  
*Fax:*  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Male  
*License number:* A149375  
*NPI:* 1033538632  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **LAGO HERNANDEZ, CARLOS A**

*Provider ID:* 238622

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A146029

*NPI:* 1558756270

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **LAM, MICHAEL T**

*Provider ID:* 274410

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE P2

SAN DIEGO, CA 92121-3028

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A141055

*NPI:* 1578974259

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Mandarin

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **LAM, MICHAEL T**

*Provider ID:* 274411

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A141055

*NPI:* 1578974259

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Mandarin

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **LEE, DANIEL**

*Provider ID:* 64596

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-3995

*Fax:* (619) 543-7841

*After Hours Phone:* (619)

543-3995

*Provider Gender:* Male

*License number:* A61630

*NPI:* 1104876093

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Chinese, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **LEVERONE, NICHOLAS A**

*Provider ID:* 272692

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A159232  
NPI: 1407388564  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**LONERGAN, JOSEPH T**  
Provider ID: 63158  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-3995  
Fax:  
After Hours Phone: (619) 543-3995  
Provider Gender: Male  
License number: A55815  
NPI: 1962427310  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**LOOMBA, ROHIT**  
Provider ID: 64603  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 2  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-5415  
Fax:  
After Hours Phone: (619) 543-5415  
Provider Gender: Male  
License number: A98657  
NPI: 1578593521  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**LUNDE, OTTAR V**  
Provider ID: 64349  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 400

SAN DIEGO, CA 92103-2108  
Phone: (619) 471-9260  
Fax:  
After Hours Phone: (619) 471-9260  
Provider Gender: Male  
License number: A97573  
NPI: 1932257268  
Provider English Spoken: Yes  
Provider Language(s) Spoken: German, Norwegian, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**MAJITHIA, AMIT R**  
Provider ID: 255882  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: C158025  
NPI: 1801091459  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Min/Max Age:* 18/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MARC AURELE, KRISHELLE L**

*Provider ID:* 118776

*Board Certified Specialty:* No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FN D TN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5841

*Fax:*

*After Hours Phone:* (858)  
966-5841

*Provider Gender:* Female

*License number:* A99634

*NPI:* 1952503435

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Ucsd Medical Ctr, Ucsd La Jolla  
John Sally Thornton, Tri City  
Medical Ctr, Scripps Memorial  
Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **MARC AURELE, KRISHELLE L**

*Provider ID:* 52542

*Board Certified Specialty:* No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FN D TN

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-3759

*Fax:* (619) 543-3812

*After Hours Phone:* (619)

543-3759

*Provider Gender:* Female

*License number:* A99634

*NPI:* 1952503435

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Ucsd Medical Ctr, Ucsd La Jolla  
John Sally Thornton, Tri City  
Medical Ctr, Scripps Memorial  
Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **MARTIN, LESLIE M**

*Provider ID:* 64065

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)  
543-6222

*Provider Gender:* Female

*License number:* G79006

*NPI:* 1306895495

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Yue Chinese

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **MCGEHRIN, KEVIN M**

*Provider ID:* 256020

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR

SAN DIEGO, CA 92121-3018

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Male

*License number:* A140783

*NPI:* 1972913101

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **MCGEHRIN, KEVIN M**

Provider ID: 256021  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A140783  
 NPI: 1972913101  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **MCLNTYRE, JONATHAN S**

Provider ID: 117548  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
 Phone: (619) 471-9186  
 Fax:  
 After Hours Phone: (619)  
 471-9186  
 Provider Gender: Male  
 License number: A149315  
 NPI: 1134462211  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **MEHDI, HARSHAL S**

Provider ID: 117537  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 471-9186  
 Fax:  
 After Hours Phone: (619)  
 471-9186  
 Provider Gender: Male  
 License number: A149919  
 NPI: 1144631359  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **MEHTA, GITA**

Provider ID: 125321  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 400  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9260  
 Fax:  
 After Hours Phone: (619)  
 471-9260  
 Provider Gender: Female  
 License number: A45647  
 NPI: 1538215264  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Punjabi  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **MEHTA, HIRSCH S**

Provider ID: 82844  
 Board Certified Specialty: No  
 SAN DIEGO CARDIAC CTR

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

MED GRP INC  
3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123-4203  
Phone: (858) 244-6800  
Fax: (858) 244-6809  
After Hours Phone: (858) 244-6800  
Provider Gender: Male  
License number: A105910  
NPI: 1407099799  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**MEHTA, SANJAY R**  
Provider ID: 64613  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030  
Phone: (858) 657-8000  
Fax:  
After Hours Phone: (858) 657-8000  
Provider Gender: Male  
License number: A89714  
NPI: 1437150299  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Memorial Hospital Encinitas  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**MILLER, RUSSELL J**  
Provider ID: 122251  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Male  
License number: A108650  
NPI: 1619175528  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):

IPA:

**MOAZZAM, ALAN A**  
Provider ID: 120032  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 471-9186  
Fax:  
After Hours Phone: (619) 471-9186  
Provider Gender: Male  
License number: A121629  
NPI: 1811218274  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Huntington Hospital, Huntington Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**MONTGRAIN, PHILIPPE R**  
Provider ID: 64096  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

License number: A82120  
 NPI: 1629279997  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**MOYO, STEVEN C**  
 Provider ID: 110487  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A137142  
 NPI: 1720354095  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA:  
**MUNCE, DANIELLE F**  
 Provider ID: 272577  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A152693  
 NPI: 1740644509  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**NAMAZY, DAVID S , MD**  
 Provider ID: 258027  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 7910 FROST ST STE 220  
 SAN DIEGO, CA 92123-2781  
 Phone: (858) 637-4700  
 Fax: (858) 637-4701  
 After Hours Phone: (858) 637-4700  
 Provider Gender: Male  
 License number: A74630  
 NPI: 1477558013

Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/120  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**NAMAZY, DAVID S , MD**  
 Provider ID: 258028  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6402 EL CAJON BLVD # 100  
 SAN DIEGO, CA 92115-2645  
 Phone: (619) 582-4490  
 Fax: (619) 582-4737  
 After Hours Phone: (619) 582-4490  
 Provider Gender: Male  
 License number: A74630  
 NPI: 1477558013  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/120  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **NGUYEN, KATHERINE H**

*Provider ID:* 279375  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* G79343  
*NPI:* 1356319875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Ucsd Medical Group

### **NGUYEN, TONY TAN**

*Provider ID:* 24568  
*Board Certified Specialty:* No  
 NR MEDICAL ASSOCIATES  
 555 WASHINGTON ST  
 SAN DIEGO, CA 92103-2289

*Phone:* (619) 250-8300  
*Fax:*  
*After Hours Phone:* (619)  
 250-8300  
*Provider Gender:* Male  
*License number:* G67119  
*NPI:* 1609839299  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Vibra Hospital  
 Of San Diego, Garden Grove  
 Hospital And Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA:

### **NOBARI, MATTHEW M**

*Provider ID:* 119529  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR # 2  
 SAN DIEGO, CA 92121-3018  
*Phone:* (855) 355-5864  
*Fax:*  
*After Hours Phone:* (855)  
 355-5864  
*Provider Gender:* Male  
*License number:* A145102  
*NPI:* 1619140902  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Ucsd Medical Group

### **NOBARI, MATTHEW M**

*Provider ID:* 242035  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE P2  
 SAN DIEGO, CA 92121-3028  
*Phone:* (855) 355-5864  
*Fax:*  
*After Hours Phone:* (855)  
 355-5864  
*Provider Gender:* Male  
*License number:* A145102  
*NPI:* 1619140902  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Ucsd Medical Group

### **NOKES, BRANDON T**

*Provider ID:* 287582  
*Board Certified Specialty:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A155580  
NPI: 1487040051  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **ORR, JEREMY E**

Provider ID: 99606  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 471-9186  
Fax: (619) 543-8255  
After Hours Phone: (619) 471-9186  
Provider Gender: Male  
License number: A111366  
NPI: 1992940969  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Santa Monica UCLA Med Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

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

### **ORR, JEREMY E**

Provider ID: 99610  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121-3019  
Phone: (858) 355-5864  
Fax: (858) 657-6171  
After Hours Phone: (858) 355-5864  
Provider Gender: Male  
License number: A111366  
NPI: 1992940969  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Santa Monica UCLA Med Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **PARDEE, PERRIE E**

Provider ID: 101191  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
License number: A123826  
NPI: 1578850988  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **PATEL, BIJAL V**

Provider ID: 257501  
Board Certified Specialty: No  
BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
8010 FROST ST STE 510  
SAN DIEGO, CA 92123-4284  
Phone: (858) 637-4700  
Fax: (858) 637-4701  
After Hours Phone: (858) 637-4700  
Provider Gender: Male  
License number: A74638  
NPI: 1639266026  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Sharp

*Memorial Hospital*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Blue Shield Promise Health  
Plan Direct, Community Care Ipa  
Llc, Imperial Health Holdings  
Medical Group-Sd

### **PATEL, KRUTI**

*Provider ID:* 276541

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female

*License number:* C170176

*NPI:* 1043574262

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **PRATHIPATI, LAKSHMI**

*Provider ID:* 53410

*Board Certified Specialty:* No

KUMARA PRATHIPATI MD INC  
4276 54TH PL STE B

SAN DIEGO, CA 92115-6011

*Phone:* (619) 286-3222

*Fax:* (619) 286-3223

*After Hours Phone:* (619)  
286-3222

*Provider Gender:* Female

*License number:* A47821

*NPI:* 1245338490

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog, Telugu

*Cultural Competency:* No

*Hospital Affiliation:* Alvarado  
Hospital Llc

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **QUARTAROLO, JENNIFER M**

*Provider ID:* 64149

*Board Certified Specialty:* Yes

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)  
543-6222

*Provider Gender:* Female

*License number:* A96235

*NPI:* 1841213865

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **RAISINGHANI, AJIT B**

*Provider ID:* 64630

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-6248

*Fax:*

*After Hours Phone:* (619)  
543-6248

*Provider Gender:* Male

*License number:* G75914

*NPI:* 1831292796

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

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

*Website:*

*Email:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Medical Group(s):*

*IPA:*

### **RAMOS, PEDRO**

*Provider ID:* 64153

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:* (619) 543-8255

*After Hours Phone:* (619)

543-6222

*Provider Gender:* Male

*License number:* A91945

*NPI:* 1861566366

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **RENARD, AYSEL**

*Provider ID:* 271842

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A169429

*NPI:* 1225567456

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Turkish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 18/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **RIES, DAVID C**

*Provider ID:* 87181

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 471-9186

*Fax:* (619) 543-8255

*After Hours Phone:* (619)

471-9186

*Provider Gender:* Male

*License number:* A127233

*NPI:* 1376705483

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Rady Childrens Hospital San

Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **RIVERA, TANIA L**

*Provider ID:* 78921

*Board Certified Specialty:* No

DIAMOND NEIGHBORHOODS

FAMILY HLTH CTRS INC

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2560

*Fax:*

*After Hours Phone:* (619)

515-2560

*Provider Gender:* Female

*License number:* A126958

*NPI:* 1336346972

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Palomar

Medical Center, Scripps

Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* P, EB, IB, E, R, T, ME

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

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Diamond

Neighborhoods Family Hlth Ctrs Inc

*IPA:*

### **SANTOS CAVAIOLA, TRICIA**

*Provider ID:* 84769

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

---

Phone: (619) 543-6248

Fax:

After Hours Phone: (619)  
543-6248

Provider Gender: Female

License number: A108282

NPI: 1518163799

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SASAKI, REID A**

Provider ID: 64182

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax: (619) 543-8255

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: A112780

NPI: 1972817302

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SCHMICKL, CHRISTOPHER N**

Provider ID: 127692

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121-3019

Phone: (858) 657-8860

Fax:

After Hours Phone: (858)  
657-8860

Provider Gender: Male

License number: A155053

NPI: 1720498496

Provider English Spoken: Yes

Provider Language(s) Spoken:

German

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SCHOOLEY, ROBERT T**

Provider ID: 64641

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030

Phone: (858) 657-8000

Fax:

After Hours Phone: (858)  
657-8000

Provider Gender: Male

License number: C51865

NPI: 1346298502

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SEBASKY, MEGHAN M**

Provider ID: 273962

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax: (619) 543-8255

After Hours Phone: (619)

543-6222

Provider Gender: Female

License number: A114146

NPI: 1538351408

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SEGAR, SANDEEP**

Provider ID: 116375  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: A149780  
NPI: 1982017067  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SEYMANN, GREGORY B**

Provider ID: 64195  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: A55150  
NPI: 1710920442  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SHAHATTO, LOBNA**

Provider ID: 129681  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858)  
657-7000  
Provider Gender: Female  
License number: A117647  
NPI: 1477879906  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):

No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SHAHATTO, LOBNA**

Provider ID: 201324  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (858) 657-7000  
Fax:  
After Hours Phone: (858)  
657-7000  
Provider Gender: Female  
License number: A117647  
NPI: 1477879906  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SMITHERMAN, KENTON O**

Provider ID: 64208  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Male

License number: G84563

NPI: 1205888724

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SMITH, CHELSEY J**

Provider ID: 239920

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4168 FRONT ST  
SAN DIEGO, CA 92103-2030

Phone: (858) 657-6110

Fax:

After Hours Phone: (858)  
657-6110

Provider Gender: Female

License number: A126660

NPI: 1013264506

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SMITH, DAVID M**

Provider ID: 52340

Board Certified Specialty: No  
NORTH PARK FAMILY HEALTH  
CENTERS

3544 30TH ST  
SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)  
515-2424

Provider Gender: Male

License number: A63610

NPI: 1609891761

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Rady  
Childrens Hospital San Diego,  
Scripps Green Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): North Park  
Family Health Centers

IPA:

### **SPECKART, PAUL F**

Provider ID: 64652

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (619) 543-6248

Fax:

After Hours Phone: (619)  
543-6248

Provider Gender: Male

License number: C31776

NPI: 1447346192

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital Chula Vista, Ucsd  
Medical Ctr, Scripps Mercy  
Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **TANTISIRA, LALITA K**

Provider ID: 275926

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121-3018

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: C170095

NPI: 1508874298

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Thai

Cultural Competency: No

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## D. Specialist Provider Directory

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TANTISIRA, LALITA K**

*Provider ID:* 275927  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* C170095  
*NPI:* 1508874298  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Thai  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **TAYLOR, DAVID S**

*Provider ID:* 274469  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A169407  
*NPI:* 1033572995  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **THOMAS, ROBERT L**

*Provider ID:* 238929  
*Board Certified Specialty:* Yes  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A151319  
*NPI:* 1053765909  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999

*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **VAFADARAN, ASHKAN**

*Provider ID:* 109494  
*Board Certified Specialty:* No  
DTFHC AT CONNECTIONS  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2430  
*Fax:*  
*After Hours Phone:* (619)  
515-2430  
*Provider Gender:* Male  
*License number:* A137394  
*NPI:* 1659634517  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **VARUGHESE, JAY I**

*Provider ID:* 64239  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

Phone: (619) 543-6222  
Fax: (619) 543-8255  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
License number: A105937  
NPI: 1447490230  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **VODKIN, IRINE E**

Provider ID: 102009  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-5415  
Fax:  
After Hours Phone: (619) 543-5415  
Provider Gender: Female  
License number: A113664  
NPI: 1861762619  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No

♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **VODKIN, IRINE E**

Provider ID: 102012  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-5415  
Fax:  
After Hours Phone: (619) 543-5415  
Provider Gender: Female  
License number: A113664  
NPI: 1861762619  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **VUONG, NHAN D**

Provider ID: 117217  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 471-9186  
Fax:  
After Hours Phone: (619) 471-9186  
Provider Gender: Male  
License number: A132811  
NPI: 1194169573  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **WANG, ANGELA C**

Provider ID: 259534  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE P2  
SAN DIEGO, CA 92121-3028  
Phone: (855) 355-5864  
Fax: (888) 539-8781  
After Hours Phone: (855) 355-5864  
Provider Gender: Female  
License number: G62974  
NPI: 1730133976  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Green Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **WANG, ANGELA C**

*Provider ID:* 259535  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* G62974  
*NPI:* 1730133976  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Green Hospital, Scripps  
Memorial Hospital, Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **WEBSTER, LUKE A**

*Provider ID:* 272681  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A159228  
*NPI:* 1235660887  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **WINTERS, KATHRYN D**

*Provider ID:* 115623  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-9185  
*Fax:*  
*After Hours Phone:* (619)  
471-9185  
*Provider Gender:* Female  
*License number:* A141944  
*NPI:* 1790128924  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **WITZTUM, JOSEPH L**

*Provider ID:* 64664  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:*  
*After Hours Phone:* (619)  
543-6248  
*Provider Gender:* Male  
*License number:* G29598  
*NPI:* 1699791491  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **WOOTEN, DARCY A**

*Provider ID:* 130066  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Phone: (619) 471-9186  
 Fax: (619) 543-8255  
 After Hours Phone: (619) 471-9186  
 Provider Gender: Female  
 License number: A114007  
 NPI: 1538495973  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### WYATT, WENDELL D

Provider ID: 255535  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8899 UNIVERSITY CENTER LN STE 220  
 SAN DIEGO, CA 92122-1040  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: C136244  
 NPI: 1316906696  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes

Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### YANG, JENNY Z

Provider ID: 283026  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A145538  
 NPI: 1346636453  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### YANG, JENNY Z

Provider ID: 283027  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE P2  
 SAN DIEGO, CA 92121-3028  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A145538  
 NPI: 1346636453  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### YOUNG, MAILE A

Provider ID: 64667  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST FL 3  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-3995  
 Fax:  
 After Hours Phone: (619) 543-3995  
 Provider Gender: Female  
 License number: A93568  
 NPI: 1093904997  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ZARRINPAR, AMIR**

*Provider ID:* 84248  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A110886  
*NPI:* 1417110917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ZAYETS, STANISLAV**

*Provider ID:* 123480  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-9186  
*Fax:*  
*After Hours Phone:* (619) 471-9186  
*Provider Gender:* Male  
*License number:* A141681  
*NPI:* 1437313178  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ZHANG, SHERRY S**

*Provider ID:* 272657  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A158102  
*NPI:* 1588198147  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

---

### **INTERVENTIONAL CARDIOLOGY**

---

### **CARLSON, STEVEN K , MD**

*Provider ID:* 244810  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 292 EUCLID AVE STE 210  
 SAN DIEGO, CA 92114-3629  
*Phone:* (619) 616-2100  
*Fax:* (619) 616-2104  
*After Hours Phone:* (619) 616-2100  
*Provider Gender:* Male  
*License number:* A109957  
*NPI:* 1467602946  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Garfield Medical Center, Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Scripps Mercy Hospital, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/999

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **MOUSSAVIAN, MEHRAN**

*Provider ID:* 114977

*Board Certified Specialty:* No

CARDIOVASCULAR INSTITUTE  
OF SAN DIEGO

292 EUCLID AVE STE 210

SAN DIEGO, CA 92114-3629

*Phone:* (619) 616-2100

*Fax:* (619) 616-2104

*After Hours Phone:* (619)

616-2100

*Provider Gender:* Male

*License number:* 20A7241

*NPI:* 1689788234

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula

Vista Med Ctr, Tri City Medical

Ctr, Sharp Memorial Hospital,

Alvarado Hospital Llc, Grossmont

Hospital, Scripps Mercy Hospital,

Scripps Memorial Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **MOUSSAVIAN, MEHRAN**

*Provider ID:* 126078

*Board Certified Specialty:* No

DIAMOND NEIGHBORHOODS

FAMILY HLTH CTRS INC

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 263-2499

*Fax:*

*After Hours Phone:* (619)

263-2499

*Provider Gender:* Male

*License number:* 20A7241

*NPI:* 1689788234

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula

Vista Med Ctr, Tri City Medical

Ctr, Sharp Memorial Hospital,

Alvarado Hospital Llc, Grossmont

Hospital, Scripps Mercy Hospital,

Scripps Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* P, EB, IB, E, R,  
T, ME

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

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Diamond

Neighborhoods Family Hlth Ctrs  
Inc

*IPA:* Community Care Ipa Llc

### **LICENSED PROFESSIONAL CLINICAL COUNSELOR**

### **NAKAMURA, TIFFANY**

*Provider ID:* 239584

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE 315

SAN DIEGO, CA 92121-3029

*Phone:* (858) 534-8019

*Fax:*

*After Hours Phone:* (858)

534-8019

*Provider Gender:* Female

*License number:* LPCC4383

*NPI:* 1356846349

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Cultural Competency: No

*Hospital Affiliation:*

Medi-Cal Open Panel: Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MATERNAL AND FETAL MEDICINE**

### **ADAMCZAK, JOANNA E**

*Provider ID:* 205633

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 430

SAN DIEGO, CA 92123-2795

*Phone:* (858) 966-6710

*Fax:* (885) 966-6711

*After Hours Phone:* (858)

966-6710

*Provider Gender:* Female

*License number:* A116982

*NPI:* 1447428420

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital, Tri City  
Medical Ctr, Sharp Mary Birch  
Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **ADAMCZAK, JOANNA E**

*Provider ID:* 258901

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)

966-6710

*Provider Gender:* Female

*License number:* A116982

*NPI:* 1447428420

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego, Tri  
City Medical Ctr, Sharp Mary  
Birch Hosp For Women And  
Newborns, Sharp Memorial  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **ADAMCZAK, JOANNA E**

*Provider ID:* 277210

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)

966-6710

*Provider Gender:* Female

*License number:* A116982

*NPI:* 1447428420

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Sharp Memorial Hospital, Tri City  
Medical Ctr, Sharp Mary Birch  
Hosp For Women And Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **ADAMCZAK, JOANNA E**

*Provider ID:* 287119

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 220

SAN DIEGO, CA 92123-2781

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)

966-6710

*Provider Gender:* Female

*License number:* A116982

*NPI:* 1447428420

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Sharp Memorial Hospital, Tri City  
Medical Ctr, Sharp Mary Birch  
Hosp For Women And Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **ADAMI, REBECCA R**

*Provider ID:* 272669

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 430

SAN DIEGO, CA 92123-2795

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)

966-6710

*Provider Gender:* Female

*License number:* A149389

*NPI:* 1992149447

*Provider English Spoken:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

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

*Website:*

*Email:*

*Medical Group(s):*

IPA: Rady Childrens Health

Network

### **ADAMI, REBECCA R**

*Provider ID:* 272670

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

3003 HEALTH CENTER DR

SAN DIEGO, CA 92123-2700

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)

966-6710

*Provider Gender:* Female

*License number:* A149389

*NPI:* 1992149447

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

IPA: Rady Childrens Health

Network

### **ADAMI, REBECCA R**

*Provider ID:* 272674

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST # 463

SAN DIEGO, CA 92123-2771

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)

966-6710

*Provider Gender:* Female

*License number:* A149389

*NPI:* 1992149447

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

IPA: Rady Childrens Health

Network

### **ADAMI, REBECCA R**

*Provider ID:* 277179

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)

966-6710

*Provider Gender:* Female

*License number:* A149389

*NPI:* 1992149447

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

IPA: Rady Childrens Health

Network

### **ADAMI, REBECCA R**

*Provider ID:* 287129

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 220

SAN DIEGO, CA 92123-2781

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)

966-6710

*Provider Gender:* Female

*License number:* A149389

*NPI:* 1992149447

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **CASELE, HOLLY L**

*Provider ID:* 205838

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 430  
SAN DIEGO, CA 92123-2795

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)  
966-6710

*Provider Gender:* Female

*License number:* G87630

*NPI:* 1255348744

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp  
Memorial Hospital, Grossmont  
Hospital, Tri City Medical Ctr,  
Sharp Mary Birch Hosp For  
Women And Newborns, Scripps  
Memorial Hospital Encinitas,  
Rady Childrens Hospital San  
Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **CASELE, HOLLY L**

*Provider ID:* 258870

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700

*Phone:* (858) 966-6710

*Fax:* (858) 939-4102

*After Hours Phone:* (858)  
966-6710

*Provider Gender:* Female

*License number:* G87630

*NPI:* 1255348744

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp  
Memorial Hospital, Grossmont  
Hospital, Tri City Medical Ctr,  
Sharp Mary Birch Hosp For  
Women And Newborns, Scripps  
Memorial Hospital Encinitas,  
Rady Childrens Hospital San  
Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **CASELE, HOLLY L**

*Provider ID:* 277247

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858)  
966-6710

*Provider Gender:* Female

*License number:* G87630

*NPI:* 1255348744

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp  
Memorial Hospital, Grossmont  
Hospital, Tri City Medical Ctr,  
Sharp Mary Birch Hosp For  
Women And Newborns, Scripps  
Memorial Hospital Encinitas,  
Rady Childrens Hospital San  
Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **CASELE, HOLLY L**

*Provider ID:* 287071

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 220  
SAN DIEGO, CA 92123-2781

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* G87630  
*NPI:* 1255348744  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CATANZARITE, VALERIAN A**

*Provider ID:* 205744  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6266  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* G46026  
*NPI:* 1174694939  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Grossmont Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CATANZARITE, VALERIAN A**

*Provider ID:* 258850  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123-2700  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* G46026  
*NPI:* 1174694939  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps

Memorial Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Grossmont Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CATANZARITE, VALERIAN A**

*Provider ID:* 287061  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 220  
 SAN DIEGO, CA 92123-2781  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* G46026  
*NPI:* 1174694939  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Grossmont Hospital,

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## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Scripps Memorial Hospital<br/>Encinitas, Rady Childrens<br/>Hospital San Diego<br/><i>Medi-Cal Open Panel:</i> Yes<br/><i>Min/Max Age:</i> 0/18<br/><i>American Sign Language (ASL):</i><br/>No<br/><i>Accessibility:</i><br/><i>Hours:</i> M-SA 9AM-5PM<br/><i>Website:</i><br/><i>Email:</i><br/><i>Medical Group(s):</i><br/><i>IPA:</i> Rady Childrens Health<br/>Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><i>Email:</i><br/><i>Medical Group(s):</i><br/><i>IPA:</i> Rady Childrens Health<br/>Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>7910 FROST ST STE 220<br/>SAN DIEGO, CA 92123-2781<br/><i>Phone:</i> (858) 966-6710<br/><i>Fax:</i> (858) 966-6711<br/><i>After Hours Phone:</i> (858)<br/>966-6710<br/><i>Provider Gender:</i> Female<br/><i>License number:</i> A99128<br/><i>NPI:</i> 1538146337<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i><br/><i>Cultural Competency:</i> No<br/><i>Hospital Affiliation:</i> Sharp<br/>Memorial Hospital, Sharp Mary<br/>Birch Hosp For Women And<br/>Newborns, Palomar Medical<br/>Center, Pomerado Hospital,<br/>Sierra Vista Regional Med Ctr,<br/>Rady Childrens Hospital San<br/>Diego<br/><i>Medi-Cal Open Panel:</i> Yes<br/><i>Min/Max Age:</i> 0/18<br/><i>American Sign Language (ASL):</i><br/>No<br/><i>Accessibility:</i><br/><i>Hours:</i> M-SA 9AM-5PM<br/><i>Website:</i><br/><i>Email:</i><br/><i>Medical Group(s):</i><br/><i>IPA:</i> Rady Childrens Health<br/>Network</p> |
| <p><b>ESFANDIARI, RAHELEH</b><br/><i>Provider ID:</i> 242013<br/><i>Board Certified Specialty:</i> No<br/>RADY CHILDRENS HEALTH<br/>NETWORK<br/>3003 HEALTH CENTER DR<br/>SAN DIEGO, CA 92123-2700<br/><i>Phone:</i> (858) 939-3400<br/><i>Fax:</i> (858) 277-1475<br/><i>After Hours Phone:</i> (858)<br/>939-3400<br/><i>Provider Gender:</i> Female<br/><i>License number:</i> A100932<br/><i>NPI:</i> 1235320185<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i><br/>Farsi, Spanish<br/><i>Cultural Competency:</i> No<br/><i>Hospital Affiliation:</i> Scripps<br/>Memorial Hospital Encinitas, Tri<br/>City Medical Ctr, Rady Childrens<br/>Hospital San Diego, Sharp<br/>Memorial Hospital<br/><i>Medi-Cal Open Panel:</i> Yes<br/><i>Min/Max Age:</i> 0/18<br/><i>American Sign Language (ASL):</i><br/>No<br/><i>Accessibility:</i><br/><i>Hours:</i> M-SA 9AM-5PM<br/><i>Website:</i></p> | <p><b>ESFANDIARI, RAHELEH</b><br/><i>Provider ID:</i> 287055<br/><i>Board Certified Specialty:</i> No<br/>RADY CHILDRENS HEALTH<br/>NETWORK<br/>7910 FROST ST STE 220<br/>SAN DIEGO, CA 92123-2781<br/><i>Phone:</i> (858) 966-6710<br/><i>Fax:</i> (858) 966-6711<br/><i>After Hours Phone:</i> (858)<br/>966-6710<br/><i>Provider Gender:</i> Female<br/><i>License number:</i> A100932<br/><i>NPI:</i> 1235320185<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i><br/>Farsi, Spanish<br/><i>Cultural Competency:</i> No<br/><i>Hospital Affiliation:</i> Tri City<br/>Medical Ctr, Scripps Memorial<br/>Hospital Encinitas, Sharp<br/>Memorial Hospital, Rady<br/>Childrens Hospital San Diego<br/><i>Medi-Cal Open Panel:</i> Yes<br/><i>Min/Max Age:</i> 0/18<br/><i>American Sign Language (ASL):</i><br/>No<br/><i>Accessibility:</i><br/><i>Hours:</i> M-SA 9AM-5PM<br/><i>Website:</i><br/><i>Email:</i><br/><i>Medical Group(s):</i><br/><i>IPA:</i> Rady Childrens Health<br/>Network</p> | <p><b>LAURENT, LOUISE C</b><br/><i>Provider ID:</i> 208640<br/><i>Board Certified Specialty:</i> No<br/>UCSD MEDICAL GROUP<br/>4168 FRONT ST<br/>SAN DIEGO, CA 92103-2030<br/><i>Phone:</i> (800) 926-8273<br/><i>Fax:</i><br/><i>After Hours Phone:</i> (800)<br/>926-8273<br/><i>Provider Gender:</i> Female<br/><i>License number:</i> A80409<br/><i>NPI:</i> 1770532707</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>HUSKEY, DANA E</b><br/><i>Provider ID:</i> 287125<br/><i>Board Certified Specialty:</i> No<br/>RADY CHILDRENS HEALTH<br/>NETWORK</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>HUSKEY, DANA E</b><br/><i>Provider ID:</i> 287125<br/><i>Board Certified Specialty:</i> No<br/>RADY CHILDRENS HEALTH<br/>NETWORK</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MCCULLOUGH, DEIRDRE M**

*Provider ID:* 210033  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* C159758  
*NPI:* 1639153018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*

No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MCCULLOUGH, DEIRDRE M**

*Provider ID:* 210034  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123-2700  
*Phone:* (858) 966-6710  
*Fax:* (858) 939-4102  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* C159758  
*NPI:* 1639153018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MCCULLOUGH, DEIRDRE M**

*Provider ID:* 277260  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH

NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* C159758  
*NPI:* 1639153018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MCCULLOUGH, DEIRDRE M**

*Provider ID:* 287117  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 220  
 SAN DIEGO, CA 92123-2781  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* C159758  
*NPI:* 1639153018  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Sharp Grossmont Hospital, Sharp Memorial Hospital, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MOORE, THOMAS R**

*Provider ID:* 208643  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* G49930  
*NPI:* 1184682379  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Ucsd Medical Group  
**MOORE, THOMAS R**  
*Provider ID:* 208644  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4910 DIRECTORS PL STE 200  
 SAN DIEGO, CA 92121-3814  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* G49930  
*NPI:* 1184682379  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RICHARDSON, ALVIE C**

*Provider ID:* 214435  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* C160063  
*NPI:* 1154305977

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **RICHARDSON, ALVIE C**

*Provider ID:* 214436  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123-2700  
*Phone:* (858) 966-6710  
*Fax:* (858) 939-4102  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* C160063  
*NPI:* 1154305977  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

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## D. Specialist Provider Directory

IPA: Rady Childrens Health Network

### **RICHARDSON, ALVIE C**

Provider ID: 277314

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Male

License number: C160063

NPI: 1154305977

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **RICHARDSON, ALVIE C**

Provider ID: 287096

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

7910 FROST ST STE 220  
SAN DIEGO, CA 92123-2781

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Male

License number: C160063

NPI: 1154305977

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital, Rady  
Childrens Hospital San Diego,  
Sharp Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **RICHARD, JOHN D**

Provider ID: 217176

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700

Phone: (858) 966-6710

Fax:

After Hours Phone: (858)  
966-6710

Provider Gender: Male

License number: A96329

NPI: 1568448116

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Naval Medical  
Ctr Sd Rbe, Sharp Memorial  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **RICHARD, JOHN D**

Provider ID: 217177

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

7910 FROST ST STE 140  
SAN DIEGO, CA 92123-2712

Phone: (858) 966-6710

Fax:

After Hours Phone: (858)  
966-6710

Provider Gender: Male

License number: A96329

NPI: 1568448116

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Naval Medical  
Ctr Sd Rbe, Sharp Memorial  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SCHWENDEMANN, WADE D**

Provider ID: 205438

Board Certified Specialty: No  
RADY CHILDRENS HEALTH

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### NETWORK

7910 FROST ST STE 430  
SAN DIEGO, CA 92123-2795  
Phone: (858) 966-6710  
Fax: (858) 966-6711  
After Hours Phone: (858) 966-6710  
Provider Gender: Male  
License number: A109228  
NPI: 1477563302  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital,  
Grossmont Hospital, Sharp  
Memorial Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns, Tri City Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **SCHWENDEMANN, WADE D**

Provider ID: 277304  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-6710  
Fax: (858) 966-6711  
After Hours Phone: (858) 966-6710  
Provider Gender: Male  
License number: A109228

NPI: 1477563302  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital,  
Grossmont Hospital, Sharp  
Memorial Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns, Tri City Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **SCHWENDEMANN, WADE D**

Provider ID: 277307  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700  
Phone: (858) 966-6710  
Fax: (858) 939-4102  
After Hours Phone: (858) 966-6710  
Provider Gender: Male  
License number: A109228  
NPI: 1477563302  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital,  
Grossmont Hospital, Sharp  
Memorial Hospital, Sharp Mary

Birch Hosp For Women And  
Newborns, Tri City Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **SCHWENDEMANN, WADE D**

Provider ID: 287080  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
7910 FROST ST STE 220  
SAN DIEGO, CA 92123-2781  
Phone: (858) 966-6710  
Fax: (858) 966-6711  
After Hours Phone: (858) 966-6710  
Provider Gender: Male  
License number: A109228  
NPI: 1477563302  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital,  
Grossmont Hospital, Sharp  
Memorial Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns, Tri City Medical Ctr,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network  
**THOMAS, STEVEN J**  
*Provider ID:* 209479  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6600  
*Fax:* (619) 543-5767  
*After Hours Phone:* (619) 543-6600  
*Provider Gender:* Male  
*License number:* A40379  
*NPI:* 1639242589  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Palomar Medical Center, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### TITH, TEVY

*Provider ID:* 205388  
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A103521  
*NPI:* 1588816086  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### TITH, TEVY

*Provider ID:* 262371  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123-2700

*Phone:* (858) 966-6710  
*Fax:* (858) 939-4102  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A103521  
*NPI:* 1588816086  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### TITH, TEVY

*Provider ID:* 277325  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A103521  
*NPI:* 1588816086  
*Provider English Spoken:* Yes

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## D. Specialist Provider Directory

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **TITH, TEVY**

*Provider ID:* 287052  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 220  
 SAN DIEGO, CA 92123-2781  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A103521  
*NPI:* 1588816086  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And

Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WESTERMANN, MELISSA L**

*Provider ID:* 242521  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A130149  
*NPI:* 1760730758  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WESTERMANN, MELISSA L**

*Provider ID:* 242522  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123-2700  
*Phone:* (858) 966-6710  
*Fax:* (858) 939-4102  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A130149  
*NPI:* 1760730758  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Mary Birch Hosp For Women And Newborns, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, University Of California Irvine Med Ctr, Sharp Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

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## D. Specialist Provider Directory

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### **WESTERMANN, MELISSA L**

*Provider ID: 277353*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

**3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223**

*Phone: (858) 966-6710*

*Fax: (858) 966-6711*

*After Hours Phone: (858)*

*966-6710*

*Provider Gender: Female*

*License number: A130149*

*NPI: 1760730758*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Sharp Mary*

*Birch Hosp For Women And*

*Newborns, Earl And Lorraine*

*Miller Childrens Hsp, Long Beach*

*Memorial Med Ctr, University Of*

*California Irvine Med Ctr, Sharp*

*Memorial Hospital, Grossmont*

*Hospital*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health  
Network*

### **WESTERMANN, MELISSA L**

*Provider ID: 287084*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

**7910 FROST ST STE 220**

**SAN DIEGO, CA 92123-2781**

*Phone: (858) 966-6710*

*Fax: (858) 966-6711*

*After Hours Phone: (858)*

*966-6710*

*Provider Gender: Female*

*License number: A130149*

*NPI: 1760730758*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Sharp Mary*

*Birch Hosp For Women And*

*Newborns, Earl And Lorraine*

*Miller Childrens Hsp, Long Beach*

*Memorial Med Ctr, University Of*

*California Irvine Med Ctr, Sharp*

*Memorial Hospital, Grossmont*

*Hospital, Sharp Grossmont*

*Hospital*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health  
Network*

### **WILLIAMS, KRISTIN M**

*Provider ID: 206229*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

**7910 FROST ST STE 430**

**SAN DIEGO, CA 92123-2795**

*Phone: (858) 966-6710*

*Fax: (858) 966-6711*

*After Hours Phone: (858)*

*966-6710*

*Provider Gender: Female*

*License number: A72985*

*NPI: 1992847131*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Stanford*

*Health Care, Lucile Salter*

*Packard Childrens Hosp, San*

*Mateo Medical Ctr, Sharp*

*Memorial Hospital, Sharp Mary*

*Birch Hosp For Women And*

*Newborns, Tri City Medical Ctr,*

*California Pacific Med Ctr, Rady*

*Childrens Hospital San Diego*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health  
Network*

### **WILLIAMS, KRISTIN M**

*Provider ID: 277383*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

**3020 CHILDRENS WAY**

**SAN DIEGO, CA 92123-4223**

*Phone: (858) 966-6710*

*Fax: (858) 966-6711*

*After Hours Phone: (858)*

*966-6710*

*Provider Gender: Female*

*License number: A72985*

*NPI: 1992847131*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Stanford*

*Health Care, Lucile Salter*

*Packard Childrens Hosp, San*

*Mateo Medical Ctr, Sharp*

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## D. Specialist Provider Directory

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Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WILLIAMS, KRISTIN M**

*Provider ID:* 277387  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A72985  
*NPI:* 1992847131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WILLIAMS, KRISTIN M**

*Provider ID:* 287114  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST STE 220  
SAN DIEGO, CA 92123-2781  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A72985  
*NPI:* 1992847131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Stanford Health Care, Lucile Salter Packard Childrens Hosp, San Mateo Medical Ctr, Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Tri City Medical Ctr, California Pacific Med Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **WOLF, RICHARD B**

*Provider ID:* 209253  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4910 DIRECTORS PL STE 200  
SAN DIEGO, CA 92121-3814  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* 20A6028  
*NPI:* 1497713846  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Palomar Medical Center, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

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### **NEONATAL / PERINATAL MEDICINE**

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### **CARROLL, JEANNE M**

*Provider ID:* 205727  
*Board Certified Specialty:* No

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## D. Specialist Provider Directory

### RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)

966-5818

Provider Gender: Female

License number: A118050

NPI: 1386928224

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/0

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### CASSEY, LINDSAY E

Provider ID: 270421

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

220 EUCLID AVE STE 30

SAN DIEGO, CA 92114-3617

Phone: (209) 576-3526

Fax:

After Hours Phone: (209)

576-3526

Provider Gender: Female

License number: 20A14218

NPI: 1457762619

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### COHENMEYER, CASEY L

Provider ID: 206102

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841

Fax: (858) 966-7483

After Hours Phone: (858)

966-5841

Provider Gender: Female

License number: A80114

NPI: 1033286430

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Scripps Memorial Hospital,

Southwest Healthcare System

Murrieta, Ucsd Medical Ctr,

Southwest Healthcare System

Wildomar, Scripps Memorial

Hospital Encinitas, Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/0

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### CULWELL, KELLY R

Provider ID: 270475

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

220 EUCLID AVE STE 30

SAN DIEGO, CA 92114-3617

Phone: (916) 734-6925

Fax:

After Hours Phone: (916)

734-6925

Provider Gender: Female

License number: A76983

NPI: 1043508377

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Uc Davis

Medical Ctr, Tri City Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### FARRELL, MAUREEN E

Provider ID: 270157

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

2017 1ST AVE STE 201

SAN DIEGO, CA 92101-2033

Phone: (619) 881-4589

Fax:

After Hours Phone: (619)

881-4589

Provider Gender: Female

License number: A82843

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**NPI:** 1508842303  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Naval Hsp Camp Pendleton  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **FLEMING, SARAH E**

**Provider ID:** 205645  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**4077 5TH AVE**  
**SAN DIEGO, CA 92103-2105**  
**Phone:** (619) 260-7046  
**Fax:** (619) 686-3843  
**After Hours Phone:** (619) 260-7046  
**Provider Gender:** Female  
**License number:** A89838  
**NPI:** 1679809826  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM

**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Rady Childrens Health Network

### **GOLEMBESKI, DAVID J**

**Provider ID:** 205892  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**200 W ARBOR DR**  
**SAN DIEGO, CA 92103-1911**  
**Phone:** (619) 543-3759  
**Fax:** (619) 543-3812  
**After Hours Phone:** (619) 543-3759  
**Provider Gender:** Male  
**License number:** G63111  
**NPI:** 1376614131  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Palomar Medical Center, Scripps Memorial Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Rady Childrens Health Network

### **HONOLD, JOSE A**

**Provider ID:** 205941  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**3020 CHILDRENS WAY**  
**SAN DIEGO, CA 92123-4223**  
**Phone:** (858) 966-5818  
**Fax:** (858) 966-7483  
**After Hours Phone:** (858) 966-5818  
**Provider Gender:** Male  
**License number:** A51798  
**NPI:** 1093886855  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego, Pioneers Memorial Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital Chula Vista, El Centro Regional Medical Center, Scripps Mercy Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Rady Childrens Health Network

### **HONOLD, JOSE A**

**Provider ID:** 242881  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**4077 5TH AVE**  
**SAN DIEGO, CA 92103-2105**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Phone:* (619) 691-7000

*Fax:*

*After Hours Phone:* (619) 691-7000

*Provider Gender:* Male

*License number:* A51798

*NPI:* 1093886855

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pioneers Memorial Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital Chula Vista, El Centro Regional Medical Center, Scripps Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **HUSKEY, DANA E**

*Provider ID:* 262264

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858) 966-6710

*Provider Gender:* Female

*License number:* A99128

*NPI:* 1538146337

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Palomar Medical Center, Palomar Health Downtown Campus, Pomerado Hospital, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **HUSKEY, DANA E**

*Provider ID:* 262266

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

7910 FROST ST STE 430  
SAN DIEGO, CA 92123-2795

*Phone:* (858) 966-6710

*Fax:* (858) 966-6711

*After Hours Phone:* (858) 966-6710

*Provider Gender:* Female

*License number:* A99128

*NPI:* 1538146337

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And

Newborns, Palomar Medical Center, Pomerado Hospital, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **KO, KIMBERLY J**

*Provider ID:* 214506

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800) 926-8273

*Provider Gender:* Female

*License number:* A77120

*NPI:* 1437448917

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

### **LANE, BRIAN P**

*Provider ID:* 205707

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5818

*Fax:* (858) 966-7483

*After Hours Phone:* (858)

966-5818

*Provider Gender:* Male

*License number:* A73829

*NPI:* 1427129287

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital  
Encinitas, Scripps Memorial  
Hospital, Sharp Chula Vista Med

Ctr, Scripps Mercy Hospital,  
Scripps Mercy Hospital Chula  
Vista, Southwest Healthcare  
System Wildomar, Southwest  
Healthcare System Murrieta

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/0

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **LEIBEL, SANDRA L**

*Provider ID:* 205951

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5855

*Fax:*

*After Hours Phone:* (858)

966-5855

*Provider Gender:* Female

*License number:* A121976

*NPI:* 1407024995

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

French, Polish

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital,  
Scripps Memorial Hospital  
Encinitas

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/0

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **LE, CRYSTAL N**

*Provider ID:* 205630

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5818

*Fax:* (858) 966-7483

*After Hours Phone:* (858)

966-5818

*Provider Gender:* Female

*License number:* A97634

*NPI:* 1003028416

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital,  
Scripps Memorial Hospital  
Encinitas, Southwest Healthcare  
System Wildomar, Southwest  
Healthcare System Murrieta

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/0

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **MARC AURELE, KRISHELLE L**

*Provider ID:* 206206

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:* (619) 543-3812

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A99634

*NPI:* 1952503435

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Ucsd La Jolla  
John Sally Thornton, Tri City  
Medical Ctr, Scripps Memorial  
Hospital

*Medi-Cal Open Panel:* Yes

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## D. Specialist Provider Directory

*Min/Max Age:* 0/0

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **MARC AURELE, KRISHELLE L**

*Provider ID:* 206208

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5818

*Fax:* (858) 966-7483

*After Hours Phone:* (858)  
966-5818

*Provider Gender:* Female

*License number:* A99634

*NPI:* 1952503435

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego, Tri  
City Medical Ctr, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Scripps Memorial  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/0

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **MARC AURELE, KRISHELLE L**

*Provider ID:* 206210

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-8022

*Fax:* (858) 966-8457

*After Hours Phone:* (858)  
966-8022

*Provider Gender:* Female

*License number:* A99634

*NPI:* 1952503435

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego, Tri  
City Medical Ctr, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Scripps Memorial  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/0

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **MARDOUM, RIAD**

*Provider ID:* 206152

*Board Certified Specialty:* Yes  
RADY CHILDRENS HEALTH NETWORK

4077 5TH AVE

SAN DIEGO, CA 92103-2105

*Phone:* (619) 260-7046

*Fax:* (619) 686-3843

*After Hours Phone:* (619)  
260-7046

*Provider Gender:* Male

*License number:* A36720

*NPI:* 1417050584

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Arabic, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Rady Childrens  
Hospital San Diego, Scripps  
Mercy Hospital Chula Vista, Ucsd  
Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **MARDOUM, RIAD**

*Provider ID:* 262122

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5818

*Fax:*

*After Hours Phone:* (858)

966-5818

*Provider Gender:* Male

*License number:* A36720

*NPI:* 1417050584

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Arabic, Spanish

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## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MARENGO BARBICK, ANTOINETTE**

*Provider ID:* 271176  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
2017 1ST AVE STE 301  
SAN DIEGO, CA 92101-2033  
*Phone:* (619) 881-4500  
*Fax:*  
*After Hours Phone:* (619) 881-4500  
*Provider Gender:* Female  
*License number:* A87783  
*NPI:* 1144200718  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* University Of California Irvine Med Ctr, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MCCULLEY, DAVID J**

*Provider ID:* 277177  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:* (858) 966-7483  
*After Hours Phone:* (858) 966-5818  
*Provider Gender:* Male  
*License number:* A88660  
*NPI:* 1235304155  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MESTAN, KAREN K**

*Provider ID:* 285932  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5888  
*Fax:*  
*After Hours Phone:* (858) 966-5888

*Provider Gender:* Female  
*License number:* C173648  
*NPI:* 1942253356  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MODY, SHEILA K**

*Provider ID:* 270296  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
2017 1ST AVE STE 100  
SAN DIEGO, CA 92101-9001  
*Phone:* (619) 543-6777  
*Fax:*  
*After Hours Phone:* (619) 543-6777  
*Provider Gender:* Female  
*License number:* A117818  
*NPI:* 1952561102  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

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## D. Specialist Provider Directory

---

Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **MOYER, LAUREL B**

Provider ID: 205399  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (858) 966-5818  
Fax: (858) 966-7483  
After Hours Phone: (858) 966-5818  
Provider Gender: Female  
License number: C144070  
NPI: 1598970378  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Mercy Hospital, Scripps  
Mercy Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **MOYER, LAUREL B**

Provider ID: 283257  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818  
Fax: (858) 966-7483  
After Hours Phone: (858) 966-5818  
Provider Gender: Female  
License number: C144070  
NPI: 1598970378  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Mercy Hospital, Scripps  
Mercy Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **NIEMI, ANNA-KAISA**

Provider ID: 262157  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5818  
Fax: (858) 966-7483  
After Hours Phone: (858) 966-5818  
Provider Gender: Female  
License number: A104907  
NPI: 1497941397  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **NIEMI, ANNA-KAISA**

Provider ID: 262158  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
4077 5TH AVE  
SAN DIEGO, CA 92103-2105  
Phone: (619) 260-7107  
Fax:  
After Hours Phone: (619) 260-7107  
Provider Gender: Female  
License number: A104907  
NPI: 1497941397  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **ODONNELL, F JANE D**

Provider ID: 205578

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:* (858) 966-7483  
*After Hours Phone:* (858) 966-5818  
*Provider Gender:* Female  
*License number:* G81056  
*NPI:* 1477625325  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/0  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **RAMOS, CARLOS G**

*Provider ID:* 206060  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-3759  
*Fax:* (619) 543-3812  
*After Hours Phone:* (619) 543-3759  
*Provider Gender:* Male  
*License number:* A91944  
*NPI:* 1205047545  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, El Centro Regional Medical Center, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **ROBERTSON, LAUREN A**

*Provider ID:* 271054  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 2017 1ST AVE STE 100  
 SAN DIEGO, CA 92101-9001  
*Phone:* (858) 455-7520  
*Fax:*  
*After Hours Phone:* (858) 455-7520  
*Provider Gender:* Female  
*License number:* A109671  
*NPI:* 1710211867  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SAJTI, ENIKO C**

*Provider ID:* 206171  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-3759  
*Fax:* (619) 543-3812  
*After Hours Phone:* (619) 543-3759  
*Provider Gender:* Female  
*License number:* A115973  
*NPI:* 1649433103  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/0  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

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## D. Specialist Provider Directory

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IPA: Rady Childrens Health Network

### **SHANNON, KELLI K**

Provider ID: 208474

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

License number: A125621

NPI: 1922156397

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SONG, RICHARD S**

Provider ID: 206143

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Male

License number: A112147

NPI: 1881893477

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital,  
Scripps Memorial Hospital  
Encinitas, Palomar Medical  
Center, Palomar Health  
Downtown Campus, Pomerado  
Hospital, Southwest Healthcare  
System Murrieta, Southwest  
Healthcare System Wildomar

Medi-Cal Open Panel: Yes

Min/Max Age: 0/0

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SPEZIALE, MARK V**

Provider ID: 206126

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Male

License number: G78658

NPI: 1801978143

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Southwest  
Healthcare System Wildomar,  
Southwest Healthcare System

Murrieta, Scripps Memorial  
Hospital, Scripps Mercy Hospital  
Chula Vista, Rady Childrens  
Hospital San Diego, Scripps

Mercy Hospital, Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/0

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SUTTNER, DENISE M**

Provider ID: 265085

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)

966-5818

Provider Gender: Female

License number: A52313

NPI: 1457433799

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Scripps Mercy  
Hospital Chula Vista, Scripps

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Memorial Hospital Encinitas,  
Southwest Healthcare System  
Wildomar, Southwest Healthcare  
System Murrieta, Scripps  
Memorial Hospital, Scripps  
Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/0  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **SWEENEY, NATHALY M**

*Provider ID:* 206182  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:* (858) 966-7483  
*After Hours Phone:* (858)  
966-5818  
*Provider Gender:* Female  
*License number:* A110761  
*NPI:* 1164572632  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/0  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **VAUCHER, YVONNE E**

*Provider ID:* 205652  
*Board Certified Specialty:* Yes  
RADY CHILDRENS HEALTH  
NETWORK  
4077 5TH AVE  
SAN DIEGO, CA 92103-2105  
*Phone:* (619) 260-7046  
*Fax:*  
*After Hours Phone:* (619)  
260-7046  
*Provider Gender:* Female  
*License number:* G25444  
*NPI:* 1275615510  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/0  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **WEISS, KATHERINE J**

*Provider ID:* 264677  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5818  
*Fax:* (858) 966-7483  
*After Hours Phone:* (858)  
966-5818  
*Provider Gender:* Female  
*License number:* C154876  
*NPI:* 1053541862  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/25  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

## NEPHROLOGY

### **AHMED, KAMAL E**

*Provider ID:* 63771  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* C50781  
*NPI:* 1952352411  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, French, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**BARANSKI, JOEL J**  
 Provider ID: 257541  
 Board Certified Specialty: No  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT  
 4060 4TH AVE STE 220  
 SAN DIEGO, CA 92103-2120  
 Phone: (619) 299-2350  
 Fax: (619) 297-8379  
 After Hours Phone: (619)  
 299-2350  
 Provider Gender: Male  
 License number: G67559  
 NPI: 1548265234  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Kindred  
 Hospital San Diego, Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Scripps Mercy Hospital,  
 Vibra Hospital Of San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility: P, IB, E, W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc, Imperial Health Holdings

Medical Group-Sd  
**BARANSKI, JOEL J**  
 Provider ID: 31396  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 4060 4TH AVE STE 220  
 SAN DIEGO, CA 92103-2120  
 Phone: (619) 299-2350  
 Fax: (619) 297-8379  
 After Hours Phone: (619)  
 299-2350  
 Provider Gender: Male  
 License number: G67559  
 NPI: 1548265234  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Kindred  
 Hospital San Diego, Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Scripps Mercy Hospital,  
 Vibra Hospital Of San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, IB, E, W  
 Hours: M-F 9AM-5PM, SA  
 9AM-5PM  
 Website: www.balboacare.com  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc, Imperial Health Holdings  
 Medical Group-Sd

**BARANSKI, JOEL J , MD**  
 Provider ID: 31396  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED  
 GRP INC

4060 4TH AVE STE 220  
 SAN DIEGO, CA 92103-2120  
 Phone: (619) 299-2350  
 Fax: (619) 297-8379  
 After Hours Phone: (619)  
 299-2350  
 Provider Gender: Male  
 License number: G67559  
 NPI: 1548265234  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Kindred  
 Hospital San Diego, Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Scripps Mercy Hospital,  
 Vibra Hospital Of San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: P, IB, E, W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc, Imperial Health Holdings  
 Medical Group-Sd

**BARANSKI, JOEL J**  
 Provider ID: 31396  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 4060 4TH AVE STE 220  
 SAN DIEGO, CA 92103-2120  
 Phone: (619) 299-2350  
 Fax: (619) 297-8379  
 After Hours Phone: (619)  
 299-2350  
 Provider Gender: Male  
 License number: G67559

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1548265234  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Kindred Hospital San Diego, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital, Vibra Hospital Of San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, IB, E, W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BEBEN, TOMASZ**  
 Provider ID: 101291  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A113430  
 NPI: 1689839441  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Polish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**BEHREND, TERRY L**  
 Provider ID: 262197  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 6402 EL CAJON BLVD # 100  
 SAN DIEGO, CA 92115-2645  
 Phone: (619) 582-4490  
 Fax: (619) 582-4737  
 After Hours Phone: (619) 582-4490  
 Provider Gender: Male  
 License number: A75812  
 NPI: 1790780484  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BEHREND, TERRY L**  
 Provider ID: 87090  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED

GRP INC  
 6402 EL CAJON BLVD # 100  
 SAN DIEGO, CA 92115-2645  
 Phone: (619) 582-4490  
 Fax: (619) 582-4737  
 After Hours Phone: (619) 582-4490  
 Provider Gender: Male  
 License number: A75812  
 NPI: 1790780484  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 7:30AM-4PM, SA 9AM-5PM  
 Website: bnmg.org  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BEHREND, TERRY L , MD**  
 Provider ID: 87090  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED  
 GRP INC  
 6402 EL CAJON BLVD # 100  
 SAN DIEGO, CA 92115-2645  
 Phone: (619) 582-4490  
 Fax: (619) 582-4737  
 After Hours Phone: (619) 582-4490  
 Provider Gender: Male  
 License number: A75812  
 NPI: 1790780484  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **BENADOR, NADINE M**

*Provider ID:* 52563  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
*Phone:* (999) 999-9999  
*Fax:*  
*After Hours Phone:* (999) 999-9999  
*Provider Gender:* Female  
*License number:* A84483  
*NPI:* 1366513129  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
 IPA: Rady Childrens Health Network  
**BROWN, KRISTIAN L**  
*Provider ID:* 262237  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4800  
*Fax:* (858) 637-4801  
*After Hours Phone:* (858) 637-4800  
*Provider Gender:* Male  
*License number:* A124291  
*NPI:* 1023272051  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Imperial Health Holdings Medical Group-Sd

### **CARTER, CAITLIN E**

*Provider ID:* 68211  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746

*Phone:* (858) 966-5855  
*Fax:*  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Female  
*License number:* A93600  
*NPI:* 1255514618  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health Network

### **DAVIS, JASON T**

*Provider ID:* 62916  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4800  
*Fax:* (858) 637-4801  
*After Hours Phone:* (858) 637-4800  
*Provider Gender:* Male  
*License number:* A100799  
*NPI:* 1295911469  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **DAVIS, JASON T**

*Provider ID:* 80404  
*Board Certified Specialty:* No  
**BALBOA NEPHROLOGY MED GRP INC**  
 4060 4TH AVE STE 220  
 SAN DIEGO, CA 92103-2120  
*Phone:* (619) 299-2350  
*Fax:* (619) 297-8379  
*After Hours Phone:* (619) 299-2350  
*Provider Gender:* Male  
*License number:* A100799  
*NPI:* 1295911469  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra

Hospital Of San Diego, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, IB, E  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **DAVIS, JASON T**

*Provider ID:* 80404  
*Board Certified Specialty:* No  
**BALBOA NEPHROLOGY MED GRP INC**  
 4060 4TH AVE STE 220  
 SAN DIEGO, CA 92103-2120  
*Phone:* (619) 299-2350  
*Fax:*  
*After Hours Phone:* (619) 299-2350  
*Provider Gender:* Male  
*License number:* A100799  
*NPI:* 1295911469  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Kindred Hospital San Diego, Scripps Mercy Hospital, Vibra Hospital Of San Diego, Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* P, IB, E, W  
*Hours:* M-F 9AM-5PM, SA 9AM-5PM  
*Website:* www.balboacare.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **FARAVARDEH, ARMAN**

*Provider ID:* 262114  
*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4800  
*Fax:* (858) 637-4801  
*After Hours Phone:* (858) 637-4800  
*Provider Gender:* Male  
*License number:* A94375  
*NPI:* 1467410019  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Swedish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **FARAVARDEH, ARMAN, MD**

*Provider ID:* 82852

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**BALBOA NEPHROLOGY MED GRP INC**  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4800  
*Fax:* (858) 637-4801  
*After Hours Phone:* (858) 637-4800  
*Provider Gender:* Male  
*License number:* A94375  
*NPI:* 1467410019  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Swedish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **FARAVARDEH, ARMAN**

*Provider ID:* 82852  
*Board Certified Specialty:* No  
**BALBOA NEPHROLOGY MED GRP INC**  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4700  
*Fax:*  
*After Hours Phone:* (858) 637-4700  
*Provider Gender:* Male  
*License number:* A94375  
*NPI:* 1467410019

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Swedish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:* bnmg.org  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **GANESAN, LAKSHMI L**

*Provider ID:* 289152  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8574  
*Fax:* (858) 966-7789  
*After Hours Phone:* (858) 966-8574  
*Provider Gender:* Female  
*License number:* A127348  
*NPI:* 1821356288  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Loma Linda University Childrens Hospital, Loma Linda University Med Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*

No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **GOLLAPUDI, RAGHAVA R**

*Provider ID:* 53857  
*Board Certified Specialty:* No  
**SAN DIEGO CARDIAC CTR MED GRP INC**  
 3131 BERGER AVE STE 200  
 SAN DIEGO, CA 92123-4203  
*Phone:* (858) 244-6800  
*Fax:*  
*After Hours Phone:* (858) 244-6800

*Provider Gender:* Male  
*License number:* A73392  
*NPI:* 1467429191  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Grossmont Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HALLDORSON, JEFFREY B**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

**Provider ID:** 262155  
**Board Certified Specialty:** No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
**8010 FROST ST STE 510**  
**SAN DIEGO, CA 92123-4284**  
**Phone:** (858) 637-4800  
**Fax:** (858) 637-4801  
**After Hours Phone:** (858) 637-4800  
**Provider Gender:** Male  
**License number:** G86089  
**NPI:** 1558446351  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish, Tagalog  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **HAMMES, JOHN S**

**Provider ID:** 262327  
**Board Certified Specialty:** No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
**4060 4TH AVE STE 220**  
**SAN DIEGO, CA 92103-2120**  
**Phone:** (619) 299-2350  
**Fax:** (619) 297-8379  
**After Hours Phone:** (619) 299-2350  
**Provider Gender:** Male

**License number:** G84351  
**NPI:** 1891766994  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** French, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Kindred Hospital San Diego, Vibra Hospital Of San Diego, Scripps Mercy Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:** P, IB, E  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **HAMMES, JOHN S**

**Provider ID:** 76487  
**Board Certified Specialty:** No  
**BALBOA NEPHROLOGY MED GRP INC**  
**4060 4TH AVE STE 220**  
**SAN DIEGO, CA 92103-2120**  
**Phone:** (619) 299-2350  
**Fax:**  
**After Hours Phone:** (619) 299-2350  
**Provider Gender:** Male  
**License number:** G84351  
**NPI:** 1891766994  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** French, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital Chula Vista, Sharp

**Coronado Hosp And Healthcare Ctr, Kindred Hospital San Diego, Vibra Hospital Of San Diego, Scripps Mercy Hospital**  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** P, IB, E, W  
**Hours:** M-F 9AM-5PM, SA 9AM-5PM  
**Website:** www.balboacare.com  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **HAMMES, JOHN S , MD**

**Provider ID:** 76487  
**Board Certified Specialty:** No  
**BALBOA NEPHROLOGY MED GRP INC**  
**4060 4TH AVE STE 220**  
**SAN DIEGO, CA 92103-2120**  
**Phone:** (619) 299-2350  
**Fax:** (619) 297-8379  
**After Hours Phone:** (619) 299-2350  
**Provider Gender:** Male  
**License number:** G84351  
**NPI:** 1891766994  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** French, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Kindred Hospital San Diego, Vibra Hospital Of San Diego, Scripps Mercy Hospital  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         ♿ Accessibility: P, IB, E<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Community Care Ipa Llc,<br/>         Imperial Health Holdings Medical<br/>         Group-Sd</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>Provider ID: 205002<br/>         Board Certified Specialty: No<br/>         COMMUNITY CARE IPA LLC<br/>         8010 FROST ST STE 510<br/>         SAN DIEGO, CA 92123-4284<br/>         Phone: (858) 637-4700<br/>         Fax:<br/>         After Hours Phone: (858)<br/>         637-4700<br/>         Provider Gender: Female<br/>         License number: A127006<br/>         NPI: 1912219155<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Burmese, Spanish<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Sharp Chula<br/>         Vista Med Ctr, Scripps Mercy<br/>         Hospital Chula Vista, Paradise<br/>         Valley Hospital, Scripps Mercy<br/>         Hospital<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: 0/999<br/>         American Sign Language (ASL):<br/>         No<br/>         ♿ Accessibility:<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Community Care Ipa Llc,<br/>         Imperial Health Holdings Medical<br/>         Group-Sd</p> | <p>NPI: 1700859279<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Slovak, Spanish<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Sharp<br/>         Memorial Hospital<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: 0/999<br/>         American Sign Language (ASL):<br/>         No<br/>         ♿ Accessibility:<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Community Care Ipa Llc,<br/>         Imperial Health Holdings Medical<br/>         Group-Sd</p>                                                                                                                                                                                                             |
| <p><b>INGULLI, ELIZABETH G</b><br/>         Provider ID: 52564<br/>         Board Certified Specialty: No<br/>         RADY CHILDRENS<br/>         SPECIALISTS SAN DIEGO MED<br/>         FNDTN<br/>         8001 FROST ST<br/>         SAN DIEGO, CA 92123-2746<br/>         Phone: (858) 966-5855<br/>         Fax:<br/>         After Hours Phone: (858)<br/>         966-5855<br/>         Provider Gender: Female<br/>         License number: G87981<br/>         NPI: 1811919244<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Rady<br/>         Childrens Hospital San Diego,<br/>         Ucsd Medical Ctr, Sharp<br/>         Memorial Hospital<br/>         Medi-Cal Open Panel: No<br/>         Min/Max Age: None<br/>         American Sign Language (ASL):<br/>         No<br/>         ♿ Accessibility: W<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Rady Childrens Health<br/>         Network</p> | <p><b>LUND, GUY L</b><br/>         Provider ID: 262178<br/>         Board Certified Specialty: No<br/>         IMPERIAL HEALTH HOLDINGS<br/>         MEDICAL GROUP-SD<br/>         8010 FROST ST STE 510<br/>         SAN DIEGO, CA 92123-4284<br/>         Phone: (858) 637-4700<br/>         Fax: (858) 637-4701<br/>         After Hours Phone: (858)<br/>         637-4700<br/>         Provider Gender: Male<br/>         License number: A68839</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p><b>LUND, GUY L</b><br/>         Provider ID: 87088<br/>         Board Certified Specialty: No<br/>         BALBOA NEPHROLOGY MED<br/>         GRP INC<br/>         8010 FROST ST STE 510<br/>         SAN DIEGO, CA 92123-4284<br/>         Phone: (858) 637-4700<br/>         Fax:<br/>         After Hours Phone: (858)<br/>         637-4700<br/>         Provider Gender: Male<br/>         License number: A68839<br/>         NPI: 1700859279<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Slovak, Spanish<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Sharp<br/>         Memorial Hospital<br/>         Medi-Cal Open Panel: No<br/>         Min/Max Age: None<br/>         American Sign Language (ASL):<br/>         No<br/>         ♿ Accessibility: W</p> |
| <p><b>KHAING, KATHY, MD</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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## D. Specialist Provider Directory

*Hours:* M-SA 9AM-5PM

*Website:* bnmg.org

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **LUND, GUY L , MD**

*Provider ID:* 87088

*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC

8010 FROST ST STE 510  
SAN DIEGO, CA 92123-4284

*Phone:* (858) 637-4700

*Fax:* (858) 637-4701

*After Hours Phone:* (858)  
637-4700

*Provider Gender:* Male

*License number:* A68839

*NPI:* 1700859279

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Slovak, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp  
Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MAK, ROBERT H**

*Provider ID:* 206177

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH

NETWORK

8001 FROST ST # 10

SAN DIEGO, CA 92123-2746

*Phone:* (858) 966-8052

*Fax:* (858) 966-7789

*After Hours Phone:* (858)  
966-8052

*Provider Gender:* Male

*License number:* A43991

*NPI:* 1740295252

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Rady Childrens

Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **MAK, ROBERT H**

*Provider ID:* 52566

*Board Certified Specialty:* No  
RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

8001 FROST ST

SAN DIEGO, CA 92123-2746

*Phone:* (858) 966-5855

*Fax:*

*After Hours Phone:* (858)  
966-5855

*Provider Gender:* Male

*License number:* A43991

*NPI:* 1740295252

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally

Thornton, Rady Childrens

Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **NAMAZY, DAVID S**

*Provider ID:* 119925

*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC

6402 EL CAJON BLVD # 100  
SAN DIEGO, CA 92115-2645

*Phone:* (619) 582-4490

*Fax:* (619) 582-4737

*After Hours Phone:* (619)  
582-4490

*Provider Gender:* Male

*License number:* A74630

*NPI:* 1477558013

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp  
Memorial Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-F 7:30AM-4PM, SA  
9AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

*Website:* bnmg.org

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **NAMAZY, DAVID S**

*Provider ID:* 262262

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

6402 EL CAJON BLVD # 100  
SAN DIEGO, CA 92115-2645

*Phone:* (619) 582-4490

*Fax:* (619) 582-4737

*After Hours Phone:* (619)  
582-4490

*Provider Gender:* Male

*License number:* A74630

*NPI:* 1477558013

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp  
Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **NGUYEN, VIET D , MD**

*Provider ID:* 270191

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
4060 4TH AVE STE 220

SAN DIEGO, CA 92103-2120

*Phone:* (619) 299-2350

*Fax:* (619) 297-8379

*After Hours Phone:* (619)  
299-2350

*Provider Gender:* Male

*License number:* A149088

*NPI:* 1184019051

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Sharp  
Coronado Hosp And Healthcare  
Ctr, Scripps Mercy Hospital  
Chula Vista, Scripps Mercy  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **NOURBAKHSH, NOUREDDIN D**

*Provider ID:* 101316

*Board Certified Specialty:* No  
RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

8001 FROST ST

SAN DIEGO, CA 92123-2746

*Phone:* (858) 966-5855

*Fax:*

*After Hours Phone:* (858)  
966-5855

*Provider Gender:* Male

*License number:* 20A11746

*NPI:* 1801082003

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Childrens  
Hosp And Resrch Ctr At Oakland

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **NOURBAKHSH, NOUREDDIN D**

*Provider ID:* 102313

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3

SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-6248

*Fax:* (858) 657-8000

*After Hours Phone:* (619)

543-6248

*Provider Gender:* Male

*License number:* 20A11746

*NPI:* 1801082003

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Childrens  
Hosp And Resrch Ctr At Oakland

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*Medical Group(s):*

*IPA: Rady Childrens Health Network*

**PATEL, BIJAL V**

*Provider ID: 262121*

*Board Certified Specialty: No*  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**

**8010 FROST ST STE 510**

**SAN DIEGO, CA 92123-4284**

*Phone: (858) 637-4700*

*Fax: (858) 637-4701*

*After Hours Phone: (858) 637-4700*

*Provider Gender: Male*

*License number: A74638*

*NPI: 1639266026*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Sharp Memorial Hospital*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL): No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd*

**PATEL, BIJAL V , MD**

*Provider ID: 34506*

*Board Certified Specialty: No*  
**BALBOA NEPHROLOGY MED GRP INC**

**8010 FROST ST STE 510**

**SAN DIEGO, CA 92123-4284**

*Phone: (858) 637-4700*

*Fax: (858) 637-4701*

*After Hours Phone: (858) 637-4700*

*Provider Gender: Male*

*License number: A74638*

*NPI: 1639266026*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Sharp Memorial Hospital*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd*

**PATEL, BIJAL V**

*Provider ID: 34506*

*Board Certified Specialty: No*  
**BALBOA NEPHROLOGY MED GRP INC**

**8010 FROST ST STE 510**

**SAN DIEGO, CA 92123-4284**

*Phone: (858) 637-4700*

*Fax:*

*After Hours Phone: (858) 637-4700*

*Provider Gender: Male*

*License number: A74638*

*NPI: 1639266026*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: No*

*Hospital Affiliation: Sharp*

*Memorial Hospital*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*♿ Accessibility: W*

*Hours: M-SA 9AM-5PM*

*Website: bnmg.org*

*Email:*

*Medical Group(s):*

*IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd*

**PERENS, ELLIOT A**

*Provider ID: 101300*

*Board Certified Specialty: No*

**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED FNDTN**

**8001 FROST ST**

**SAN DIEGO, CA 92123-2746**

*Phone: (858) 966-8052*

*Fax: (858) 966-7789*

*After Hours Phone: (858) 966-8052*

*Provider Gender: Male*

*License number: A108840*

*NPI: 1922328947*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland, Medical Ctr At Ucsf*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL): No*

*♿ Accessibility: W*

*Hours: M-SA 9AM-5PM*

*Website:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **QUEVEDO, JUAN M , MD**

Provider ID: 269998  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
995 GATEWAY CENTER WAY  
STE 207  
SAN DIEGO, CA 92102-4544  
Phone: (619) 263-9729  
Fax: (619) 263-9730  
After Hours Phone: (619) 263-9729  
Provider Gender: Male  
License number: A144881  
NPI: 1093902496  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **QUEVEDO, JUAN M**

Provider ID: 35241  
Board Certified Specialty: No  
SOUTHERN CALIFORNIA INTERVENTIONAL ASSOC  
995 GATEWAY CENTER WAY  
STE 207  
SAN DIEGO, CA 92102-4544

Phone: (619) 263-9729  
Fax:  
After Hours Phone: (619) 263-9729  
Provider Gender: Male  
License number: A144881  
NPI: 1093902496  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M,W-F 7:30AM-4PM, TU,SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SANCHEZ, AMBER P**

Provider ID: 64175  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
License number: A91770  
NPI: 1700963907  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SHAH, MITA M**

Provider ID: 262230  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
8010 FROST ST STE 510  
SAN DIEGO, CA 92123-4284  
Phone: (858) 637-4700  
Fax: (858) 637-4701  
After Hours Phone: (858) 637-4700  
Provider Gender: Female  
License number: A71739  
NPI: 1194773010  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings Medical Group-Sd

### **STEINBERG, STEVEN M**

Provider ID: 262281  
Board Certified Specialty: No

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## D. Specialist Provider Directory

IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
8010 FROST ST STE 510  
SAN DIEGO, CA 92123-4284  
Phone: (858) 637-4700  
Fax: (858) 637-4701  
After Hours Phone: (858)  
637-4700  
Provider Gender: Male  
License number: G17843  
NPI: 1407852783  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings  
Medical Group-Sd

### THOMAS, THEODORE S

Provider ID: 262359  
Board Certified Specialty: Yes  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
4060 4TH AVE STE 220  
SAN DIEGO, CA 92103-2120  
Phone: (619) 299-2350  
Fax: (619) 297-8379  
After Hours Phone: (619)  
299-2350  
Provider Gender: Male  
License number: G61681  
NPI: 1669477113  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish

Cultural Competency: No  
Hospital Affiliation: Sharp  
Coronado Hosp And Healthcare  
Ctr, Kindred Hospital San Diego,  
Vibra Hospital Of San Diego,  
Scripps Mercy Hospital Chula  
Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: P, IB, E  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings  
Medical Group-Sd

### THOMSON, SCOTT C

Provider ID: 64223  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: G53658  
NPI: 1225052483  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:

Medical Group(s):  
IPA:

### NEUROLOGY CHILD

### FRIEDMAN, JENNIFER R

Provider ID: 205835  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5999  
Fax: (858) 966-4930  
After Hours Phone: (858)  
966-5999  
Provider Gender: Female  
License number: G87128  
NPI: 1821144478  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### GOLD, JEFFREY J

Provider ID: 205922  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746

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## D. Specialist Provider Directory

Phone: (858) 966-5999  
Fax: (858) 966-4930  
After Hours Phone: (858) 966-5999

Provider Gender: Male  
License number: A111541  
NPI: 1568773984  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **GRAVES, JENNIFER S**

Provider ID: 261037  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858) 966-8800  
Provider Gender: Female  
License number: A116811  
NPI: 1992849863  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsf Medical  
Center At Mission Bay, Ucsf

Medical Center At Mount Zion,  
Medical Ctr At Ucsf, Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Ucsd La Jolla  
John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **GRAY, ROBERT M**

Provider ID: 261016  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY STE  
410  
SAN DIEGO, CA 92123-4228  
Phone: (858) 966-6706  
Fax: (858) 966-8519  
After Hours Phone: (858) 966-6706  
Provider Gender: Male  
License number: PSY20705  
NPI: 1679616981  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:

Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **GUIDO-ESTRADA, NATALIE M**

Provider ID: 205825  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
Phone: (858) 966-5999  
Fax: (858) 966-4930  
After Hours Phone: (858) 966-5999  
Provider Gender: Female  
License number: A140052  
NPI: 1528353521  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **HAAS, RICHARD H**

Provider ID: 205622  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746

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## D. Specialist Provider Directory

---

*Phone:* (858) 966-5999

*Fax:* (858) 966-4930

*After Hours Phone:* (858) 966-5999

*Provider Gender:* Male

*License number:* A38555

*NPI:* 1700801867

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Ucsd Medical Ctr, Sharp Mary  
Birch Hosp For Women And  
Newborns, Ucsd La Jolla John  
Sally Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **HAAS, RICHARD H**

*Provider ID:* 205623

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

7910 FROST ST STE 200

SAN DIEGO, CA 92123-2776

*Phone:* (619) 543-7800

*Fax:* (619) 543-3565

*After Hours Phone:* (619) 543-7800

*Provider Gender:* Male

*License number:* A38555

*NPI:* 1700801867

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Ucsd Medical Ctr, Sharp Mary  
Birch Hosp For Women And  
Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **HAAS, RICHARD H**

*Provider ID:* 63936

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619) 543-6222

*Provider Gender:* Male

*License number:* A38555

*NPI:* 1700801867

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Ucsd Medical Ctr, Sharp Mary  
Birch Hosp For Women And  
Newborns

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **KIM MCMANUS, OLIVIA S**

*Provider ID:* 206256

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

8001 FROST ST

SAN DIEGO, CA 92123-2746

*Phone:* (858) 966-5999

*Fax:* (858) 966-4930

*After Hours Phone:* (858) 966-5999

*Provider Gender:* Female

*License number:* A120194

*NPI:* 1174870067

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* University Of  
California Irvine Med Ctr, Rady  
Childrens Hospital San Diego,  
Childrens Hospital Of Orange  
County

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **KONERSMAN, CHAMINDRA G**

*Provider ID:* 205501

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

8001 FROST ST

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## D. Specialist Provider Directory

---

SAN DIEGO, CA 92123-2746

Phone: (858) 966-8052

Fax:

After Hours Phone: (858)

966-8052

Provider Gender: Female

License number: A101351

NPI: 1538320395

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **NELSON, JAMES E**

Provider ID: 205373

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8001 FROST ST

SAN DIEGO, CA 92123-2746

Phone: (858) 966-5999

Fax: (858) 966-4930

After Hours Phone: (858)  
966-5999

Provider Gender: Male

License number: C55868

NPI: 1568434546

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Valley  
Childrens Hospital, Ucsd Medical

Ctr, Rady Childrens Hospital San  
Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **NESPECA, MARK P**

Provider ID: 205401

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5999

Fax: (858) 966-4930

After Hours Phone: (858)  
966-5999

Provider Gender: Male

License number: G65509

NPI: 1942371703

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **RISMANCHI, NEGGY**

Provider ID: 206017

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

8001 FROST ST

SAN DIEGO, CA 92123-2746

Phone: (858) 966-5999

Fax: (858) 966-4930

After Hours Phone: (858)

966-5999

Provider Gender: Female

License number: A118427

NPI: 1669759148

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SAHAGIAN, MICHELLE L**

Provider ID: 206074

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5999

Fax: (858) 966-4930

After Hours Phone: (858)

966-5999

Provider Gender: Female

License number: A80990

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## D. Specialist Provider Directory

NPI: 1275604035  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **SATTAR, SHIFTEH**

Provider ID: 206181  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5999  
 Fax: (858) 966-4930  
 After Hours Phone: (858)  
 966-5999  
 Provider Gender: Female  
 License number: A103904  
 NPI: 1750407300  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **NEUROLOGY**

### **ANSARI, HOSSEIN**

Provider ID: 92480  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121-3069  
 Phone: (858) 657-8540  
 Fax:  
 After Hours Phone: (858)  
 657-8540  
 Provider Gender: Male  
 License number: A121526  
 NPI: 1578774949  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton, Tri City Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **BEVINS, ELIZABETH A**

Provider ID: 241943  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121-3069

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 License number: A145182  
 NPI: 1013395151  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BREWER, JAMES B**

Provider ID: 63818  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Male  
 License number: A89348  
 NPI: 1033144985  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hebrew  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

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## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>SAN DIEGO, CA 92103-1911<br/> <i>Phone:</i> (999) 999-9999<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (999) 999-9999<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A96574<br/> <i>NPI:</i> 1730247974<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> | <p>Childrens Hospital San Diego, Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>BUI, JONATHAN D</b><br/> <i>Provider ID:</i> 206005<br/> <i>Board Certified Specialty:</i> No<br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/> 8001 FROST ST<br/> SAN DIEGO, CA 92123-2746<br/> <i>Phone:</i> (858) 966-5999<br/> <i>Fax:</i> (858) 966-4930<br/> <i>After Hours Phone:</i> (858) 966-5999<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A96574<br/> <i>NPI:</i> 1730247974<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> | <p><b>BUI, JONATHAN D</b><br/> <i>Provider ID:</i> 82151<br/> <i>Board Certified Specialty:</i> No<br/> <b>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN</b><br/> 3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (999) 999-9999<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (999) 999-9999<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A96574<br/> <i>NPI:</i> 1730247974<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady</p>                                                                                                                                                         | <p><b>CHEN, DILLON Y</b><br/> <i>Provider ID:</i> 259994<br/> <i>Board Certified Specialty:</i> No<br/> <b>RADY CHILDRENS HEALTH NETWORK</b><br/> 8001 FROST ST<br/> SAN DIEGO, CA 92123-2746<br/> <i>Phone:</i> (858) 966-5999<br/> <i>Fax:</i> (858) 966-4930<br/> <i>After Hours Phone:</i> (858) 966-5999<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A133170<br/> <i>NPI:</i> 1841633914<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/99<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> |
| <p><b>BUI, JONATHAN D</b><br/> <i>Provider ID:</i> 63827<br/> <i>Board Certified Specialty:</i> No<br/> <b>UCSD MEDICAL GROUP</b><br/> 200 W ARBOR DR</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **CHEN, DILLON Y**

*Provider ID:* 259996  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-3759  
*Fax:* (619) 543-3812  
*After Hours Phone:* (619) 543-3759  
*Provider Gender:* Male  
*License number:* A133170  
*NPI:* 1841633914  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **COREY BLOOM, JODY P**

*Provider ID:* 63863  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* G62847  
*NPI:* 1053400093

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **COUGHLIN, DAVID G**

*Provider ID:* 240949  
*Board Certified Specialty:* Yes  
**UCSD MEDICAL GROUP**  
 4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121-3069  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A162063  
*NPI:* 1740543784  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **COUGHLIN, DAVID G**

*Provider ID:* 240951

*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A162063  
*NPI:* 1740543784  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DEVOR, WILLIAM N**

*Provider ID:* 287356  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121-3018  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* G46493  
*NPI:* 1093874604  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **DEVOR, WILLIAM N**

*Provider ID:* 287357

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4510 EXECUTIVE DR

SAN DIEGO, CA 92121-3021

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* G46493

*NPI:* 1093874604

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **DUNN-PIRIO, ANASTASIE M**

*Provider ID:* 203235

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR FL 1

SAN DIEGO, CA 92103-1911

*Phone:* (858) 657-8540

*Fax:* (888) 539-8781

*After Hours Phone:* (858)

657-8540

*Provider Gender:* Female

*License number:* A157861

*NPI:* 1700177136

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **ELLIS, RONALD J**

*Provider ID:* 63892

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)

543-6222

*Provider Gender:* Male

*License number:* G70658

*NPI:* 1992763114

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **EVANS, SEAN J**

*Provider ID:* 64699

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE 325

SAN DIEGO, CA 92121-3069

*Phone:* (858) 657-8540

*Fax:*

*After Hours Phone:* (858)

657-8540

*Provider Gender:* Male

*License number:* A81217

*NPI:* 1366503427

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **FREDERICK, ALIYA L**

*Provider ID:* 283152

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Phone: (858) 966-5999  
 Fax: (858) 576-8412  
 After Hours Phone: (858) 966-5999  
 Provider Gender: Female  
 License number: A148160  
 NPI: 1548657992  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd La Jolla John Sally  
 Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**FRIEDMAN, JENNIFER R**  
 Provider ID: 283037  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
 Phone: (858) 966-5999  
 Fax: (858) 966-4930  
 After Hours Phone: (858)  
 966-5999  
 Provider Gender: Female  
 License number: G87128  
 NPI: 1821144478  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**FRIEDMAN, JENNIFER R**  
 Provider ID: 283237  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-5819  
 Fax: (858) 966-4930  
 After Hours Phone: (858)  
 966-5819  
 Provider Gender: Female  
 License number: G87128  
 NPI: 1821144478  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**FRIEDMAN, JENNIFER R**  
 Provider ID: 52575

Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-1700  
 Fax:  
 After Hours Phone: (858)  
 576-1700  
 Provider Gender: Female  
 License number: G87128  
 NPI: 1821144478  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessability: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**GERTSCH, JEFFREY H**  
 Provider ID: 63915  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Male  
 License number: A88828  
 NPI: 1730352287  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **GOLD, JEFFREY J**

*Provider ID:* 283335

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5999

*Fax:* (858) 576-8412

*After Hours Phone:* (858)  
966-5999

*Provider Gender:* Male

*License number:* A111541

*NPI:* 1568773984

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **GONZALEZ, CYNTHIA**

*Provider ID:* 110378

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)

543-6222

*Provider Gender:* Female

*License number:* A131602

*NPI:* 1871767210

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **GRISOLIA, JAMES S**

*Provider ID:* 262180

*Board Certified Specialty:* No

IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

4033 3RD AVE STE 410

SAN DIEGO, CA 92103-2140

*Phone:* (619) 297-1155

*Fax:* (619) 297-7538

*After Hours Phone:* (619)

297-1155

*Provider Gender:* Male

*License number:* G42884

*NPI:* 1336102359

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Imperial Health Holdings  
Medical Group-Sd

### **GUIDO-ESTRADA, NATALIE M**

*Provider ID:* 109190

*Board Certified Specialty:* No

RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN

8001 FROST ST

SAN DIEGO, CA 92123-2746

*Phone:* (858) 966-5999

*Fax:*

*After Hours Phone:* (858)  
966-5999

*Provider Gender:* Female

*License number:* A140052

*NPI:* 1528353521

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **GUNDOGDU, MELEK B**

*Provider ID:* 128070  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* C156629  
*NPI:* 1437253671  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Turkish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GUNDOGDU, MELEK B**

*Provider ID:* 201623  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-3500  
*Fax:*  
*After Hours Phone:* (619) 543-3500  
*Provider Gender:* Female  
*License number:* C156629  
*NPI:* 1437253671  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Turkish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HANNAWI, ANDREW P**

*Provider ID:* 283154  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 576-8412  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Male  
*License number:* A153161  
*NPI:* 1194179135  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **HEMMEN, THOMAS M**

*Provider ID:* 63952  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A72645  
*NPI:* 1902821945  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* El Centro Regional Medical Center, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

### **HUISA-GARATE, BRANKO N**

*Provider ID:* 110376  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A108574  
*NPI:* 1063551000  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* University Of California Irvine Med Ctr, Scripps Mercy Hospital, El Centro Regional Medical Center, Scripps Mercy Hospital Chula Vista, Corona Regional Med Ctr, Temecula Valley Hospital Inc, Ucsd Medical Ctr, Sharp Coronado Hosp And Healthcare Ctr, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **IRAGUIMADOZ, VICENTE J**

*Provider ID:* 63979  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A31274  
*NPI:* 1053326710  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **JABLECKI, CHARLES K**

*Provider ID:* 112351  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121-3069  
*Phone:* (858) 657-8540  
*Fax:*  
*After Hours Phone:* (858) 657-8540  
*Provider Gender:* Male  
*License number:* G33067  
*NPI:* 1255315677  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **JINDAL, ANUJA V**

*Provider ID:* 119343  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-5999  
*Fax:*  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Female  
*License number:* A149444  
*NPI:* 1194046581  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **JINDAL, ANUJA V**

*Provider ID:* 206263  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**NETWORK**  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-4930  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Female  
*License number:* A149444  
*NPI:* 1194046581  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**KANSAL, LEENA R**  
*Provider ID:* 63989  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* A99271  
*NPI:* 1871759084  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr

*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**KHAMISHON, BORIS, MD**  
*Provider ID:* 269923  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6699 ALVARADO RD STE 2301  
 SAN DIEGO, CA 92120-5241  
*Phone:* (619) 582-2595  
*Fax:* (619) 229-8006  
*After Hours Phone:* (619) 582-2595  
*Provider Gender:* Male  
*License number:* A56165  
*NPI:* 1104922038  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Russian, Samoan, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
 Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**KHOROMI, SUZAN**  
*Provider ID:* 110429  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121-3069  
*Phone:* (619) 543-3500  
*Fax:*  
*After Hours Phone:* (619) 543-3500  
*Provider Gender:* Female  
*License number:* G136006  
*NPI:* 1588803340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Mercy Hospital, Vibra  
 Hospital Of San Diego, Scripps  
 Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**KIM MCMANUS, OLIVIA S**  
*Provider ID:* 121365  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-5999  
*Fax:*  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Female  
*License number:* A120194  
*NPI:* 1174870067

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* University Of California Irvine Med Ctr, Childrens Hospital Of Orange County, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KINKEL, REVERE P**

*Provider ID:* 83656  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* G89360  
*NPI:* 1043325939  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:*  
**KONERSMAN, CHAMINDRA G**  
*Provider ID:* 110438  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121-3069  
*Phone:* (858) 657-8540  
*Fax:*  
*After Hours Phone:* (858) 657-8540  
*Provider Gender:* Female  
*License number:* A101351  
*NPI:* 1538320395  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KONERSMAN, CHAMINDRA G**

*Provider ID:* 85229  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746

*Phone:* (858) 966-8052  
*Fax:*  
*After Hours Phone:* (858) 966-8052  
*Provider Gender:* Female  
*License number:* A101351  
*NPI:* 1538320395  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **LABUZETTA, JAMIE N**

*Provider ID:* 110440  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* A130618  
*NPI:* 1316268949  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No

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## D. Specialist Provider Directory

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*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LEE, DAVID J**

*Provider ID:* 246263  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A124329  
*NPI:* 1871884130  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Korean  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LEGER, GABRIEL C**

*Provider ID:* 247608  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE 325  
SAN DIEGO, CA 92121-3069  
*Phone:* (858) 543-8540  
*Fax:*  
*After Hours Phone:* (858)  
543-8540  
*Provider Gender:* Male  
*License number:* C155902  
*NPI:* 1720367899  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LESSIG, STEPHANIE L**

*Provider ID:* 64036  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Female  
*License number:* A81417  
*NPI:* 1134167141  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LIPTON, STUART A**

*Provider ID:* 64044  
*Board Certified Specialty:* Yes  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* G85439  
*NPI:* 1578596292  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LONGARDNER, KATHERINE M**

*Provider ID:* 268346  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR  
SAN DIEGO, CA 92121-3018

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## D. Specialist Provider Directory

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A137963  
 NPI: 1801215926  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **MCGEHRIN, KEVIN M**

Provider ID: 243545  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR FL 1  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A140783  
 NPI: 1972913101  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **MEYER, BRETT C**

Provider ID: 64083  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A70903  
 NPI: 1316011265  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: El Centro Regional Medical Center, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **MODIR, ROYYA F**

Provider ID: 84287  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: A121407  
 NPI: 1295909554  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: El Centro Regional Medical Center, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **NELSON, JAMES E**

Provider ID: 104822  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
 Phone: (858) 966-5855  
 Fax:  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Male  
 License number: C55868  
 NPI: 1568434546  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Valley

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Childrens Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **NESPECA, MARK P**

*Provider ID:* 52598

*Board Certified Specialty:* No

*RADY CHILDRENS*

*SPECIALISTS SAN DIEGO MED FNDTN*

*3020 CHILDRENS WAY*

*SAN DIEGO, CA 92123-4223*

*Phone:* (858) 576-1700

*Fax:*

*After Hours Phone:* (858)

*576-1700*

*Provider Gender:* Male

*License number:* G65509

*NPI:* 1942371703

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **NISSINEN, JANNE K**

*Provider ID:* 116418

*Board Certified Specialty:* No

*UCSD MEDICAL GROUP*

*4510 EXECUTIVE DR STE 325*

*SAN DIEGO, CA 92121-3069*

*Phone:* (858) 657-8814

*Fax:*

*After Hours Phone:* (858)

*657-8814*

*Provider Gender:* Male

*License number:* A123181

*NPI:* 1710278569

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **OLSON, SCOTT E**

*Provider ID:* 64120

*Board Certified Specialty:* No

*UCSD MEDICAL GROUP*

*200 W ARBOR DR*

*SAN DIEGO, CA 92103-1911*

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

*926-8273*

*Provider Gender:* Male

*License number:* A83715

*NPI:* 1376568659

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Tri City

*Medical Ctr, Ucsd Medical Ctr,*

*Pomerado Hospital, Palomar*

*Medical Center, Scripps Green*

*Hospital, Ucsd La Jolla John*

*Sally Thornton*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **QAYOUMI, WALI Z**

*Provider ID:* 284370

*Board Certified Specialty:* No

*UCSD MEDICAL GROUP*

*4510 EXECUTIVE DR STE 325*

*SAN DIEGO, CA 92121-3069*

*Phone:* (619) 294-3746

*Fax:* (888) 539-8781

*After Hours Phone:* (619)

*294-3746*

*Provider Gender:* Male

*License number:* A168429

*NPI:* 1093178220

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*French*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

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## D. Specialist Provider Directory

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>Phone: (800) 926-8273</p> <p>Fax: (888) 539-8781</p> <p>After Hours Phone: (800) 926-8273</p> <p>Provider Gender: Female</p> <p>License number: A120575</p> <p>NPI: 1568655264</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Russian</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Medical Ctr At Ucsf</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Ucsd Medical Group</p> | <p>Min/Max Age: None</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility: W</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p><b>RHO, JONG M</b></p> <p>Provider ID: 243628</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS HEALTH NETWORK</p> <p>8001 FROST ST</p> <p>SAN DIEGO, CA 92123-2746</p> <p>Phone: (858) 966-5819</p> <p>Fax:</p> <p>After Hours Phone: (858) 966-5819</p> <p>Provider Gender: Female</p> <p>License number: G64857</p> <p>NPI: 1235243999</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Korean</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Rady Childrens Hospital San Diego</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/18</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Rady Childrens Health Network</p> | <p><b>RISMANCHI, NEGGY</b></p> <p>Provider ID: 118530</p> <p>Board Certified Specialty: No</p> <p>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN</p> <p>8001 FROST ST</p> <p>SAN DIEGO, CA 92123-2746</p> <p>Phone: (858) 966-5999</p> <p>Fax:</p> <p>After Hours Phone: (858) 966-5999</p> <p>Provider Gender: Female</p> <p>License number: A118427</p> <p>NPI: 1669759148</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Cultural Competency: No</p> <p>Hospital Affiliation: Rady Childrens Hospital San Diego</p> <p>Medi-Cal Open Panel: No</p>                   | <p><b>SCHUMANN, RICHARD J</b></p> <p>Provider ID: 269967</p> <p>Board Certified Specialty: No</p> <p>COMMUNITY CARE IPA LLC</p> <p>16776 BERNARDO CENTER DR STE 209</p> <p>SAN DIEGO, CA 92128-2559</p> <p>Phone: (858) 675-1112</p> <p>Fax: (888) 675-1141</p> <p>After Hours Phone: (858) 675-1112</p> <p>Provider Gender: Male</p> <p>License number: A62324</p> <p>NPI: 1831157916</p> <p>Provider English Spoken: Yes</p> <p>Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>Hospital Affiliation: Kindred Hospital San Diego, Vibra Hospital Of San Diego</p> <p>Medi-Cal Open Panel: Yes</p> <p>Min/Max Age: 0/999</p> <p>American Sign Language (ASL): No</p> <p>♿ Accessibility:</p> <p>Hours: M-SA 9AM-5PM</p> <p>Website:</p> <p>Email:</p> <p>Medical Group(s):</p> <p>IPA: Community Care Ipa Llc</p> |
| <p><b>RIGGINS, NINA Y</b></p> <p>Provider ID: 285968</p> <p>Board Certified Specialty: No</p> <p>UCSD MEDICAL GROUP</p> <p>4510 EXECUTIVE DR STE 325</p> <p>SAN DIEGO, CA 92121-3069</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>SHTRAHMAN, MATTHEW</b></p> <p>Provider ID: 115790</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222

*Fax:*  
*After Hours Phone:* (619)  
543-6222

*Provider Gender:* Male  
*License number:* A108752  
*NPI:* 1740440460

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*

*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:*

### **SIAVOSHI, SARA S**

*Provider ID:* 110460  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222

*Fax:*  
*After Hours Phone:* (619)  
543-6222

*Provider Gender:* Female  
*License number:* 20A13495  
*NPI:* 1548604101

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi, Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Temecula  
Valley Hospital Inc

*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:*

### **TECOMA, EVELYN S**

*Provider ID:* 64219  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222

*Fax:*  
*After Hours Phone:* (619)  
543-6222

*Provider Gender:* Female  
*License number:* G58138  
*NPI:* 1174556518

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:*

### **TRAUNER, DORIS A**

*Provider ID:* 205504  
*Board Certified Specialty:* Yes  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999

*Fax:* (858) 966-4930  
*After Hours Phone:* (858)  
966-5999

*Provider Gender:* Female  
*License number:* G25519  
*NPI:* 1124051420

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **TRAUNER, DORIS A**

*Provider ID:* 52604  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 576-1700

*Fax:*  
*After Hours Phone:* (858)  
576-1700

*Provider Gender:* Female  
*License number:* G25519  
*NPI:* 1124051420

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **TROXELL, REGINA M**

*Provider ID:* 201621  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR STE 325  
SAN DIEGO, CA 92121-3069  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A157940  
*NPI:* 1013350586  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **TROXELL, REGINA M**

*Provider ID:* 201622  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A157940  
*NPI:* 1013350586  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **TROXELL, REGINA M**

*Provider ID:* 210761  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-4930  
*After Hours Phone:* (858)  
966-5999  
*Provider Gender:* Female  
*License number:* A157940  
*NPI:* 1013350586

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **TROXELL, REGINA M**

*Provider ID:* 265111  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-5819  
*Fax:* (858) 966-4930  
*After Hours Phone:* (858)  
966-5819  
*Provider Gender:* Female  
*License number:* A157940  
*NPI:* 1013350586  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

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## D. Specialist Provider Directory

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IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### **TROXELL, REGINA M**

*Provider ID:* 283167  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 4  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-5819  
*Fax:* (858) 966-4930  
*After Hours Phone:* (858)  
966-5819  
*Provider Gender:* Female  
*License number:* A157940  
*NPI:* 1013350586  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### **WANG, CHING H**

*Provider ID:* 275492  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-4930  
*After Hours Phone:* (858)  
966-5999

*Provider Gender:* Male  
*License number:* G86512  
*NPI:* 1023144375  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Marin General  
Hosp, California Pacific Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health  
Network

### **WIEGAND, SARAH E**

*Provider ID:* 284209  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY # 4  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-5819  
*Fax:* (858) 966-4930  
*After Hours Phone:* (858)  
966-5819  
*Provider Gender:* Female  
*License number:* 20A16503  
*NPI:* 1164818035  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### **WIEGAND, SARAH E**

*Provider ID:* 284210  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858)  
966-5841  
*Provider Gender:* Female  
*License number:* 20A16503  
*NPI:* 1164818035  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### **WIEGAND, SARAH E**

*Provider ID:* 284211  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746

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## D. Specialist Provider Directory

Phone: (858) 966-5999  
 Fax: (858) 966-4930  
 After Hours Phone: (858) 966-5999  
 Provider Gender: Female  
 License number: 20A16503  
 NPI: 1164818035  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **ZIMBRIC, MICHAEL R**

Provider ID: 206272  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5999  
 Fax: (858) 966-4930  
 After Hours Phone: (858)  
 966-5999  
 Provider Gender: Male  
 License number: A95660  
 NPI: 1487819546  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr

At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/99  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **ZIMBRIC, MICHAEL R**

Provider ID: 283174  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
 Phone: (858) 966-5999  
 Fax: (858) 966-4930  
 After Hours Phone: (858)  
 966-5999  
 Provider Gender: Male  
 License number: A95660  
 NPI: 1487819546  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

Network

### **ZIMBRIC, MICHAEL R**

Provider ID: 52605  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-1700  
 Fax:  
 After Hours Phone: (858)  
 576-1700  
 Provider Gender: Male  
 License number: A95660  
 NPI: 1487819546  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

## **NUCLEAR MEDICINE**

### **BELEZZUOLI, ERNEST V**

Provider ID: 63804  
 Board Certified Specialty: Yes  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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## D. Specialist Provider Directory

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Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Male  
License number: G74168  
NPI: 1083703805  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BELEZZUOLI, ERNEST V**

Provider ID: 64272  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (619) 471-9240  
Fax: (619) 471-9245  
After Hours Phone: (619) 471-9240  
Provider Gender: Male  
License number: G74168  
NPI: 1083703805  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None

American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **HOH, CARL K**

Provider ID: 63961  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Male  
License number: G61309  
NPI: 1962427682  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **HOH, CARL K**

Provider ID: 64324  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240  
Fax:  
After Hours Phone: (619) 471-9240  
Provider Gender: Male  
License number: G61309  
NPI: 1962427682  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

---

### **OBSTETRICS / GYNECOLOGY**

---

### **ADAMCZAK, JOANNA E**

Provider ID: 69225  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
7910 FROST ST STE 430  
SAN DIEGO, CA 92123-2795  
Phone: (858) 966-6710  
Fax: (858) 966-6711  
After Hours Phone: (858) 966-6710  
Provider Gender: Female  
License number: A116982  
NPI: 1447428420  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Sharp Memorial Hospital, Tri City  
Medical Ctr, Sharp Mary Birch  
Hosp For Women And Newborns  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**AGARWAL, SANJAY K**  
*Provider ID:* 64523  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:*  
*After Hours Phone:* (619)  
543-6248  
*Provider Gender:* Male  
*License number:* A52018  
*NPI:* 1255489720  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**ALIMONOS, LYSISTRATI A**  
*Provider ID:* 114809  
*Board Certified Specialty:* No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Provider Gender:* Female  
*License number:* 20A14919  
*NPI:* 1619397031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights  
Family Health Center  
*IPA:*

**ALIMONOS, LYSISTRATI A**  
*Provider ID:* 114818  
*Board Certified Specialty:* No  
CITY HEIGHTS FAMILY  
HEALTH CENTERS INC  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619)  
515-2400  
*Provider Gender:* Female

*License number:* 20A14919  
*NPI:* 1619397031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R,  
T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* City Heights  
Family Health Centers Inc  
*IPA:*

**ALIMONOS, LYSISTRATI A**  
*Provider ID:* 114820  
*Board Certified Specialty:* No  
DIAMOND NEIGHBORHOODS  
FAMILY HLTH CTRS INC  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619)  
515-2560  
*Provider Gender:* Female  
*License number:* 20A14919  
*NPI:* 1619397031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

♿ *Accessibility:* P, EB, IB, E, R, T, ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc

*IPA:*

### **ALIMONOS, LYSISTRATI A**

*Provider ID:* 114839

*Board Certified Specialty:* No  
NORTH PARK FAMILY HEALTH CENTERS

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:*

*After Hours Phone:* (619)

515-2424

*Provider Gender:* Female

*License number:* 20A14919

*NPI:* 1619397031

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R, T, ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* North Park Family Health Centers

*IPA:*

### **ALIMONOS, LYSISTRATI A**

*Provider ID:* 128384

*Board Certified Specialty:* No  
FAMILY HLTH CTR SAN

DIEGO-BEACH AREA

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2444

*Fax:*

*After Hours Phone:* (619)

515-2444

*Provider Gender:* Female

*License number:* 20A14919

*NPI:* 1619397031

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area

*IPA:*

### **BAHADOR, AFSHIN**

*Provider ID:* 66125

*Board Certified Specialty:* No  
SOUTH COAST

GYNECOLOGIC ONCOLOGY INC

3390 CARMEL MOUNTAIN RD  
STE 130

SAN DIEGO, CA 92121-1054

*Phone:* (858) 455-5524

*Fax:*

*After Hours Phone:* (858)

455-5524

*Provider Gender:* Male

*License number:* A65396

*NPI:* 1316963713

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Faroese, Farsi, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Memorial Hospital, Grossmont Hospital, Sharp Chula Vista Med Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **BROWN, ELISE S**

*Provider ID:* 201761

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

6719 ALVARADO RD STE 302  
SAN DIEGO, CA 92120-5263

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female

*License number:* G85861

*NPI:* 1801893201

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999

*American Sign Language (ASL):*  
No

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## D. Specialist Provider Directory

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Ucsd Medical Group </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p> <i>Phone:</i> (858) 657-8860<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 657-8860<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> G87848<br/> <i>NPI:</i> 1053385195<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> </p>                                                               | <p>           Birch Hosp For Women And Newborns<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medical Group(s):</i> Family Hlth Ctr San Diego-Beach Area<br/> <i>IPA:</i> </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p> <b>BROWN, ELISE S</b><br/> <i>Provider ID:</i> 282786<br/> <i>Board Certified Specialty:</i> No<br/>           UCSD MEDICAL GROUP<br/>           3750 CONVOY ST STE 312<br/>           SAN DIEGO, CA 92111-3741<br/> <i>Phone:</i> (800) 926-8273<br/> <i>Fax:</i> (888) 539-8781<br/> <i>After Hours Phone:</i> (800) 926-8273<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> G85861<br/> <i>NPI:</i> 1801893201<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Grossmont Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 16/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Ucsd Medical Group </p> | <p> <b>BUECHNER, CHARLENE A</b><br/> <i>Provider ID:</i> 127418<br/> <i>Board Certified Specialty:</i> No<br/>           FAMILY HLTH CTR SAN DIEGO-BEACH AREA<br/>           3705 MISSION BLVD<br/>           SAN DIEGO, CA 92109-7104<br/> <i>Phone:</i> (619) 515-2444<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2444<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A68463<br/> <i>NPI:</i> 1376663831<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary </p> | <p> <b>BUECHNER, CHARLENE A</b><br/> <i>Provider ID:</i> 127428<br/> <i>Board Certified Specialty:</i> No<br/>           CITY HEIGHTS FAMILY HEALTH CENTERS INC<br/>           5454 EL CAJON BLVD<br/>           SAN DIEGO, CA 92115-3621<br/> <i>Phone:</i> (619) 515-2400<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2400<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A68463<br/> <i>NPI:</i> 1376663831<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> P, EB, IB, E, R, T, ME </p> |
| <p> <b>BRUBAKER, LINDA</b><br/> <i>Provider ID:</i> 113025<br/> <i>Board Certified Specialty:</i> No<br/>           UCSD MEDICAL GROUP<br/>           4520 EXECUTIVE DR STE 111<br/>           SAN DIEGO, CA 92121-3019 </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p> <b>BUECHNER, CHARLENE A</b><br/> <i>Provider ID:</i> 127418<br/> <i>Board Certified Specialty:</i> No<br/>           FAMILY HLTH CTR SAN DIEGO-BEACH AREA<br/>           3705 MISSION BLVD<br/>           SAN DIEGO, CA 92109-7104<br/> <i>Phone:</i> (619) 515-2444<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2444<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A68463<br/> <i>NPI:</i> 1376663831<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary </p> | <p> <b>BUECHNER, CHARLENE A</b><br/> <i>Provider ID:</i> 127428<br/> <i>Board Certified Specialty:</i> No<br/>           CITY HEIGHTS FAMILY HEALTH CENTERS INC<br/>           5454 EL CAJON BLVD<br/>           SAN DIEGO, CA 92115-3621<br/> <i>Phone:</i> (619) 515-2400<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2400<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A68463<br/> <i>NPI:</i> 1376663831<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> P, EB, IB, E, R, T, ME </p> |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* City Heights

Family Health Centers Inc

*IPA:*

### **BUECHNER, CHARLENE A**

*Provider ID:* 127429

*Board Certified Specialty:* No  
DIAMOND NEIGHBORHOODS  
FAMILY HLTH CTRS INC

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2420

*Fax:*

*After Hours Phone:* (619)

515-2420

*Provider Gender:* Female

*License number:* A68463

*NPI:* 1376663831

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Sharp Mary

Birch Hosp For Women And

Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, R,

T, ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Diamond

Neighborhoods Family Hlth Ctrs

Inc

*IPA:*

### **BUECHNER, CHARLENE A**

*Provider ID:* 127455

*Board Certified Specialty:* No  
NORTH PARK FAMILY HEALTH  
CENTERS

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:*

*After Hours Phone:* (619)

515-2424

*Provider Gender:* Female

*License number:* A68463

*NPI:* 1376663831

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Sharp Mary

Birch Hosp For Women And

Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, R,

T, ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* North Park

Family Health Centers

*IPA:*

### **BUECHNER, CHARLENE A**

*Provider ID:* 98960

*Board Certified Specialty:* No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Provider Gender:* Female

*License number:* A68463

*NPI:* 1376663831

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Sharp Mary

Birch Hosp For Women And

Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Logan Heights

Family Health Center

*IPA:*

### **BUECHNER, CHARLENE A**

*Provider ID:* 98960

*Board Certified Specialty:* No  
SAN DIEGO AMERICAN INDIAN  
HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Provider Gender:* Female

*License number:* A68463

*NPI:* 1376663831

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital, Chula Vista, Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights Family Health Center  
*IPA:*

**CARTER, KHALIL J**  
*Provider ID:* 1227380  
*Board Certified Specialty:* No  
 LOGAN HEIGHTS FAMILY HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Provider Gender:* Male  
*License number:* A113001  
*NPI:* 1225231582  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* ME

*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights Family Health Center  
*IPA:*

**CARTER, KHALIL J**  
*Provider ID:* 127373  
*Board Certified Specialty:* No  
 FAMILY HLTH CTR SAN DIEGO-BEACH AREA  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2444  
*Fax:*  
*After Hours Phone:* (619) 515-2444  
*Provider Gender:* Male  
*License number:* A113001  
*NPI:* 1225231582  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

☞ *Accessibility:*  
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area  
*IPA:*

**CARTER, KHALIL J**  
*Provider ID:* 127375  
*Board Certified Specialty:* No  
 CITY HEIGHTS FAMILY HEALTH CENTERS INC

5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Provider Gender:* Male  
*License number:* A113001  
*NPI:* 1225231582  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* City Heights Family Health Centers Inc  
*IPA:*

**CARTER, KHALIL J**  
*Provider ID:* 127376  
*Board Certified Specialty:* No  
 DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2420  
*Fax:*  
*After Hours Phone:* (619) 515-2420  
*Provider Gender:* Male  
*License number:* A113001  
*NPI:* 1225231582  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc  
*IPA:*

### **CARTER, KHALIL J**

*Provider ID:* 127381  
*Board Certified Specialty:* No  
NORTH PARK FAMILY HEALTH CENTERS  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Provider Gender:* Male  
*License number:* A113001  
*NPI:* 1225231582  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org

*Email:*  
*Medical Group(s):* North Park Family Health Centers  
*IPA:*  
**CATANZARITE, VALERIAN A**  
*Provider ID:* 121848  
*Board Certified Specialty:* No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
7910 FROST ST STE 430  
SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6266  
*After Hours Phone:* (858) 966-6710

*Provider Gender:* Male  
*License number:* G46026  
*NPI:* 1174694939  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Grossmont Hospital, Tri City Medical Ctr, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**CERVANTES, SANDRA M**  
*Provider ID:* 114860  
*Board Certified Specialty:* No  
LOGAN HEIGHTS FAMILY HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2561  
*Fax:*  
*After Hours Phone:* (619) 515-2561  
*Provider Gender:* Female  
*License number:* A118095  
*NPI:* 1073701041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights Family Health Center  
*IPA:*

**CERVANTES, SANDRA M**  
*Provider ID:* 114864  
*Board Certified Specialty:* No  
NORTH PARK FAMILY HEALTH CENTERS  
3544 30TH ST  
SAN DIEGO, CA 92104-4120

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)  
515-2424

Provider Gender: Female

License number: A118095

NPI: 1073701041

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): North Park  
Family Health Centers

IPA:

### **CERVANTES, SANDRA M**

Provider ID: 114870

Board Certified Specialty: No  
DIAMOND NEIGHBORHOODS  
FAMILY HLTH CTRS INC

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2560

Fax:

After Hours Phone: (619)  
515-2560

Provider Gender: Female

License number: A118095

NPI: 1073701041

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Diamond  
Neighborhoods Family Hlth Ctrs  
Inc

IPA:

### **CERVANTES, SANDRA M**

Provider ID: 114877

Board Certified Specialty: No  
CITY HEIGHTS FAMILY  
HEALTH CENTERS INC  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)  
515-2400

Provider Gender: Female

License number: A118095

NPI: 1073701041

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): City Heights  
Family Health Centers Inc

IPA:

### **CERVANTES, SANDRA M**

Provider ID: 128379

Board Certified Specialty: No  
FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)  
515-2444

Provider Gender: Female

License number: A118095

NPI: 1073701041

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility:

Hours: M-W, F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Family Hlth Ctr  
San Diego-Beach Area

IPA:

### **COHEN, MANSOUR J**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider ID:* 205940  
*Board Certified Specialty:* Yes  
**RADY CHILDRENS HEALTH NETWORK**  
 7695 CARDINAL CT STE 390  
 SAN DIEGO, CA 92123-3356  
*Phone:* (858) 279-8111  
*Fax:* (858) 279-4703  
*After Hours Phone:* (858) 279-8111  
*Provider Gender:* Male  
*License number:* A34624  
*NPI:* 1346225356  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Farsi, Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CORMANO, JULIA L**

*Provider ID:* 112487  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* A115304

*NPI:* 1073740395  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DEAK, PAMELA W**

*Provider ID:* 64556  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-7878  
*Fax:* (619) 543-5350  
*After Hours Phone:* (619) 543-7878  
*Provider Gender:* Female  
*License number:* A54653  
*NPI:* 1316978554  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:*

### **DUGGAN, BRIDGETTE D**

*Provider ID:* 66127  
*Board Certified Specialty:* No  
**SOUTH COAST GYNECOLOGIC ONCOLOGY INC**  
 3390 CARMEL MOUNTAIN RD STE 130  
 SAN DIEGO, CA 92121-1054  
*Phone:* (858) 455-5524  
*Fax:*  
*After Hours Phone:* (858) 455-5524  
*Provider Gender:* Female  
*License number:* G66287  
*NPI:* 1841212081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

*After Hours Phone:* (858) 455-5524  
*Provider Gender:* Female  
*License number:* G66287  
*NPI:* 1841212081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ESKANDER, RAMEZ N**

*Provider ID:* 114324  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Male

License number: A102482

NPI: 1144486929

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: University Of  
California Irvine Med Ctr, Earl  
And Lorraine Miller Childrens  
Hsp, Long Beach Memorial Med  
Ctr, Providence St Joseph  
Hospital, Providence St Jude  
Medical Center, Orange Coast  
Mem Med Ctr, Fountain Valley  
Regional Hosp And Med Ctr,  
Corona Regional Med Ctr, Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **FOLCH TORRES-AGUIAR, BEATRIZ M**

Provider ID: 120486

Board Certified Specialty: No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Provider Gender: Female

License number: A148014

NPI: 1457794752

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Yue Chinese

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Logan Heights  
Family Health Center

IPA:

### **FOLCH TORRES-AGUIAR, BEATRIZ M**

Provider ID: 120494

Board Certified Specialty: No  
FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)  
515-2444

Provider Gender: Female

License number: A148014

NPI: 1457794752

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Yue Chinese

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility:

Hours: M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Family Hlth Ctr  
San Diego-Beach Area

IPA:

### **FOLCH TORRES-AGUIAR, BEATRIZ M**

Provider ID: 120508

Board Certified Specialty: No  
CITY HEIGHTS FAMILY  
HEALTH CENTERS INC

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)  
515-2400

Provider Gender: Female

License number: A148014

NPI: 1457794752

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Yue Chinese

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): City Heights  
Family Health Centers Inc

IPA:

### **FOLCH TORRES-AGUIAR,**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **BEATRIZ M**

*Provider ID:* 120509  
*Board Certified Specialty:* No  
**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2560  
*Fax:*  
*After Hours Phone:* (619) 515-2560  
*Provider Gender:* Female  
*License number:* A148014  
*NPI:* 1457794752  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc  
*IPA:*

### **FOLCH TORRES-AGUIAR, BEATRIZ M**

*Provider ID:* 120520  
*Board Certified Specialty:* No  
**NORTH PARK FAMILY HEALTH CENTERS**  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Provider Gender:* Female  
*License number:* A148014  
*NPI:* 1457794752  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* North Park Family Health Centers  
*IPA:*

### **FRATTO, VICTORIA M**

*Provider ID:* 97636  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*

*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* A136189  
*NPI:* 1124318472  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps

Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **FRUGONI, GINA R , MD**

*Provider ID:* 270056  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273

*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A99646  
*NPI:* 1578729315  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **FRUGONI, GINA R**

*Provider ID:* 64563  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-7878  
Fax: (619) 543-5350  
After Hours Phone: (619) 543-7878  
Provider Gender: Female  
License number: A99646  
NPI: 1578729315  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **GABBY, LAURYN C**

Provider ID: 269692  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A151539  
NPI: 1003330572  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd

Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **GROSS, ERIN A**

Provider ID: 64570  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-6248  
Fax: (858) 657-8666  
After Hours Phone: (619) 543-6248  
Provider Gender: Female  
License number: A99544  
NPI: 1013175009  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **GUPTA, PRATIMA**

Provider ID: 257547

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A832373  
NPI: 1891749842  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Hindi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **GUPTA, PRATIMA**

Provider ID: 257548  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A832373  
NPI: 1891749842  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Hindi, Spanish

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**HARVEY, SCOTT A**  
*Provider ID:* 278915  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* C169168  
*NPI:* 1457662868  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**HARVEY, SCOTT A**  
*Provider ID:* 278917  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* C169168  
*NPI:* 1457662868  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**HEBERT, STEPHEN A**  
*Provider ID:* 64573  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:*  
*After Hours Phone:* (619) 543-6248  
*Provider Gender:* Male  
*License number:* G40602  
*NPI:* 1730127069  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**HERRERO, TIFFANY C**  
*Provider ID:* 270001  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (650) 243-7942  
*Fax:*  
*After Hours Phone:* (650) 243-7942  
*Provider Gender:* Female  
*License number:* A119846  
*NPI:* 1609140524  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Stanford Health Care, Lucile Salter Packard Childrens Hosp  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **HOANG, MAI P**

Provider ID: 208294  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A130031  
NPI: 1104143593  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HOM, MARIANNE S**

Provider ID: 242751  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A146335  
NPI: 1972047397  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **HUSKEY, DANA E**

Provider ID: 127325  
Board Certified Specialty: No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
7910 FROST ST STE 430  
SAN DIEGO, CA 92123-2795  
Phone: (858) 966-6710  
Fax:  
After Hours Phone: (858) 966-6710  
Provider Gender: Female  
License number: A99128  
NPI: 1538146337  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital, Sharp Mary

Birch Hosp For Women And Newborns, Palomar Medical Center, Pomerado Hospital, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **HUSKEY, DANA E**

Provider ID: 127326  
Board Certified Specialty: No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700  
Phone: (858) 966-6710  
Fax:  
After Hours Phone: (858) 966-6710  
Provider Gender: Female  
License number: A99128  
NPI: 1538146337  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Palomar Medical Center, Pomerado Hospital, Sierra Vista Regional Med Ctr, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **KELLY, THOMAS F**

*Provider ID:* 64584

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-7878

*Fax:*

*After Hours Phone:* (619)

543-7878

*Provider Gender:* Male

*License number:* G60630

*NPI:* 1336203496

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Scripps Memorial Hospital,

Scripps Mercy Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Memorial Hospital

Encinitas, Palomar Medical

Center

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **KINGSTON, JESSICA M**

*Provider ID:* 64586

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-6248

*Fax:*

*After Hours Phone:* (619)

543-6248

*Provider Gender:* Female

*License number:* A70367

*NPI:* 1538106372

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA

9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KLEIN, DAVID A**

*Provider ID:* 271560

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A155090

*NPI:* 1780073635

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **KLEIN, DAVID A**

*Provider ID:* 271561

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

6030 VILLAGE WAY

SAN DIEGO, CA 92130-2972

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A155090

*NPI:* 1780073635

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**KOHATSU, KAREN E**  
*Provider ID:* 205481  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 11939 RANCHO BERNARDO RD STE 110  
 SAN DIEGO, CA 92128-2074  
*Phone:* (858) 618-1156  
*Fax:* (858) 618-3314  
*After Hours Phone:* (858) 618-1156  
*Provider Gender:* Female  
*License number:* G70665  
*NPI:* 1679517239  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**LACOURSIERE, DAPHNE Y**  
*Provider ID:* 64594  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-7878  
*Fax:* (619) 543-5350  
*After Hours Phone:* (619) 543-7878  
*Provider Gender:* Female  
*License number:* A74138  
*NPI:* 1316037922  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**LAMALE-SMITH, LEAH M**  
*Provider ID:* 208681  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4910 DIRECTORS PL STE 200  
 SAN DIEGO, CA 92121-3814  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A135831  
*NPI:* 1396904876  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**LAMALE-SMITH, LEAH M**  
*Provider ID:* 285519  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A135831  
*NPI:* 1396904876  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**LAMALE-SMITH, LEAH M**  
*Provider ID:* 99917  
*Board Certified Specialty:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
4910 DIRECTORS PL STE 200  
SAN DIEGO, CA 92121-3814  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A135831  
NPI: 1396904876  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **LAURENT, LOUISE C**

Provider ID: 64595  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-6248  
Fax:  
After Hours Phone: (619)  
543-6248  
Provider Gender: Female  
License number: A80409  
NPI: 1770532707  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps

Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital Encinitas,  
Palomar Medical Center  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **LIPSCHITZ, LISA S**

Provider ID: 115420  
Board Certified Specialty: No  
FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2444  
Fax:  
After Hours Phone: (619)  
515-2444  
Provider Gender: Female  
License number: A72005  
NPI: 1649208711  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Coronado Hosp And Healthcare  
Ctr, Scripps Mercy Hospital,  
Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-W,F 8:30AM-5:30PM,

TH 9AM-6PM, SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Family Hlth Ctr  
San Diego-Beach Area  
IPA:

### **LIPSCHITZ, LISA S**

Provider ID: 115427  
Board Certified Specialty: No  
CITY HEIGHTS FAMILY  
HEALTH CENTERS INC  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619)  
515-2400  
Provider Gender: Female  
License number: A72005  
NPI: 1649208711  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Coronado Hosp And Healthcare  
Ctr, Scripps Mercy Hospital,  
Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): City Heights  
Family Health Centers Inc  
IPA:

### **LIPSCHITZ, LISA S**

Provider ID: 115428  
Board Certified Specialty: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

DIAMOND NEIGHBORHOODS  
FAMILY HLTH CTRS INC  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2560

Fax:

After Hours Phone: (619)  
515-2560

Provider Gender: Female

License number: A72005

NPI: 1649208711

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Coronado Hosp And Healthcare  
Ctr, Scripps Mercy Hospital,  
Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Diamond  
Neighborhoods Family Hlth Ctrs  
Inc

IPA:

### LIPSCHITZ, LISA S

Provider ID: 115432

Board Certified Specialty: No  
NORTH PARK FAMILY HEALTH  
CENTERS

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)  
515-2424

Provider Gender: Female

License number: A72005

NPI: 1649208711

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Coronado Hosp And Healthcare  
Ctr, Scripps Mercy Hospital,  
Grossmont Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): North Park  
Family Health Centers

IPA:

### LIPSCHITZ, LISA S

Provider ID: 25621

Board Certified Specialty: No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Provider Gender: Female

License number: A72005

NPI: 1649208711

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Grossmont Hospital,  
Sharp Coronado Hosp And  
Healthcare Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Logan Heights  
Family Health Center

IPA:

### LOEFFLER, ALLISON M

Provider ID: 115543

Board Certified Specialty: No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Provider Gender: Female

License number: A116680

NPI: 1700073962

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy Hospital,  
Scripps Mercy Hospital Chula  
Vista

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Logan Heights  
Family Health Center

IPA:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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### **LOEFFLER, ALLISON M**

*Provider ID:* 115545

*Board Certified Specialty:* No

**NORTH PARK FAMILY HEALTH CENTERS**

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:*

*After Hours Phone:* (619)

515-2424

*Provider Gender:* Female

*License number:* A116680

*NPI:* 1700073962

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, R, T, ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* North Park Family Health Centers

*IPA:*

### **LOEFFLER, ALLISON M**

*Provider ID:* 115560

*Board Certified Specialty:* No

**CITY HEIGHTS FAMILY HEALTH CENTERS INC**

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400

*Fax:*

*After Hours Phone:* (619)

515-2400

*Provider Gender:* Female

*License number:* A116680

*NPI:* 1700073962

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, R, T, ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* City Heights Family Health Centers Inc

*IPA:*

### **LOEFFLER, ALLISON M**

*Provider ID:* 115561

*Board Certified Specialty:* No  
**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2560

*Fax:*

*After Hours Phone:* (619)

515-2560

*Provider Gender:* Female

*License number:* A116680

*NPI:* 1700073962

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, R, T, ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc

*IPA:*

### **LOEFFLER, ALLISON M**

*Provider ID:* 128426

*Board Certified Specialty:* No  
**LEMON GROVE FAMILY HEALTH CENTER**

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2444

*Fax:*

*After Hours Phone:* (619)

515-2444

*Provider Gender:* Female

*License number:* A116680

*NPI:* 1700073962

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

♿ *Accessibility:*  
*Hours:* M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr  
San Diego-Beach Area  
*IPA:*

### **LUKACZ, EMILY S**

*Provider ID:* 64604  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (858) 657-8745  
*Fax:* (858) 657-8666  
*After Hours Phone:* (858)  
657-8745  
*Provider Gender:* Female  
*License number:* A63540  
*NPI:* 1750339446  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MACAULAY, KATHRYN M**

*Provider ID:* 64606  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST

SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-7878  
*Fax:* (619) 543-5350  
*After Hours Phone:* (619)  
543-7878  
*Provider Gender:* Female  
*License number:* A61603  
*NPI:* 1235154618  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MACKAY, GILLIAN**

*Provider ID:* 200965  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A113346  
*NPI:* 1770702177  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999

*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MACKAY, GILLIAN**

*Provider ID:* 200966  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A113346  
*NPI:* 1770702177  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MANI, PARVIN P**

*Provider ID:* 242345  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
5555 RESERVOIR DR STE 208

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

SAN DIEGO, CA 92120-5187  
*Phone:* (619) 583-7555  
*Fax:* (619) 583-0555  
*After Hours Phone:* (619) 583-7555  
*Provider Gender:* Female  
*License number:* A52580  
*NPI:* 1518925015  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Mary Birch Hosp For Women And Newborns, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

**MANSOUR, ANMAR A**  
*Provider ID:* 204717  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 7695 CARDINAL CT STE 370  
 SAN DIEGO, CA 92123-3332  
*Phone:* (858) 277-1599  
*Fax:* (858) 225-7261  
*After Hours Phone:* (866) 558-7293  
*Provider Gender:* Female  
*License number:* A92470  
*NPI:* 1881617884  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Sharp Mary Birch Hosp For Women And Newborns, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**MCCAULLEY, JILL A**  
*Provider ID:* 110414  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4910 DIRECTORS PL STE 200  
 SAN DIEGO, CA 92121-3814  
*Phone:* (858) 657-7200  
*Fax:*  
*After Hours Phone:* (858) 657-7200  
*Provider Gender:* Female  
*License number:* A131156  
*NPI:* 1669607388  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:*  
**MCNALLY, COLLEEN P**  
*Provider ID:* 209894  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3750 CONVOY ST STE 312  
 SAN DIEGO, CA 92111-3741  
*Phone:* (619) 543-7400  
*Fax:* (619) 543-7401  
*After Hours Phone:* (619) 543-7400  
*Provider Gender:* Female  
*License number:* G74059  
*NPI:* 1114039062  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**MCQUEEN, DANA B**  
*Provider ID:* 110865  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* A141023  
*NPI:* 1669768180  
*Provider English Spoken:* Yes

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## D. Specialist Provider Directory

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*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **MEADOWS, AUDRA R**

*Provider ID:* 285741

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* C171680

*NPI:* 1467585521

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MEADOWS, AUDRA R**

*Provider ID:* 285742

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* C171680

*NPI:* 1467585521

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MELENDEZ BERRIOS, IARA DEL M**

*Provider ID:* 115031

*Board Certified Specialty:* No

CITY HEIGHTS FAMILY

HEALTH CENTERS INC

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400

*Fax:*

*After Hours Phone:* (619)

515-2400

*Provider Gender:* Female

*License number:* A114181

*NPI:* 1740514249

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy

Hospital, Grossmont Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*♿ Accessibility:* P, EB, IB, E, R,  
T, ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* City Heights

Family Health Centers Inc

*IPA:*

### **MELENDEZ BERRIOS, IARA DEL M**

*Provider ID:* 115034

*Board Certified Specialty:* No

DIAMOND NEIGHBORHOODS

FAMILY HLTH CTRS INC

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2560

*Fax:*

*After Hours Phone:* (619)

515-2560

*Provider Gender:* Female

*License number:* A114181

*NPI:* 1740514249

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy

Hospital, Grossmont Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

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## D. Specialist Provider Directory

♿ *Accessibility:* P, EB, IB, E, R, T, ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Diamond

Neighborhoods Family Hlth Ctrs Inc

*IPA:*

### **MELENDEZ BERRIOS, IARA DEL M**

*Provider ID:* 115051

*Board Certified Specialty:* No

NORTH PARK FAMILY HEALTH CENTERS

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:*

*After Hours Phone:* (619)

515-2424

*Provider Gender:* Female

*License number:* A114181

*NPI:* 1740514249

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* P, EB, IB, E, R, T, ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* North Park Family Health Centers

*IPA:*

### **MELENDEZ BERRIOS, IARA**

### **DEL M**

*Provider ID:* 128388

*Board Certified Specialty:* No

FAMILY HLTH CTR SAN

DIEGO-BEACH AREA

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2444

*Fax:*

*After Hours Phone:* (619)

515-2444

*Provider Gender:* Female

*License number:* A114181

*NPI:* 1740514249

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-W,F 8:30AM-5:30PM,

TH 9AM-6PM, SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area

*IPA:*

### **MELENDEZ BERRIOS, IARA DEL M**

*Provider ID:* 75971

*Board Certified Specialty:* No

LOGAN HEIGHTS FAMILY

HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Provider Gender:* Female

*License number:* A114181

*NPI:* 1740514249

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Grossmont Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Logan Heights Family Health Center

*IPA:*

### **MEURICE, MARIELLE ERENDIRA LUCILLE**

*Provider ID:* 284268

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A159003

*NPI:* 1720510779

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

French

*Cultural Competency:* No

*Hospital Affiliation:* University

Hsp Of San Diego Co, Ucsd La Jolla John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

---

*American Sign Language (ASL):* UCSD MEDICAL GROUP  
No  
*Accessibility:* 4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Hours:* M-SA 9AM-5PM  
*Phone:* (619) 543-7878  
*Fax:* (619) 543-5350  
*After Hours Phone:* (619)  
543-7878  
*Provider Gender:* Female  
*License number:* G82246  
*NPI:* 1154346583  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MEURICE, MARIELLE ERENDIRA LUCILLE**

*Provider ID:* 284270  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A159003  
*NPI:* 1720510779  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French  
*Cultural Competency:* No  
*Hospital Affiliation:* University  
Hsp Of San Diego Co, Ucsd La  
Jolla John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MODY, SHEILA K**

*Provider ID:* 64616  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:* (858) 657-8666  
*After Hours Phone:* (619)  
543-6248  
*Provider Gender:* Female  
*License number:* A117818  
*NPI:* 1952561102  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical

Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MOORE, THOMAS R**

*Provider ID:* 64617  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-7878  
*Fax:* (619) 543-5350  
*After Hours Phone:* (619)  
543-7878  
*Provider Gender:* Male  
*License number:* G49930  
*NPI:* 1184682379  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MORAN, THOMAS P**

*Provider ID:* 270953

### **MILLER, CHRISTINE B**

*Provider ID:* 64614  
*Board Certified Specialty:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 220 EUCLID AVE STE 30  
 SAN DIEGO, CA 92114-3617  
*Phone:* (619) 881-4500  
*Fax:*  
*After Hours Phone:* (619) 881-4500  
*Provider Gender:* Male  
*License number:* G59541  
*NPI:* 1093887069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MORAN, THOMAS P**

*Provider ID:* 48123  
*Board Certified Specialty:* No  
**PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST**  
 2017 1ST AVE STE 100  
 SAN DIEGO, CA 92101-9001  
*Phone:* (888) 743-7526  
*Fax:*  
*After Hours Phone:* (888) 743-7526  
*Provider Gender:* Male  
*License number:* G59541  
*NPI:* 1093887069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 7:30AM-4PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NGUYEN, SON H**

*Provider ID:* 271018  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 1075 CAMINO DEL RIO S  
 SAN DIEGO, CA 92108-3538  
*Phone:* (619) 881-4500  
*Fax:*  
*After Hours Phone:* (619) 881-4500  
*Provider Gender:* Male  
*License number:* G63695  
*NPI:* 1548332513  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PINSON, KELSEY A**

*Provider ID:* 284286  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4910 DIRECTORS PL STE 200  
 SAN DIEGO, CA 92121-3814  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A158192  
*NPI:* 1841722485  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, University Hsp Of San Diego Co  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PINSON, KELSEY A**

*Provider ID:* 284287  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A158192  
*NPI:* 1841722485  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr, University Hsp Of  
 San Diego Co  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**PINSON, KELSEY A**  
*Provider ID:* 284288  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A158192  
*NPI:* 1841722485  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr, University Hsp Of  
 San Diego Co  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Ucsd Medical Group  
**RESNIK, JAMIE L**  
*Provider ID:* 271534  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A66580  
*NPI:* 1558310557  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**RESNIK, JAMIE L**  
*Provider ID:* 271536  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A66580

*NPI:* 1558310557  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**RESNIK, JAMIE L**  
*Provider ID:* 271537  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 6030 VILLAGE WAY  
 SAN DIEGO, CA 92130-2972  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A66580  
*NPI:* 1558310557  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RESNIK, JAMIE L**

*Provider ID:* 64633  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:*  
*After Hours Phone:* (619) 543-6248  
*Provider Gender:* Female  
*License number:* A66580  
*NPI:* 1558310557  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RIES, MAUREEN C**

*Provider ID:* 124479  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* A127234  
*NPI:* 1750544516  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Indonesian, Spanish, Swahili  
*Cultural Competency:* No  
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RIES, MAUREEN C**

*Provider ID:* 125254  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:*  
*After Hours Phone:* (619) 543-6248  
*Provider Gender:* Female  
*License number:* A127234  
*NPI:* 1750544516  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Indonesian, Spanish, Swahili  
*Cultural Competency:* No  
*Hospital Affiliation:* University Of California Irvine Med Ctr, Ucsd

Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RIVAS, RENEE N**

*Provider ID:* 284298  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A173043  
*NPI:* 1295263861  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RODRIGUEZ JEREZ,**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

### **ROBERTO D**

*Provider ID:* 130080  
*Board Certified Specialty:* No  
**NORTH PARK FAMILY HEALTH CENTERS**  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619) 515-2424  
*Provider Gender:* Male  
*License number:* A154298  
*NPI:* 1710316450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* North Park Family Health Centers  
*IPA:*

### **RODRIGUEZ JEREZ, ROBERTO D**

*Provider ID:* 130084  
*Board Certified Specialty:* No  
**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2420  
*Fax:*  
*After Hours Phone:* (619) 515-2420  
*Provider Gender:* Male  
*License number:* A154298  
*NPI:* 1710316450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Diamond Neighborhoods Family Hlth Ctrs Inc  
*IPA:*

### **RODRIGUEZ JEREZ, ROBERTO D**

*Provider ID:* 130085  
*Board Certified Specialty:* No  
**CITY HEIGHTS FAMILY HEALTH CENTERS INC**  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2400  
*Fax:*  
*After Hours Phone:* (619) 515-2400  
*Provider Gender:* Male  
*License number:* A154298  
*NPI:* 1710316450  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* City Heights Family Health Centers Inc  
*IPA:*

### **RODRIGUEZ JEREZ, ROBERTO D**

*Provider ID:* 130087  
*Board Certified Specialty:* No  
**FAMILY HLTH CTR SAN DIEGO-BEACH AREA**  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (616) 515-2444  
*Fax:*  
*After Hours Phone:* (616) 515-2444  
*Provider Gender:* Male  
*License number:* A154298  
*NPI:* 1710316450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None

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## D. Specialist Provider Directory

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*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-W,F 8:30AM-5:30PM,  
TH 9AM-6PM, SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Family Hlth Ctr  
San Diego-Beach Area

*IPA:*

### **RODRIGUEZ JEREZ, ROBERTO D**

*Provider ID:* 130088

*Board Certified Specialty:* No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Provider Gender:* Male

*License number:* A154298

*NPI:* 1710316450

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr, Grossmont  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Logan Heights  
Family Health Center

*IPA:*

### **SANDOVAL, SELINA M**

*Provider ID:* 270560

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female

*License number:* A167853

*NPI:* 1336599653

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **SCHWENDEMANN, WADE D**

*Provider ID:* 122023

*Board Certified Specialty:* No  
RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

7910 FROST ST STE 430

SAN DIEGO, CA 92123-2795

*Phone:* (858) 966-6710

*Fax:*

*After Hours Phone:* (858)  
966-6710

*Provider Gender:* Male

*License number:* A109228

*NPI:* 1477563302

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital,  
Grossmont Hospital, Sharp  
Memorial Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns, Tri City Medical Ctr,  
Sharp Grossmont Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **SEFA-BOAKYE, KOFI D**

*Provider ID:* 205413

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

286 EUCLID AVE STE 205

SAN DIEGO, CA 92114-3612

*Phone:* (619) 263-6141

*Fax:* (619) 263-7236

*After Hours Phone:* (619)  
263-6141

*Provider Gender:* Male

*License number:* G59670

*NPI:* 1902993660

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Chula  
Vista Med Ctr, Sharp Coronado  
Hosp And Healthcare Ctr,

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## D. Specialist Provider Directory

Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **SEMO, ROBERT J**

*Provider ID:* 64642

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-7878

*Fax:* (619) 543-5350

*After Hours Phone:* (619) 543-7878

*Provider Gender:* Male

*License number:* A42951

*NPI:* 1326030669

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Sharp Mary

Birch Hosp For Women And

Newborns, Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **SHAH, NEMI M**

*Provider ID:* 272580

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A168801

*NPI:* 1558715268

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **SUTTON, ALICE C**

*Provider ID:* 121249

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)

543-6222

*Provider Gender:* Female

*License number:* A146708

*NPI:* 1669815437

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **SUYAMA, JULIE A**

*Provider ID:* 284290

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE 360

SAN DIEGO, CA 92121-3020

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Female

*License number:* A172670

*NPI:* 1306372800

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/999

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SUYAMA, JULIE A**

Provider ID: 284291  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A172670  
NPI: 1306372800  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **THOMAS, STEVEN J**

Provider ID: 64221  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6600  
Fax: (619) 543-5767  
After Hours Phone: (619)  
543-6600

Provider Gender: Male  
License number: A40379  
NPI: 1639242589  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Scripps Memorial Hospital,  
Scripps Mercy Hospital, Scripps  
Mercy Hospital Chula Vista,  
Scripps Memorial Hospital  
Encinitas, Palomar Medical  
Center, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **THOMSON, SAMANTHA L**

Provider ID: 285174  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A149038  
NPI: 1689013468  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Cedars Sinai  
Medical Center, Ucsd La Jolla  
John Sally Thornton, Ucsd

Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **THOMSON, SAMANTHA L**

Provider ID: 285176  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A149038  
NPI: 1689013468  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Cedars Sinai  
Medical Center, Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **TILFORD, SARAH A**

Provider ID: 126503

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-7878  
*Fax:*  
*After Hours Phone:* (619) 543-7878  
*Provider Gender:* Female  
*License number:* A154086  
*NPI:* 1194139766  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **TITH, TEVY**

*Provider ID:* 73303  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:*  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* A103521  
*NPI:* 1588816086  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns, University Of California Irvine Med Ctr, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **VARON, SHIRA**

*Provider ID:* 64662  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-7878  
*Fax:* (619) 543-5350  
*After Hours Phone:* (619) 543-7878  
*Provider Gender:* Female  
*License number:* A96901  
*NPI:* 1619047545  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **WASHINGTON, SIERRA L**

*Provider ID:* 124298  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6777  
*Fax:*  
*After Hours Phone:* (619) 543-6777  
*Provider Gender:* Female  
*License number:* A99781  
*NPI:* 1386845162  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Portuguese, Spanish, Swahili  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Medical Ctr At Ucsf  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **WEBER, AKILAH F**

*Provider ID:* 77792  
*Board Certified Specialty:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

### **RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289  
Phone: (858) 966-7484  
Fax: (858) 966-4064  
After Hours Phone: (858)  
966-7484  
Provider Gender: Female  
License number: C56035  
NPI: 1760652713  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Rady Childrens Hospital San  
Diego, Childrens Hosp And  
Resrch Ctr At Oakland  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **WEBER, AKILAH F**

Provider ID: 84961  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax: (858) 657-8666  
After Hours Phone: (619)  
543-6222  
Provider Gender: Female  
License number: C56035  
NPI: 1760652713

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Rady Childrens Hospital San  
Diego, Childrens Hosp And  
Resrch Ctr At Oakland  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **WILLIAMS, KRISTIN M**

Provider ID: 121983  
Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
7910 FROST ST STE 430  
SAN DIEGO, CA 92123-2795  
Phone: (858) 966-6710  
Fax:  
After Hours Phone: (858)  
966-6710  
Provider Gender: Female  
License number: A72985  
NPI: 1992847131  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Stanford  
Health Care, Lucile Salter  
Packard Childrens Hosp, San  
Mateo Medical Ctr, Sharp  
Memorial Hospital, Sharp Mary  
Birch Hosp For Women And  
Newborns, Tri City Medical Ctr,  
California Pacific Med Ctr, Rady

Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **WINESBURG, JENNIFER J**

Provider ID: 113743  
Board Certified Specialty: No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Provider Gender: Female  
License number: 20A11535  
NPI: 1811162456  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Desert  
Regional Med Ctr, Sharp  
Coronado Hosp And Healthcare  
Ctr, Grossmont Hospital, Scripps  
Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Logan Heights

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Family Health Center

IPA:

### **WINESBURG, JENNIFER J**

Provider ID: 114803

Board Certified Specialty: No

CITY HEIGHTS FAMILY  
HEALTH CENTERS INC

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Provider Gender: Female

License number: 20A11535

NPI: 1811162456

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Sharp Coronado Hosp

And Healthcare Ctr, Grossmont

Hospital, Desert Regional Med

Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: P, EB, IB, E, R,

T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): City Heights

Family Health Centers Inc

IPA:

### **WINESBURG, JENNIFER J**

Provider ID: 114804

Board Certified Specialty: No

DIAMOND NEIGHBORHOODS

FAMILY HLTH CTRS INC

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2420

Fax:

After Hours Phone: (619)

515-2420

Provider Gender: Female

License number: 20A11535

NPI: 1811162456

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Sharp Coronado Hosp

And Healthcare Ctr, Grossmont

Hospital, Desert Regional Med

Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: P, EB, IB, E, R,

T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Diamond

Neighborhoods Family Hlth Ctrs

Inc

IPA:

### **WINESBURG, JENNIFER J**

Provider ID: 114812

Board Certified Specialty: No

NORTH PARK FAMILY HEALTH

CENTERS

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Provider Gender: Female

License number: 20A11535

NPI: 1811162456

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Sharp Coronado Hosp

And Healthcare Ctr, Grossmont

Hospital, Desert Regional Med

Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

Accessibility: P, EB, IB, E, R,

T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): North Park

Family Health Centers

IPA:

### **WINESBURG, JENNIFER J**

Provider ID: 128427

Board Certified Specialty: No

FAMILY HLTH CTR SAN

DIEGO-BEACH AREA

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2444

Fax:

After Hours Phone: (619)

515-2444

Provider Gender: Female

License number: 20A11535

NPI: 1811162456

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Desert

Regional Med Ctr, Sharp

Coronado Hosp And Healthcare

Ctr, Grossmont Hospital, Scripps

Mercy Hospital

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## D. Specialist Provider Directory

*Medi-Cal Open Panel: Yes*

*Min/Max Age: None*

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours: M-W,F 8:30AM-5:30PM,*

*TH 9AM-6PM, SA 9AM-5PM*

*Website: www.fhcsd.org*

*Email:*

*Medical Group(s): Family Hlth Ctr*

*San Diego-Beach Area*

*IPA:*

### **WITTGROVE, PERRI LYNNE L**

*Provider ID: 282743*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*3750 CONVOY ST STE 312*

*SAN DIEGO, CA 92111-3741*

*Phone: (800) 926-8273*

*Fax: (888) 539-8781*

*After Hours Phone: (800)*

*926-8273*

*Provider Gender: Female*

*License number: G56550*

*NPI: 1497752836*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency: No*

*Hospital Affiliation: Ucsd La Jolla*

*John Sally Thornton, Alvarado*

*Hospital Llc, Grossmont Hospital,*

*Ucsd Medical Ctr*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16/999*

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **WITTGROVE, PERRI LYNNE L**

*Provider ID: 282744*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*6719 ALVARADO RD STE 302*

*SAN DIEGO, CA 92120-5263*

*Phone: (800) 926-8273*

*Fax: (888) 539-8781*

*After Hours Phone: (800)*

*926-8273*

*Provider Gender: Female*

*License number: G56550*

*NPI: 1497752836*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency: No*

*Hospital Affiliation: Ucsd La Jolla*

*John Sally Thornton, Alvarado*

*Hospital Llc, Grossmont Hospital,*

*Ucsd Medical Ctr*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16/999*

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **ZHOU, BETH B**

*Provider ID: 240067*

*Board Certified Specialty: No*

*UCSD MEDICAL GROUP*

*200 W ARBOR DR*

*SAN DIEGO, CA 92103-1911*

*Phone: (800) 926-8273*

*Fax:*

*After Hours Phone: (800)*

*926-8273*

*Provider Gender: Female*

*License number: A162098*

*NPI: 1558748186*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Ucsd La Jolla*

*John Sally Thornton, Ucsd*

*Medical Ctr*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 16/999*

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Ucsd Medical Group*

### **ZIEG, ALAN J**

*Provider ID: 114822*

*Board Certified Specialty: No*

*DIAMOND NEIGHBORHOODS*

*FAMILY HLTH CTRS INC*

*4725 MARKET ST*

*SAN DIEGO, CA 92102-4715*

*Phone: (619) 515-2560*

*Fax:*

*After Hours Phone: (619)*

*515-2560*

*Provider Gender: Male*

*License number: G78814*

*NPI: 1699790634*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Grossmont*

*Hospital, Scripps Mercy Hospital,*

*Sharp Coronado Hosp And*

*Healthcare Ctr, Scripps Mercy*

*Hospital Chula Vista*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: None*

*American Sign Language (ASL):*

No

*Accessibility: P, EB, IB, E, R,*

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## D. Specialist Provider Directory

T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Diamond

Neighborhoods Family Hlth Ctrs  
Inc

IPA:

### ZIEG, ALAN J

Provider ID: 25639

Board Certified Specialty: No

CITY HEIGHTS FAMILY

HEALTH CENTERS INC

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2400

Fax:

After Hours Phone: (619)

515-2400

Provider Gender: Male

License number: G78814

NPI: 1699790634

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy Hospital,

Sharp Coronado Hosp And

Healthcare Ctr, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): City Heights

Family Health Centers Inc

IPA:

### ZIEG, ALAN J

Provider ID: 25640

Board Certified Specialty: No

LOGAN HEIGHTS FAMILY

HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Provider Gender: Male

License number: G78814

NPI: 1699790634

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy Hospital,

Sharp Coronado Hosp And

Healthcare Ctr, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Logan Heights

Family Health Center

IPA:

### ZIEG, ALAN J

Provider ID: 25642

Board Certified Specialty: No

SAN DIEGO AMERICAN INDIAN

HEALTH CENTER

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Provider Gender: Male

License number: G78814

NPI: 1699790634

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy Hospital,

Sharp Coronado Hosp And

Healthcare Ctr, Scripps Mercy

Hospital Chula Vista

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: P, EB, IB, E, R,  
T, ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): North Park

Family Health Centers

IPA:

### ZIEG, ALAN J

Provider ID: 25642

Board Certified Specialty: No

NORTH PARK FAMILY HEALTH

CENTERS

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax:

After Hours Phone: (619)

515-2424

Provider Gender: Male

License number: G78814

NPI: 1699790634

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy Hospital,

Sharp Coronado Hosp And

Healthcare Ctr, Scripps Mercy

Hospital Chula Vista

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): North Park Family Health Centers  
 IPA:

### ZIEG, ALAN J

Provider ID: 46812  
 Board Certified Specialty: No  
 FAMILY HLTH CTR SAN DIEGO-BEACH AREA  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2444  
 Fax:  
 After Hours Phone: (619) 515-2444  
 Provider Gender: Male  
 License number: G78814  
 NPI: 1699790634  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Family Hlth Ctr

San Diego-Beach Area  
 IPA:

### ONCOLOGY MEDICAL

### FLORES, EDNA I

Provider ID: 115370  
 Board Certified Specialty: No  
 CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455  
 Phone: (858) 649-5100  
 Fax: (858) 649-5099  
 After Hours Phone: (858) 649-5100  
 Provider Gender: Female  
 License number: A114373  
 NPI: 1396994604  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Pioneers Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/120  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd  
 FRAKES, LAURIE A , MD  
 Provider ID: 241857  
 Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455  
 Phone: (858) 649-5100  
 Fax: (858) 649-5099  
 After Hours Phone: (858) 649-5100  
 Provider Gender: Female  
 License number: A52663  
 NPI: 1174595144  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### LAMON, JOEL M

Provider ID: 68222  
 Board Certified Specialty: No  
 CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455  
 Phone: (858) 649-5100  
 Fax: (858) 649-5099  
 After Hours Phone: (858) 649-5100

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* G28164  
*NPI:* 1699721035  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, German, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/120  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### OPHTHALMOLOGY

**ABBOUD, JEAN-PAUL J**  
*Provider ID:* 214188  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-7403  
*After Hours Phone:* (858) 309-7702  
*Provider Gender:* Male  
*License number:* A124825  
*NPI:* 1760776728  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

Childrens Hospital San Diego, Tri Network  
 City Medical Ctr, Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**ADAMS, MONA N**  
*Provider ID:* 260960  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3750 CONVOY ST # 1  
 SAN DIEGO, CA 92111-3738  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-7403  
*After Hours Phone:* (858) 309-7702  
*Provider Gender:* Female  
*License number:* OPT14457  
*NPI:* 1942564521  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**ADAMS, MONA N**  
*Provider ID:* 260963  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-7403  
*After Hours Phone:* (858) 309-7702  
*Provider Gender:* Female  
*License number:* OPT14457  
*NPI:* 1942564521  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**AFSHARI, NATALIE A**  
*Provider ID:* 63769  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* C51849

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1538126735  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **BANSAL, PREETI**

Provider ID: 205620  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone: (858) 309-7702  
 Provider Gender: Female  
 License number: A90890  
 NPI: 1871664631  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Sharp Mary Birch Hosp For Women And Newborns, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):

No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **BAXTER, SALLY L**

Provider ID: 272788  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103-2144  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A140952  
 NPI: 1912325184  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BAXTER, SALLY L**

Provider ID: 272789  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # 101  
 SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A140952  
 NPI: 1912325184  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BEAZER, ALEX P**

Provider ID: 272803  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A169030  
 NPI: 1942662168  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

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## D. Specialist Provider Directory

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BHATIA, SHAGUN K**

*Provider ID:* 240636  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-7403  
*After Hours Phone:* (858) 309-7702  
*Provider Gender:* Female  
*License number:* A154902  
*NPI:* 1104237353  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **BINDER, NICHOLAS R , MD**

*Provider ID:* 268751  
*Board Certified Specialty:* Yes

**COMMUNITY CARE IPA LLC**  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:* (619) 464-5526  
*After Hours Phone:* (619) 697-4600  
*Provider Gender:* Male  
*License number:* A124698  
*NPI:* 1306076716  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **BINDER, NICHOLAS R , MD**

*Provider ID:* 268755  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:* (858) 565-8822  
*Provider Gender:* Male  
*License number:* A124698  
*NPI:* 1306076716  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **BOKOSKY, JOHN E**

*Provider ID:* 206066  
*Board Certified Specialty:* Yes  
**RADY CHILDRENS HEALTH NETWORK**  
 3939 3RD AVE  
 SAN DIEGO, CA 92103-3002  
*Phone:* (800) 765-2737  
*Fax:* (619) 291-6577  
*After Hours Phone:* (800) 765-2737  
*Provider Gender:* Male  
*License number:* G51651  
*NPI:* 1245215748  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

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## D. Specialist Provider Directory

IPA: Rady Childrens Health Network

### **BOKOSKY, JOHN E**

Provider ID: 26909  
Board Certified Specialty: No  
EYE CARE OF SAN DIEGO  
MED OFFICE  
3939 3RD AVE  
SAN DIEGO, CA 92103-3002  
Phone: (619) 296-8525  
Fax: (619) 291-6577  
After Hours Phone: (619) 296-8525  
Provider Gender: Male  
License number: G51651  
NPI: 1245215748  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Scripps  
Mercy Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **BREIDENSTEIN, BRENDA G**

Provider ID: 63817  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
License number: A121728  
NPI: 1518118124  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BRUMMEL, KIRSTA L**

Provider ID: 240635  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: 20A11590  
NPI: 1003085481  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ronald Reagan Ucla Med Ctr, Santa Monica Ucla Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **CAMP, ANDREW S**

Provider ID: 260020  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST STE 200  
SAN DIEGO, CA 92123-2776  
Phone: (858) 309-7702  
Fax: (858) 966-7403  
After Hours Phone: (858) 309-7702  
Provider Gender: Male  
License number: A142062  
NPI: 1326300377  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/99  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **CHANG, TOM S , MD**

Provider ID: 270361

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:* (858) 565-8822  
*Provider Gender:* Male  
*License number:* A69909  
*NPI:* 1609848969  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cantonese  
*Cultural Competency:* No  
*Hospital Affiliation:* San Gabriel Valley Med Ctr, Providence Little Co Of Mary Med Ctr Torrance, Methodist Hosp Of Southern California, Hollywood Presbyterian Med Ctr, Desert Regional Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CHOPLIN, NEIL T**

*Provider ID:* 49233  
*Board Certified Specialty:* No  
**EYE CARE OF SAN DIEGO MED OFFICE**  
 3939 3RD AVE  
 SAN DIEGO, CA 92103-3002  
*Phone:* (619) 765-2737  
*Fax:* (619) 291-6577  
*After Hours Phone:* (619) 765-2737  
*Provider Gender:* Male

*License number:* G57042  
*NPI:* 1144205642  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DORAIRAJ, SYRIL K**

*Provider ID:* 63879  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A115934  
*NPI:* 1295992550  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Tamil  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **EZON, ISAAC C**

*Provider ID:* 63897  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A120923  
*NPI:* 1801057781  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **FERREYRA, HENRY A**

*Provider ID:* 63906  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male

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## D. Specialist Provider Directory

License number: A77921  
 NPI: 1669497822  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Doctors Medical Center, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GARFF, KEVIN**

Provider ID: 239606  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A160988  
 NPI: 1609258920  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:

Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GOLDBERG, JEFFREY L**

Provider ID: 83515  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A124021  
 NPI: 1417158114  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Stanford Health Care, Lucile Salter Packard Childrens Hosp  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GRANET, DAVID B**

Provider ID: 64567  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

Phone: (619) 543-6248  
 Fax:  
 After Hours Phone: (619) 543-6248  
 Provider Gender: Male  
 License number: G77597  
 NPI: 1982629036  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GUALTIERI, CHRISTOPHER J , MD**

Provider ID: 252313  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 3969 4TH AVE STE 300  
 SAN DIEGO, CA 92103-3165  
 Phone: (619) 688-2648  
 Fax: (619) 688-2626  
 After Hours Phone: (619) 688-2648  
 Provider Gender: Male  
 License number: G73020  
 NPI: 1790769156  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **HUANG, ALEX A**

*Provider ID:* 63968

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)

543-6222

*Provider Gender:* Male

*License number:* A111999

*NPI:* 1821246141

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Mandarin

*Cultural Competency:* No

*Hospital Affiliation:* Huntington

Memorial Hospital, Ronald

Reagan UCLA Med Ctr, Ucsd

Medical Ctr, Lac Usc Medical

Center, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **HUYNH, PAUL D , MD**

*Provider ID:* 245199

*Board Certified Specialty:* Yes

COMMUNITY CARE IPA LLC

10737 CAMINO RUIZ STE 100

SAN DIEGO, CA 92126-2370

*Phone:* (858) 549-3200

*Fax:* (858) 752-4383

*After Hours Phone:* (858)

549-3200

*Provider Gender:* Male

*License number:* A79141

*NPI:* 1871577056

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps

Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **HUYNH, PAUL D , MD**

*Provider ID:* 245200

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

4844 UNIVERSITY AVE STE A

SAN DIEGO, CA 92105-8021

*Phone:* (619) 283-1303

*Fax:* (619) 283-1666

*After Hours Phone:* (619)

283-1303

*Provider Gender:* Male

*License number:* A79141

*NPI:* 1871577056

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps

Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:* P, EB, IB, E, R,

T, W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **HUYNH, PAUL D**

*Provider ID:* 40045

*Board Certified Specialty:* No

ADVANCED EYE LASER CTR

OF CA INC

4844 UNIVERSITY AVE STE A

SAN DIEGO, CA 92105-8021

*Phone:* (619) 283-1303

*Fax:*

*After Hours Phone:* (619)

283-1303

*Provider Gender:* Male

*License number:* A79141

*NPI:* 1871577056

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps

Memorial Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* P, EB, IB, E, R,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

T, W  
Hours: M-F 8AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### HUYNH, PAUL D

Provider ID: 40046  
Board Certified Specialty: No  
ADVANCED EYE LASER CTR  
OF CA INC  
10737 CAMINO RUIZ STE 100  
SAN DIEGO, CA 92126-2370  
Phone: (858) 549-3200  
Fax: (858) 549-3207  
After Hours Phone: (858)  
549-3200  
Provider Gender: Male  
License number: A79141  
NPI: 1871577056  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Tagalog, Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Scripps  
Memorial Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### JAIN, ATUL K

Provider ID: 206150  
Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK

7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123-3357  
Phone: (858) 609-7100  
Fax: (858) 609-7106  
After Hours Phone: (858)  
609-7100  
Provider Gender: Male  
License number: A92495  
NPI: 1194905711  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Hindi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Ronald  
Reagan Ucla Med Ctr, Scripps  
Mercy Hospital, Tri City Medical  
Ctr, Rady Childrens Hospital San  
Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### KATZMAN, BARRY, MD

Provider ID: 247366  
Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754  
Phone: (800) 898-2020  
Fax: (844) 897-3788  
After Hours Phone: (800)  
898-2020  
Provider Gender: Male  
License number: A34834  
NPI: 1760473797  
Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish, Tagalog, Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hosp Med Ctr, Sharp Memorial  
Hospital, Paradise Valley  
Hospital, Alvarado Hospital Llc,  
Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### KATZMAN, BARRY

Provider ID: 262422  
Board Certified Specialty: Yes  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754  
Phone: (800) 898-2020  
Fax: (844) 897-3788  
After Hours Phone: (800)  
898-2020  
Provider Gender: Male  
License number: A34834  
NPI: 1760473797  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Tagalog, Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hosp Med Ctr, Sharp Memorial  
Hospital, Paradise Valley  
Hospital, Alvarado Hospital Llc,  
Grossmont Hospital  
Medi-Cal Open Panel: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### KIKKAWA, DON O

Provider ID: 64004  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: G65447  
 NPI: 1932202371  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### KLING, LANNING B

Provider ID: 239915  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103-2144  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G31557  
 NPI: 1841227477  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### KORN, BOBBY S

Provider ID: 64015  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A81749  
 NPI: 1174551006  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical

Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### LEE, JEFFREY E

Provider ID: 64032  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A97291  
 NPI: 1801943279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Yue Chinese  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### LIU, XIONGFEI

Provider ID: 239817  
 Board Certified Specialty: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A144438  
NPI: 1497135156  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Chinese, Mandarin  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Mercy General Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**LIU, YUNXIANG**  
Provider ID: 210803  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST STE 200  
SAN DIEGO, CA 92123-2776  
Phone: (858) 309-7702  
Fax:  
After Hours Phone: (858) 309-7702  
Provider Gender: Female  
License number: A129713  
NPI: 1770849804  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

**LI, ALEXANDRIA L**  
Provider ID: 272833  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A168107  
NPI: 1841652864  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):

IPA: Ucsd Medical Group  
**MCGRAW, JOSEPH P , MD**  
Provider ID: 269702  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754  
Phone: (619) 697-4600  
Fax: (619) 465-5526  
After Hours Phone: (619) 697-4600  
Provider Gender: Male  
License number: A155228  
NPI: 1588624852  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility: P, EB, IB, E, R  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**MCGRAW, JOSEPH P , MD**  
Provider ID: 269704  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737  
Phone: (800) 898-2020  
Fax: (844) 897-3788  
After Hours Phone: (800) 898-2020  
Provider Gender: Male  
License number: A155228  
NPI: 1588624852  
Provider English Spoken: Yes

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## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MILLER, DOUGLAS G**

*Provider ID:* 262442  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:*  
*After Hours Phone:* (619) 697-4600  
*Provider Gender:* Male  
*License number:* G52627  
*NPI:* 1982636031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical

Group-Sd

### **MILLER, DOUGLAS G**

*Provider ID:* 262443  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:*  
*After Hours Phone:* (858) 565-8822  
*Provider Gender:* Male  
*License number:* G52627  
*NPI:* 1982636031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MILLER, DOUGLAS G , MD**

*Provider ID:* 99211  
*Board Certified Specialty:* No  
 WEST COAST EYE CARE ASSOCS  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:*  
*After Hours Phone:* (619) 697-4600

*Provider Gender:* Male  
*License number:* G52627  
*NPI:* 1982636031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MILLER, DOUGLAS G , MD**

*Provider ID:* 99220  
*Board Certified Specialty:* No  
 WEST COAST EYE CARE ASSOCS MED GRP  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:*  
*After Hours Phone:* (858) 565-8822  
*Provider Gender:* Male  
*License number:* G52627  
*NPI:* 1982636031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*

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## D. Specialist Provider Directory

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MOAYEDPARDAZI, HAMIDEH S**

*Provider ID:* 99620

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 471-9163

*Fax:*

*After Hours Phone:* (619)

471-9163

*Provider Gender:* Female

*License number:* A137200

*NPI:* 1386933240

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Monterey

Park Hospital, Monterey Park

Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **MOLL, ANGELA M**

*Provider ID:* 205510

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 200

SAN DIEGO, CA 92123-2776

*Phone:* (858) 309-7702

*Fax:* (858) 966-7403

*After Hours Phone:* (858)

309-7702

*Provider Gender:* Female

*License number:* A105472

*NPI:* 1861648602

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Grossmont Hospital, Sharp

Memorial Hospital, Childrens

Hosp And Resrch Ctr At

Oakland, Scripps Mercy Hospital,

Scripps Mercy Hospital Chula

Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **MOLL, ANGELA M**

*Provider ID:* 52616

*Board Certified Specialty:* No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

7910 FROST ST STE 200

SAN DIEGO, CA 92123-2776

*Phone:* (858) 309-7702

*Fax:*

*After Hours Phone:* (858)

309-7702

*Provider Gender:* Female

*License number:* A105472

*NPI:* 1861648602

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Grossmont Hospital, Sharp

Memorial Hospital, Childrens

Hosp And Resrch Ctr At

Oakland, Scripps Mercy Hospital,

Scripps Mercy Hospital Chula

Vista

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **MORRISON-REYES, JOSHUA A**

*Provider ID:* 107891

*Board Certified Specialty:* No

RETINA INSTITUTE OF CA

6945 EL CAJON BLVD

SAN DIEGO, CA 92115-1754

*Phone:* (619) 697-4600

*Fax:* (619) 464-5526

*After Hours Phone:* (619)

697-4600

*Provider Gender:* Male

*License number:* A125435

*NPI:* 1235366782

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont

Hospital, Scripps Memorial

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Hospital, Sharp Memorial  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MORRISON-REYES, JOSHUA A**

*Provider ID:* 107920  
*Board Certified Specialty:* No  
WEST COAST EYE CARE  
ASSOCS MED GRP  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:* (858)  
565-8822  
*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Scripps Memorial  
Hospital, Sharp Memorial  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MORRISON-REYES, JOSHUA A , MD**

*Provider ID:* 269178  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:* (619) 464-5526  
*After Hours Phone:* (619)  
697-4600  
*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Scripps Memorial  
Hospital, Sharp Memorial  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MORTON, ASA D**

*Provider ID:* 44922  
*Board Certified Specialty:* No  
EYE CARE OF SAN DIEGO

MED OFFICE  
3939 3RD AVE  
SAN DIEGO, CA 92103-3002  
*Phone:* (800) 765-2737  
*Fax:* (619) 692-6228  
*After Hours Phone:* (800)  
765-2737  
*Provider Gender:* Male  
*License number:* G68919  
*NPI:* 1780669283  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital, Rady  
Childrens Hospital San Diego,  
Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MOVAGHAR, MANSOOR**

*Provider ID:* 216412  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
7910 FROST ST STE 200  
SAN DIEGO, CA 92123-2776  
*Phone:* (858) 309-7702  
*Fax:*  
*After Hours Phone:* (858)  
309-7702  
*Provider Gender:* Male  
*License number:* A100897  
*NPI:* 1497792220  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group

### **NAJAFI, DAVID J**

*Provider ID:* 25719  
*Board Certified Specialty:* No  
 LOGAN HEIGHTS FAMILY  
 HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Provider Gender:* Male  
*License number:* A68124  
*NPI:* 1396715991  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Sharp  
 Memorial Hospital, Grossmont  
 Hospital, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*

*Medical Group(s):* Logan Heights  
 Family Health Center  
*IPA:*

### **NG, DIANA**

*Provider ID:* 270011  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 10737 CAMINO RUIZ STE 100  
 SAN DIEGO, CA 92126-2370  
*Phone:* (858) 549-3200  
*Fax:*  
*After Hours Phone:* (858)  
 549-3200  
*Provider Gender:* Female  
*License number:* A115695  
*NPI:* 1710112941  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Chinese, Yue Chinese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **NUDLEMAN, ERIC D**

*Provider ID:* 205860  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3750 CONVOY ST STE 301  
 SAN DIEGO, CA 92111-3741  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-7403  
*After Hours Phone:* (858)  
 309-7702

*Provider Gender:* Male  
*License number:* A131592  
*NPI:* 1154582575  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **NUDLEMAN, ERIC D**

*Provider ID:* 94672  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3750 CONVOY ST STE 301  
 SAN DIEGO, CA 92111-3741  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-7403  
*After Hours Phone:* (858)  
 309-7702  
*Provider Gender:* Male  
*License number:* A131592  
*NPI:* 1154582575  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr, Rady Childrens  
 Hospital San Diego  
*Medi-Cal Open Panel:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **OBRIEN, CHRISTOPHER P**

Provider ID: 84307  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A116707  
 NPI: 1629263421  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **OHALLORAN, HENRY S**

Provider ID: 205888  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH NETWORK

7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone: (858) 309-7702  
 Provider Gender: Male  
 License number: A73282  
 NPI: 1235287947  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **OHALLORAN, HENRY S**

Provider ID: 52619  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776  
 Phone: (858) 309-7702  
 Fax:  
 After Hours Phone: (858) 309-7702  
 Provider Gender: Male  
 License number: A73282  
 NPI: 1235287947  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **OZZELLO, DANIEL J**

Provider ID: 241984  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A161485  
 NPI: 1073992731  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PANSARA, MEGHA L**

*Provider ID:* 277166  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-7403  
*After Hours Phone:* (858) 309-7702  
*Provider Gender:* Female  
*License number:* A143429  
*NPI:* 1184983728  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PANSARA, MEGHA L**

*Provider ID:* 286602  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST STE 200  
SAN DIEGO, CA 92123-2776

*Phone:* (858) 309-7702  
*Fax:* (858) 966-7403  
*After Hours Phone:* (858) 309-7702  
*Provider Gender:* Female  
*License number:* A143429  
*NPI:* 1184983728  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PATEL, GITANE**

*Provider ID:* 262316  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:* (619) 697-2410  
*After Hours Phone:* (619) 697-4600  
*Provider Gender:* Male  
*License number:* A108603  
*NPI:* 1710171434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese  
*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PATEL, GITANE**

*Provider ID:* 262321  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800) 898-2020  
*Provider Gender:* Male  
*License number:* A108603  
*NPI:* 1710171434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Gujarati, Spanish, Tagalog, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Paradise Valley Hospital, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PATEL, GITANE, MD**

*Provider ID:* 268738

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754

*Phone:* (619) 697-4600

*Fax:* (619) 697-2410

*After Hours Phone:* (619)  
697-4600

*Provider Gender:* Male

*License number:* A108603

*NPI:* 1710171434

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic, Gujarati, Spanish,  
Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont  
Hospital, Paradise Valley  
Hospital, Scripps Memorial  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PATEL, GITANE, MD**

*Provider ID:* 268743

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737

*Phone:* (800) 898-2020

*Fax:* (844) 897-3788

*After Hours Phone:* (800)  
898-2020

*Provider Gender:* Male

*License number:* A108603

*NPI:* 1710171434

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic, Gujarati, Spanish,  
Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont  
Hospital, Paradise Valley  
Hospital, Scripps Memorial  
Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PATEL, SARJAN H**

*Provider ID:* 262402

*Board Certified Specialty:* Yes  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754

*Phone:* (619) 697-4600

*Fax:* (619) 697-2410

*After Hours Phone:* (619)  
697-4600

*Provider Gender:* Male

*License number:* A114976

*NPI:* 1316199326

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Gujarati, Hindi, Spanish,  
Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Alvarado  
Hospital Llc, Grossmont Hospital,  
Scripps Memorial Hospital,  
Paradise Valley Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R,  
W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PATEL, SARJAN H**

*Provider ID:* 262405

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737

*Phone:* (800) 898-2020

*Fax:* (844) 897-3788

*After Hours Phone:* (800)  
898-2020

*Provider Gender:* Male

*License number:* A114976

*NPI:* 1316199326

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Gujarati, Hindi, Spanish,  
Tagalog, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Alvarado

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital<br><i>Medi-Cal Open Panel:</i> Yes<br><i>Min/Max Age:</i> 0/999<br><i>American Sign Language (ASL):</i> No<br><i>Accessibility:</i><br><i>Hours:</i> M-SA 9AM-5PM<br><i>Website:</i><br><i>Email:</i><br><i>Medical Group(s):</i><br><i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <i>Website:</i><br><i>Email:</i><br><i>Medical Group(s):</i><br><i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | COMMUNITY CARE IPA LLC<br>10737 CAMINO RUIZ<br>SAN DIEGO, CA 92126-2359<br><i>Phone:</i> (858) 549-3200<br><i>Fax:</i> (858) 549-3207<br><i>After Hours Phone:</i> (858) 549-3200<br><i>Provider Gender:</i> Male<br><i>License number:</i> A168006<br><i>NPI:</i> 1588027213<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i> Vietnamese<br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i> Sharp Memorial Hospital, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br><i>Medi-Cal Open Panel:</i> Yes<br><i>Min/Max Age:</i> 0/999<br><i>American Sign Language (ASL):</i> No<br><i>Accessibility:</i><br><i>Hours:</i> M-SA 9AM-5PM<br><i>Website:</i><br><i>Email:</i><br><i>Medical Group(s):</i><br><i>IPA:</i> Community Care Ipa Llc |
| <b>PATEL, SARJAN H , MD</b><br><i>Provider ID:</i> 268798<br><i>Board Certified Specialty:</i> Yes<br>COMMUNITY CARE IPA LLC<br>6945 EL CAJON BLVD<br>SAN DIEGO, CA 92115-1754<br><i>Phone:</i> (619) 697-4600<br><i>Fax:</i> (619) 697-2410<br><i>After Hours Phone:</i> (619) 697-4600<br><i>Provider Gender:</i> Male<br><i>License number:</i> A114976<br><i>NPI:</i> 1316199326<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i> Gujarati, Hindi, Spanish, Tagalog, Vietnamese<br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i> Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital<br><i>Medi-Cal Open Panel:</i> Yes<br><i>Min/Max Age:</i> 0/999<br><i>American Sign Language (ASL):</i> No<br><i>Accessibility:</i> P, EB, IB, E, R, W<br><i>Hours:</i> M-SA 9AM-5PM | <b>PATEL, SARJAN H , MD</b><br><i>Provider ID:</i> 268801<br><i>Board Certified Specialty:</i> No<br>COMMUNITY CARE IPA LLC<br>4344 CONVOY ST STE C2<br>SAN DIEGO, CA 92111-3737<br><i>Phone:</i> (800) 898-2020<br><i>Fax:</i> (844) 897-3788<br><i>After Hours Phone:</i> (800) 898-2020<br><i>Provider Gender:</i> Male<br><i>License number:</i> A114976<br><i>NPI:</i> 1316199326<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i> Gujarati, Hindi, Spanish, Tagalog, Vietnamese<br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i> Alvarado Hospital Llc, Grossmont Hospital, Scripps Memorial Hospital, Paradise Valley Hospital<br><i>Medi-Cal Open Panel:</i> Yes<br><i>Min/Max Age:</i> 0/999<br><i>American Sign Language (ASL):</i> No<br><i>Accessibility:</i><br><i>Hours:</i> M-SA 9AM-5PM<br><i>Website:</i><br><i>Email:</i><br><i>Medical Group(s):</i><br><i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd | <b>PRABHU, SUJATA P</b><br><i>Provider ID:</i> 262389<br><i>Board Certified Specialty:</i> Yes<br>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD<br>6945 EL CAJON BLVD<br>SAN DIEGO, CA 92115-1754<br><i>Phone:</i> (800) 898-2020<br><i>Fax:</i> (844) 897-3788<br><i>After Hours Phone:</i> (800) 898-2020<br><i>Provider Gender:</i> Female<br><i>License number:</i> A115965<br><i>NPI:</i> 1982872552<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i>                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>PHAN, RYAN</b><br><i>Provider ID:</i> 287883<br><i>Board Certified Specialty:</i> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

Spanish, Tagalog, Telugu, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PRABHU, SUJATA P**

*Provider ID:* 262392  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800) 898-2020  
*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PRABHU, SUJATA P , MD**

*Provider ID:* 268916  
*Board Certified Specialty:* Yes  
 COMMUNITY CARE IPA LLC  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800) 898-2020  
*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, R  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **PRABHU, SUJATA P , MD**

*Provider ID:* 268919  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737  
*Phone:* (800) 898-2020  
*Fax:* (844) 897-3788  
*After Hours Phone:* (800) 898-2020  
*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog, Telugu, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise Valley Hospital, Alvarado Community Hospital, Scripps Memorial Hospital, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **ROBINSON, FANE L**

*Provider ID:* 206038  
*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH NETWORK

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123-3357

Phone: (858) 609-7100

Fax: (858) 609-7106

After Hours Phone: (858)  
609-7100

Provider Gender: Male

License number: A45990

NPI: 1295894368

Provider English Spoken: Yes

Provider Language(s) Spoken:

Afrikaans, Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **ROBINSON, FANE L**

Provider ID: 26659

Board Certified Specialty: No

SAN DIEGO RETINA

ASSOCIATES A MED CORP

7695 CARDINAL CT STE 100

SAN DIEGO, CA 92123-3357

Phone: (858) 609-7100

Fax:

After Hours Phone: (858)

609-7100

Provider Gender: Male

License number: A45990

NPI: 1295894368

Provider English Spoken: Yes

Provider Language(s) Spoken:

Afrikaans, Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

Website: sdretina.com

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SAID, BISHOY**

Provider ID: 64170

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: A110408

NPI: 1861649238

Provider English Spoken: Yes

Provider Language(s) Spoken:

Arabic, Spanish

Cultural Competency: No

Hospital Affiliation: Palomar

Medical Center, Pomerado

Hospital, Sharp Memorial

Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SATO, MICHELLE A**

Provider ID: 84772

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 543-3000

Fax:

After Hours Phone: (800)

543-3000

Provider Gender: Female

License number: A125720

NPI: 1225326580

Provider English Spoken: Yes

Provider Language(s) Spoken:

Japanese

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **SCHER, COLIN A**

Provider ID: 206329

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 200

SAN DIEGO, CA 92123-2776

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)

576-1700

Provider Gender: Male

License number: A42700

NPI: 1396816153

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego,  
 Palomar Medical Center,  
 Grossmont Hospital, Tri City  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **SCHER, COLIN A**

*Provider ID:* 52622  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776  
*Phone:* (858) 309-7702  
*Fax:*  
*After Hours Phone:* (858)  
 309-7702  
*Provider Gender:* Male  
*License number:* A42700  
*NPI:* 1396816153  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego,  
 Palomar Medical Center,  
 Grossmont Hospital, Tri City  
 Medical Ctr

*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **SHAW, BLAKE R**

*Provider ID:* 40204  
*Board Certified Specialty:* No  
 SAN DIEGO AMERICAN INDIAN  
 HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Provider Gender:* Male  
*License number:* G61394  
*NPI:* 1649206541  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights  
 Family Health Center  
*IPA:*

### **SHAW, BLAKE R**

*Provider ID:* 40204

*Board Certified Specialty:* No  
 LOGAN HEIGHTS FAMILY  
 HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Provider Gender:* Male  
*License number:* G61394  
*NPI:* 1649206541  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights  
 Family Health Center  
*IPA:*

### **SLIGHT, JOHN R**

*Provider ID:* 64205  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Male  
*License number:* C25107  
*NPI:* 1306971239  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **SMITH, MARK D**

*Provider ID:* 206136

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123-3357

*Phone:* (858) 609-7100

*Fax:* (858) 609-7106

*After Hours Phone:* (858)  
609-7100

*Provider Gender:* Male

*License number:* G55641

*NPI:* 1255490330

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Sharp Memorial  
Hospital, Tri City Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **SMITH, MARK D**

*Provider ID:* 48364

*Board Certified Specialty:* No

SAN DIEGO RETINA

ASSOCIATES A MED CORP

7695 CARDINAL CT STE 100

SAN DIEGO, CA 92123-3357

*Phone:* (858) 609-7100

*Fax:* (858) 609-7106

*After Hours Phone:* (858)

609-7100

*Provider Gender:* Male

*License number:* G55641

*NPI:* 1255490330

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Sharp Memorial  
Hospital, Tri City Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

*Hours:* M-F 8AM-5PM, SA  
9AM-5PM

*Website:* sdretina.com

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **TSAI, FRANK F**

*Provider ID:* 92169

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)  
543-6222

*Provider Gender:* Male

*License number:* A130661

*NPI:* 1043530777

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Sharp Memorial Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **TUNG, JONATHAN D**

*Provider ID:* 64232

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)  
543-6222

*Provider Gender:* Male

*License number:* A110281

*NPI:* 1649505744

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Chinese

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

Email:  
Medical Group(s):  
IPA:

**WAINESS, REID M , MD**  
Provider ID: 254762  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737  
Phone: (800) 898-2020  
Fax:  
After Hours Phone: (800)  
898-2020  
Provider Gender: Male  
License number: A108766  
NPI: 1396935979  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Armenian, Cantonese, Hebrew,  
Korean, Mandarin, Spanish,  
Vietnamese  
Cultural Competency: No  
Hospital Affiliation: San Gabriel  
Valley Med Ctr, Desert Regional  
Med Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 5/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**WANG, AARON S**  
Provider ID: 101347  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: A136483  
NPI: 1790078129  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Mandarin  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**WU, CHRIS Y**  
Provider ID: 239583  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273

Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A161633  
NPI: 1265829345  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**YAMAGATA, ASMANEH S**  
Provider ID: 84254  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Female  
License number: A124917  
NPI: 1174754022  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, French  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**ZABANEH, ALEXANDER I**  
Provider ID: 262171  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
4344 CONVOY ST STE C2

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

SAN DIEGO, CA 92111-3737  
 Phone: (760) 564-2500  
 Fax: (858) 565-2449  
 After Hours Phone: (760) 564-2500  
 Provider Gender: Male  
 License number: A154697  
 NPI: 1346687233  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ZABANEH, ALEXANDER I , MD**  
 Provider ID: 269122  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
 Phone: (619) 697-4600  
 Fax: (619) 464-5526  
 After Hours Phone: (619) 697-4600  
 Provider Gender: Male  
 License number: A154697  
 NPI: 1346687233  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic

Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**ZHU, FEILIN A**  
 Provider ID: 99924  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: A135422  
 NPI: 1497045041  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA:

### ORAL MAXILLOFACIAL SURGEON

**BERGER, JOEL S**  
 Provider ID: 205659  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 8008 FROST ST STE 311  
 SAN DIEGO, CA 92123-4288  
 Phone: (858) 292-5175  
 Fax: (858) 292-0305  
 After Hours Phone: (858) 292-5175  
 Provider Gender: Male  
 License number: G45427  
 NPI: 1841218229  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Green Hospital, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**DENTICO-OLIN, MARC**  
 Provider ID: 273663  
 Board Certified Specialty: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**RADY CHILDRENS HEALTH NETWORK**  
501 WASHINGTON ST STE 710  
SAN DIEGO, CA 92103-2231  
Phone: (619) 295-6774  
Fax: (619) 295-6776  
After Hours Phone: (619) 295-6774

Provider Gender: Male  
License number: A143794  
NPI: 1629205174  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Green Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **OSTEOPATHIC MANIPULATIVE THERAPY**

**PORTERA, ARIEL M**  
Provider ID: 273321  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121-2113  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: 20A16832

NPI: 1841721784  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **OTOLARYNGOLOGY / OTOLOGY / LARYNGOLOGY / RHINOLOGY**

**BLISS, MORGAN R**  
Provider ID: 272565  
Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232  
Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858) 309-7701  
Provider Gender: Female  
License number: A134647  
NPI: 1760707657  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

**BRIGGER, MATTHEW T**  
Provider ID: 272564  
Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232  
Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858) 309-7701  
Provider Gender: Male  
License number: C55473  
NPI: 1952490807

Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

**KARI, ELINA**  
Provider ID: 272524  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232  
Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858) 309-7701  
Provider Gender: Female  
License number: A116411  
NPI: 1780860536  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Childrens  
Hosp Of Los Angeles, Pih Health  
Hospital - Whittier, Keck Hospital  
Of Usc, Usc Kenneth Norris Jr  
Cancer Hospital, Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr, Rady Childrens  
Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **MAGIT, ANTHONY E**

Provider ID: 272767  
Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232  
Phone: (855) 309-7701  
Fax: (858) 966-4062  
After Hours Phone: (855) 309-7701  
Provider Gender: Male  
License number: G71859

NPI: 1891858379  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **NATION, JAVAN J**

Provider ID: 272558  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232  
Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858) 309-7701  
Provider Gender: Male  
License number: A125279  
NPI: 1043478902  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

## OTOLARYNGOLOGY

### **BRUMUND, KEVIN T**

Provider ID: 41180  
Board Certified Specialty: No  
UCSD OTOLARYNGOLOGY  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (858) 657-8590  
Fax:  
After Hours Phone: (858) 657-8590  
Provider Gender: Male  
License number: A91099  
NPI: 1033193669  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CALIFANO, JOSEPH A**

Provider ID: 112511  
Board Certified Specialty: No  
UCSD OTOLARYNGOLOGY  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

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## D. Specialist Provider Directory

Phone: (858) 657-8590

Fax:

After Hours Phone: (858)  
657-8590

Provider Gender: Male

License number: G138926

NPI: 1881652972

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **CARVALHO, DANIELA**

Provider ID: 205628

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY STE  
109

SAN DIEGO, CA 92123-4226

Phone: (858) 309-7702

Fax:

After Hours Phone: (858)  
309-7702

Provider Gender: Female

License number: A94239

NPI: 1154492916

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,  
Sharp Memorial Hospital, Scripps  
Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **CARVALHO, DANIELA**

Provider ID: 272557

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232

Phone: (858) 309-7701

Fax: (858) 966-8038

After Hours Phone: (858)  
309-7701

Provider Gender: Female

License number: A94239

NPI: 1154492916

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, Spanish

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital, Sharp  
Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **FRIEDMAN, RICK A**

Provider ID: 121290

Board Certified Specialty: No  
UCSD OTOLARYNGOLOGY  
200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (858) 657-8590

Fax:

After Hours Phone: (858)  
657-8590

Provider Gender: Male

License number: G67571

NPI: 1982708558

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Good

Samaritan Hospital Los Angeles,  
Childrens Hosp Of Los Angeles,  
South Coast Global Medical  
Center Inc, Anaheim Global  
Medical Center, Orange County  
Global Medical Center Inc,  
Chapman Global Medical Center  
Inc, Ucsd La Jolla John Sally  
Thornton, Ucsd Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **FRIESEN, TZYYNONG L**

Provider ID: 272604

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858) 309-7701  
Provider Gender: Female  
License number: A152327  
NPI: 1952740177  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **GAUDREAU, PHILIP A**

Provider ID: 272556  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232  
Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858) 309-7701  
Provider Gender: Male  
License number: A149585  
NPI: 1326207077  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Naval Hsp Camp Pendleton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **GILANI, SAPIDEH**

Provider ID: 112447  
Board Certified Specialty: Yes  
UCSD OTOLARYNGOLOGY  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (858) 657-8590  
Fax:  
After Hours Phone: (858) 657-8590  
Provider Gender: Female  
License number: G80720  
NPI: 1003825571

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **GREENE, JACQUELINE J**

Provider ID: 272959  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A161242  
NPI: 1144583931  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **JIANG, WEN A**

Provider ID: 272660  
Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232  
Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858) 309-7701  
Provider Gender: Female  
License number: A99198  
NPI: 1659305753  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Mandarin  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18

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## D. Specialist Provider Directory

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **LEUIN, SHELBY C**

*Provider ID:* 272637

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 309-7701

*Fax:* (858) 966-8038

*After Hours Phone:* (858)  
309-7701

*Provider Gender:* Female

*License number:* A112930

*NPI:* 1124230909

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **NGUYEN, QUYEN T**

*Provider ID:* 64110

*Board Certified Specialty:* No  
UCSD OTOLARYNGOLOGY

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (858) 657-8590

*Fax:*

*After Hours Phone:* (858)

657-8590

*Provider Gender:* Female

*License number:* A78948

*NPI:* 1477524452

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Scripps Green Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **OROSCO, RYAN K**

*Provider ID:* 119637

*Board Certified Specialty:* No  
UCSD OTOLARYNGOLOGY  
200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6631

*Fax:*

*After Hours Phone:* (619)

543-6631

*Provider Gender:* Male

*License number:* A120515

*NPI:* 1427290279

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Stanford

Health Care, Ucsd Medical Ctr,  
Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **RIEDLER, KIERSTEN L , MD**

*Provider ID:* 256203

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
5405 OBERLIN DR

SAN DIEGO, CA 92121-1700

*Phone:* (858) 909-0770

*Fax:* (858) 909-0880

*After Hours Phone:* (858)

909-0770

*Provider Gender:* Female

*License number:* A135480

*NPI:* 1437536216

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Scripps

Memorial Hospital Encinitas,

Sutter Roseville Medical Center,

Mercy General Hospital, Sharp

Memorial Hospital, Temecula

Valley Hospital Inc

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### WOO, LINDA N

Provider ID: 118801  
Board Certified Specialty: No  
UCSD OTOLARYNGOLOGY  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (858) 657-8590  
Fax:  
After Hours Phone: (858)  
657-8590  
Provider Gender: Female  
License number: A121814  
NPI: 1467720656  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings  
Medical Group-Sd

### **PATHOLOGY ANATOMIC**

### DATNOW, BRIAN

Provider ID: 275737  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A31095  
NPI: 1609832633  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Ucsd Medical Ctr, Ucsd  
La Jolla John Sally Thornton,  
Scripps Mercy Hospital Chula  
Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### FADARE, OLUWOLE

Provider ID: 275705  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-5764  
Fax: (619) 543-5249  
After Hours Phone: (619)  
543-5764  
Provider Gender: Male  
License number: C131462  
NPI: 1619955804  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### HANSEN, LAWRENCE A

Provider ID: 275767  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-5764  
Fax:  
After Hours Phone: (619)  
543-5764  
Provider Gender: Male  
License number: G62538  
NPI: 1760407498  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### PARAST, MANA M

Provider ID: 275888  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

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## D. Specialist Provider Directory

200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A102496  
NPI: 1629163100  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **POWELL, HENRY C**

Provider ID: 275778  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR STE 325  
SAN DIEGO, CA 92121-3069  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A25597  
NPI: 1295778348  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **VALASEK, MARK A**

Provider ID: 275836  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A127165  
NPI: 1588808448  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **WONG, RICHARD L**

Provider ID: 243202  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121-1504  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A136239  
NPI: 1275084295  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

## **PATHOLOGY CLINICAL**

### **KELNER, MICHAEL J**

Provider ID: 247601  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: G48254  
NPI: 1174679849  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla

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## D. Specialist Provider Directory

John Sally Thornton, Ucsd  
Medical Ctr, El Centro Regional  
Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **KELNER, MICHAEL J**

*Provider ID:* 247602  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121-1504  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* G48254  
*NPI:* 1174679849  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LE DZUNG, THE**

*Provider ID:* 247599  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* G71291  
*NPI:* 1770526931  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LE DZUNG, THE**

*Provider ID:* 247600  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121-1504  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* G71291  
*NPI:* 1770526931  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Vietnamese  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

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### **PEDIATRIC ALLERGY / IMMUNOLOGY**

---

### **COHEN, GARY A**

*Provider ID:* 206021  
*Board Certified Specialty:* Yes  
RADY CHILDRENS HEALTH  
NETWORK  
9833 PACIFIC HEIGHTS BLVD  
STE J  
SAN DIEGO, CA 92121-4707  
*Phone:* (858) 458-0940  
*Fax:* (858) 458-3688  
*After Hours Phone:* (858)  
458-0940  
*Provider Gender:* Male  
*License number:* G43070  
*NPI:* 1346424462  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital, Sharp  
Coronado Hosp And Healthcare  
Ctr, Rady Childrens Hospital San  
Diego, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No

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## D. Specialist Provider Directory

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♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **COLLINS, CATHLEEN A**

*Provider ID:* 206083

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY # 2  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-5961

*Fax:* (858) 966-6791

*After Hours Phone:* (858)

966-5961

*Provider Gender:* Female

*License number:* A122537

*NPI:* 1205128089

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Lucile Salter Packard Childrens  
Hosp, Stanford Health Care

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **GENG, BOB**

*Provider ID:* 205823

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH

NETWORK

5776 RUFFIN RD

SAN DIEGO, CA 92123-1013

*Phone:* (858) 292-1144

*Fax:* (858) 268-5145

*After Hours Phone:* (858)

292-1144

*Provider Gender:* Male

*License number:* A121364

*NPI:* 1356570758

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd La Jolla John Sally  
Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **GENG, BOB**

*Provider ID:* 205824

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY # 2  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-5961

*Fax:* (858) 966-6791

*After Hours Phone:* (858)

966-5961

*Provider Gender:* Male

*License number:* A121364

*NPI:* 1356570758

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd La Jolla John Sally

Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **GREINER, ALEXANDER N**

*Provider ID:* 205697

*Board Certified Specialty:* Yes  
RADY CHILDRENS HEALTH NETWORK

5776 RUFFIN RD

SAN DIEGO, CA 92123-1013

*Phone:* (858) 966-4900

*Fax:* (858) 268-5145

*After Hours Phone:* (858)

966-4900

*Provider Gender:* Male

*License number:* A77327

*NPI:* 1609801299

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

French, German, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **HOFFMAN, HAROLD M**

*Provider ID:* 206004

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY # 2  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-5961

*Fax:* (858) 966-6791

*After Hours Phone:* (858) 966-5961

*Provider Gender:* Male

*License number:* A53101

*NPI:* 1326074261

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **LAUBACH, SUSAN S**

*Provider ID:* 205803

*Board Certified Specialty:* Yes  
RADY CHILDRENS HEALTH NETWORK

5776 RUFFIN RD

SAN DIEGO, CA 92123-1013

*Phone:* (858) 966-4900

*Fax:* (858) 268-5145

*After Hours Phone:* (858) 966-4900

*Provider Gender:* Female

*License number:* A114061

*NPI:* 1366656209

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **LAUBACH, SUSAN S**

*Provider ID:* 205804

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5961

*Fax:* (858) 966-6791

*After Hours Phone:* (858) 966-5961

*Provider Gender:* Female

*License number:* A114061

*NPI:* 1366656209

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **LEIBEL, SYDNEY A**

*Provider ID:* 205724

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

5776 RUFFIN RD

SAN DIEGO, CA 92123-1013

*Phone:* (858) 292-1144

*Fax:* (858) 268-5145

*After Hours Phone:* (858) 292-1144

*Provider Gender:* Male

*License number:* A116427

*NPI:* 1861666919

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

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## D. Specialist Provider Directory

---

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **LEIBEL, SYDNEY A**

*Provider ID:* 205725

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2  
NORTH

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-5961

*Fax:* (858) 966-6791

*After Hours Phone:* (858)  
966-5961

*Provider Gender:* Male

*License number:* A116427

*NPI:* 1861666919

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **LEONARD, STEPHANIE A**

*Provider ID:* 205642

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2  
NORTH

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-5961

*Fax:* (858) 966-6791

*After Hours Phone:* (858)  
966-5961

*Provider Gender:* Female

*License number:* A117476

*NPI:* 1003074469

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **STONE, BRIAN D**

*Provider ID:* 206333

*Board Certified Specialty:* Yes  
RADY CHILDRENS HEALTH NETWORK

2655 CAMINO DEL RIO N STE  
120

SAN DIEGO, CA 92108-1633

*Phone:* (619) 286-6687

*Fax:* (619) 286-6695

*After Hours Phone:* (619)  
286-6687

*Provider Gender:* Male

*License number:* G88917

*NPI:* 1013907286

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont  
Hospital, Sharp Memorial

*Hospital*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R, T

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **WALTERS, KRISTEN M**

*Provider ID:* 206255

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

5776 RUFFIN RD

SAN DIEGO, CA 92123-1013

*Phone:* (858) 966-4900

*Fax:* (858) 966-4051

*After Hours Phone:* (858)  
966-4900

*Provider Gender:* Female

*License number:* A129955

*NPI:* 1437442308

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

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### **PEDIATRIC CARDIOLOGY**

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## D. Specialist Provider Directory

### **BASSI, HARJOT K**

*Provider ID:* 205768  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 576-1700  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858) 576-1700  
*Provider Gender:* Female  
*License number:* A137189  
*NPI:* 1891025565  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **DAVIS, CHRISTOPHER K**

*Provider ID:* 51909  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-5855  
*Fax:*  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Male  
*License number:* A100260

*NPI:* 1760691950  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Grossmont Hospital, Scripps  
 Memorial Hospital, Sharp  
 Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **DAVIS, CHRISTOPHER K**

*Provider ID:*  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Male  
*License number:* A100260  
*NPI:* 1760691950  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Grossmont Hospital, Scripps  
 Memorial Hospital, Sharp  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **DOMICO, MICHELE B**

*Provider ID:* 216855  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:*  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Female  
*License number:* A83525  
*NPI:* 1932305000  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Foothill  
 Regional Medical Center, Hoag  
 Memorial Hospital Presbyterian,  
 South Coast Global Medical  
 Center Inc, Hoag Hospital Irvine,  
 Anaheim Global Medical Center,  
 Orange County Global Medical  
 Center Inc, Chapman Global  
 Medical Center Inc, St Joseph  
 Hospital Orange, Childrens  
 Hospital At Mission, Childrens  
 Hospital Of Orange County  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

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## D. Specialist Provider Directory

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**DO, THOMAS B**  
*Provider ID:* 206162  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 366-5855  
*Fax:* (858) 966-7423  
*After Hours Phone:* (858) 366-5855  
*Provider Gender:* Male  
*License number:* A107618  
*NPI:* 1053545376  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital At Mission, Childrens Hospital Of Orange County  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**EL SAID, HOWAIDA G**  
*Provider ID:* 205903  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 571-7903  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Female  
*License number:* A93820  
*NPI:* 1619030194  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**EL SAID, HOWAIDA G**  
*Provider ID:* 51913  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Female  
*License number:* A93820  
*NPI:* 1619030194  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**FAGAN, BRIAN T**  
*Provider ID:* 205346  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Male  
*License number:* A82153  
*NPI:* 1740308550  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* San Gabriel Valley Med Ctr, California Hosp Med Ctr Los Angeles, Emanate Health Inter-Community Hospital, Rady Childrens Hospital San Diego, Huntington Memorial Hospital, Emanate Health Queen Of The Valley Hospital, Childrens Hosp And Resrch Ctr At Oakland, Childrens Hosp Of Los Angeles  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

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## D. Specialist Provider Directory

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>RADY CHILDRENS HEALTH NETWORK<br/> 3020 CHILDRENS WAY FL 1<br/> SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-5855<br/> <i>Fax:</i> (858) 571-7903<br/> <i>After Hours Phone:</i> (858) 966-5855<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A52799<br/> <i>NPI:</i> 1225109085<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> |
| <p><b>FAGAN, BRIAN T</b><br/> <i>Provider ID:</i> 68145<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/> 3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 576-1700<br/> <i>Fax:</i> (858) 966-7903<br/> <i>After Hours Phone:</i> (858) 576-1700<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A82153<br/> <i>NPI:</i> 1740308550<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> San Gabriel Valley Med Ctr, California Hosp Med Ctr Los Angeles, Emanate Health Inter-Community Hospital, Rady Childrens Hospital San Diego, Huntington Memorial Hospital, Emanate Health Queen Of The Valley Hospital, Childrens Hosp And Resrch Ctr At Oakland, Childrens Hosp Of Los Angeles<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM</p> | <p><b>GOMEZ AROSTEGUI, JULIANA</b><br/> <i>Provider ID:</i> 284126<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-5855<br/> <i>Fax:</i> (858) 966-7903<br/> <i>After Hours Phone:</i> (858) 966-5855<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A76083<br/> <i>NPI:</i> 1962439141<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> French, Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Santa Clara Valley Med Ctr, Good Samaritan Hospital, Lucile Salter Packard Childrens Hosp, El Camino Hospital, Rady Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> | <p><b>GROSSFELD, PAUL D</b><br/> <i>Provider ID:</i> 51917<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/> 3020 CHILDRENS WAY FL 1<br/> SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-5855<br/> <i>Fax:</i> (858) 966-7903<br/> <i>After Hours Phone:</i> (858) 966-5855<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A52799<br/> <i>NPI:</i> 1225109085</p>                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>GROSSFELD, PAUL D</b><br/> <i>Provider ID:</i> 205615<br/> <i>Board Certified Specialty:</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **GUPTA, AAMISHA E**

*Provider ID:* 119948  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDRN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:*  
*After Hours Phone:* (858)  
 966-5855  
*Provider Gender:* Female  
*License number:* A151188  
*NPI:* 1356639595  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **GUPTA, AAMISHA E**

*Provider ID:* 205884  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858)  
 966-5855  
*Provider Gender:* Female  
*License number:* A151188  
*NPI:* 1356639595  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **HALEY, JESSICA E**

*Provider ID:* 205687  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858)  
 966-5855  
*Provider Gender:* Female  
*License number:* A125568  
*NPI:* 1023329885  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **HEGDE, SANJEET R**

*Provider ID:* 206079  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY # 5003  
 MC  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 309-6300  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858)  
 309-6300  
*Provider Gender:* Male  
*License number:* A112326  
*NPI:* 1306036884  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### HEGDE, SANJEET R

Provider ID: 261963  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858)  
 966-5855  
 Provider Gender: Male  
 License number: A112326  
 NPI: 1306036884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### MCCANDLESS, RACHEL T

Provider ID: 206147  
 Board Certified Specialty: No

RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-4912  
 Fax: (858) 966-7903  
 After Hours Phone: (858)  
 966-4912  
 Provider Gender: Female  
 License number: A131801  
 NPI: 1487821815  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### MOORE, JOHN W

Provider ID: 51919  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5855  
 Fax:  
 After Hours Phone: (858)  
 966-5855  
 Provider Gender: Male  
 License number: G71756  
 NPI: 1831203124

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ronald  
 Reagan UCLA Med Ctr, Childrens  
 Hospital Of Orange County,  
 Rady Childrens Hospital San  
 Diego, Grossmont Hospital,  
 Childrens Hosp And Resrch Ctr  
 At Oakland, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### MORCHI, GIRA S

Provider ID: 205369  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5855  
 Fax: (858) 571-7903  
 After Hours Phone: (858)  
 966-5855  
 Provider Gender: Female  
 License number: A103210  
 NPI: 1386790996  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Pih Health  
 Hospital - Whittier, Childrens  
 Hospital Of Orange County,  
 Mission Hospital Regional Med  
 Center  
 Medi-Cal Open Panel: Yes

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## D. Specialist Provider Directory

Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **NARAYAN, HARI K**

Provider ID: 112874  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-1700  
 Fax:  
 After Hours Phone: (858) 576-1700  
 Provider Gender: Male  
 License number: A144821  
 NPI: 1376705707  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **NARAYAN, HARI K**

Provider ID: 205349

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Male  
 License number: A144821  
 NPI: 1376705707  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **PERRY, JAMES C**

Provider ID: 205695  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Male  
 License number: G76012  
 NPI: 1861474561  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **PERRY, JAMES C**

Provider ID: 51921  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858) 966-5855  
 Provider Gender: Male  
 License number: G76012  
 NPI: 1861474561  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM

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## D. Specialist Provider Directory

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **POUR MOLKARA, DELARAM**

*Provider ID:* 262423  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 2333 CAMINO DEL RIO S STE 340  
 SAN DIEGO, CA 92108-3615  
*Phone:* (619) 501-4015  
*Fax:* (619) 501-2977  
*After Hours Phone:* (619) 501-4015  
*Provider Gender:* Female  
*License number:* A94039  
*NPI:* 1306074893  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PRINTZ, BETH J**

*Provider ID:* 205655  
*Board Certified Specialty:* No

**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Female  
*License number:* G88440  
*NPI:* 1790756518  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PRINTZ, BETH J**

*Provider ID:* 51928  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Female  
*License number:* G88440  
*NPI:* 1790756518  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **RAO, ROHIT P**

*Provider ID:* 206122  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Male  
*License number:* C54276  
*NPI:* 1063452779  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

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## D. Specialist Provider Directory

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IPA: Rady Childrens Health Network

### **SAH, SERENA P**

Provider ID: 206215

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax: (858) 966-7423

After Hours Phone: (858)  
966-5855

Provider Gender: Female

License number: A113704

NPI: 1295042653

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SILVA SEPULVEDA, JOSE A**

Provider ID: 206297

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Male

License number: A120119

NPI: 1417222472

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **STRINGER, JESSE D**

Provider ID: 206296

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)

966-5855

Provider Gender: Male

License number: A120899

NPI: 1972745388

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **SUN, HEATHER Y**

Provider ID: 206146

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5855

Fax: (858) 571-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Female

License number: A107943

NPI: 1811173883

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **VAUGHN, GABRIELLE R**

Provider ID: 205643

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

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## D. Specialist Provider Directory

*Phone:* (858) 576-1700  
*Fax:* (858) 966-7423  
*After Hours Phone:* (858) 576-1700  
*Provider Gender:* Female  
*License number:* A109772  
*NPI:* 1891004461  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WERHO, DAVID K**

*Provider ID:* 206316  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Male  
*License number:* A135895  
*NPI:* 1235391863  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WILLIAMS, MATTHEW R**

*Provider ID:* 206287  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7423  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Male  
*License number:* A109398  
*NPI:* 1831423250  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

## **PEDIATRIC DERMATOLOGY**

### **BARRIO, VICTORIA R**

*Provider ID:* 242321  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6795  
*Fax:* (858) 966-7479  
*After Hours Phone:* (858) 966-6795  
*Provider Gender:* Female  
*License number:* A91617  
*NPI:* 1598836355  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **BARRIO, VICTORIA R**

*Provider ID:* 253507  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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## D. Specialist Provider Directory

Phone: (858) 966-6795  
 Fax: (858) 966-7479  
 After Hours Phone: (858) 966-6795  
 Provider Gender: Female  
 License number: A91617  
 NPI: 1598836355  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Ucsd Medical Ctr

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **BOIKO, SUSAN**

Provider ID: 242304  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-6795  
 Fax:  
 After Hours Phone: (858) 966-6795  
 Provider Gender: Female  
 License number: G41069  
 NPI: 1053488981  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady

Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **PEDIATRIC EMERGENCY MEDICINE**

### **ABE, NAOMI**

Provider ID: 205684  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A137946  
 NPI: 1821387572  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health

Network

### **AMINLARI, AMIR**

Provider ID: 205574  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Male  
 License number: A94415  
 NPI: 1316964380  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Grossmont Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:   
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **AUSTIN PAGE, LUKAS R**

Provider ID: 205589  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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## D. Specialist Provider Directory

*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Male  
*License number:* A121721  
*NPI:* 1326301862  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/25  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **BRYL, AMY W**

*Provider ID:* 205967  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Female  
*License number:* A115044  
*NPI:* 1497079487  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Southwest Healthcare System Wildomar, Childrens Hosp And Resrch Ctr

At Oakland, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/25  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **BUITENHUY, CASEY W**

*Provider ID:* 206072  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:*  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Female  
*License number:* A101203  
*NPI:* 1578761409  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Good Samaritan Hospital, Regional Medical Ctr Of San Jose, Rady Childrens Hospital San Diego, Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CAMPBELL, SARA S**

*Provider ID:* 206335  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:*

*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Female  
*License number:* A135089  
*NPI:* 1841687563  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CAPELLA, MARINA N**

*Provider ID:* 205721  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A125409  
 NPI: 1265711709  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **CHANG, ELIZABETH L**

Provider ID: 205649  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A141942  
 NPI: 1962745745  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **CHAO, DAVID**

Provider ID: 205822  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Male  
 License number: A130713  
 NPI: 1215120704  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Rady Childrens Health Network

### **CONRAD, HEATHER B**

Provider ID: 205960  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax:  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 License number: A84564  
 NPI: 1205813409  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Sharp Chula Vista Med Ctr, Childrens Hosp And Resrch Ctr At Oakland, Southwest Healthcare System Murrieta  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **COYNE, CHRISTOPHER J**

Provider ID: 206117  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 576-1700  
Fax: (858) 966-7433  
After Hours Phone: (858) 576-1700  
Provider Gender: Male  
License number: A118054  
NPI: 1043590169  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, El Centro Regional Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### DEL RE, ANGELO

Provider ID: 206081  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858) 966-8800  
Provider Gender: Male  
License number: A129572  
NPI: 1275761371  
Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### DONOFRIO, JOY J

Provider ID: 205375  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858) 966-8800  
Provider Gender: Female  
License number: 20A11581  
NPI: 1740571165  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Valley Childrens Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
Medi-Cal Open Panel: Yes

Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### EKPENYONG, ATIM O

Provider ID: 205722  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 576-1700  
Fax: (858) 966-7433  
After Hours Phone: (858) 576-1700  
Provider Gender: Female  
License number: A134969  
NPI: 1932318565  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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### **ETKIN, MARC L**

*Provider ID:* 205897  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Male  
*License number:* A75092  
*NPI:* 1194896852  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **GARDINER, MICHAEL A**

*Provider ID:* 205728  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Male  
*License number:* A124399

*NPI:* 1205178712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **GIBONEY, JENNIFER C**

*Provider ID:* 205925  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Female  
*License number:* A130768  
*NPI:* 1275895849  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **GUTGLASS, DAVID J**

*Provider ID:* 205751  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Male  
*License number:* G77971  
*NPI:* 1952472706  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego, St  
Joseph Hospital Orange,  
California Pacific Med Ctr,  
Southwest Healthcare System  
Wildomar, Childrens Hospital Of  
Orange County, Childrens Hosp  
And Resrch Ctr At Oakland,  
Southwest Healthcare System  
Murrieta, Providence Little Co Of  
Mary Med Ctr Torrance  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **HERSKOVITZ, SCOTT A**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

**Provider ID:** 261045  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**3020 CHILDRENS WAY**  
**SAN DIEGO, CA 92123-4223**  
**Phone:** (858) 966-8800  
**Fax:** (858) 966-7433  
**After Hours Phone:** (858) 966-8800  
**Provider Gender:** Male  
**License number:** A155234  
**NPI:** 1225393499  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Rady Childrens Health Network

**HOECKER, CYNTHIA C**  
**Provider ID:** 206026  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**3020 CHILDRENS WAY**  
**SAN DIEGO, CA 92123-4223**  
**Phone:** (858) 966-8800  
**Fax:** (858) 966-7433  
**After Hours Phone:** (858) 966-8800  
**Provider Gender:** Female  
**License number:** A53189  
**NPI:** 1770654527  
**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Rady Childrens Health Network

**HUNTER, WENDY L**  
**Provider ID:** 206278  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**3020 CHILDRENS WAY**  
**SAN DIEGO, CA 92123-4223**  
**Phone:** (858) 966-8800  
**Fax:**  
**After Hours Phone:** (858) 966-8800  
**Provider Gender:** Female  
**License number:** A94607  
**NPI:** 1053515551  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**

**Medical Group(s):**  
**IPA:** Rady Childrens Health Network

**ISHIMINE, PAUL T**  
**Provider ID:** 206236  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**3020 CHILDRENS WAY**  
**SAN DIEGO, CA 92123-4223**  
**Phone:** (858) 966-8800  
**Fax:** (858) 966-7433  
**After Hours Phone:** (858) 966-8800  
**Provider Gender:** Male  
**License number:** A79142  
**NPI:** 1437184421  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Rady Childrens Hospital San Diego, Ucsd Medical Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/18  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Rady Childrens Health Network

**JOSHI, WEENA E**  
**Provider ID:** 262232  
**Board Certified Specialty:** No  
**RADY CHILDRENS HEALTH NETWORK**  
**3020 CHILDRENS WAY**  
**SAN DIEGO, CA 92123-4223**

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## D. Specialist Provider Directory

---

Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858) 966-8800  
Provider Gender: Female  
License number: A91208  
NPI: 1376862177  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Pomerado Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **JOSHI, WEENA E**

Provider ID: 262234  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105-1690  
Phone: (619) 280-2905  
Fax: (619) 283-1614  
After Hours Phone: (619)  
280-2905  
Provider Gender: Female  
License number: A91208  
NPI: 1376862177  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,

Pomerado Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **KANEGAYE, JOHN T**

Provider ID: 206153  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858)  
966-8800  
Provider Gender: Male  
License number: G67670  
NPI: 1689745432  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **KANTHARIA, TINA H**

Provider ID: 206291  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105-1690  
Phone: (619) 280-2905  
Fax: (619) 283-1614  
After Hours Phone: (619)  
280-2905  
Provider Gender: Female  
License number: A126911  
NPI: 1659632362  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **KANTHARIA, TINA H**

Provider ID: 262247  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858)  
309-7701  
Provider Gender: Female  
License number: A126911  
NPI: 1659632362

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **LUCIO, SIMON J**

*Provider ID:* 206040  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858)  
 966-8800  
*Provider Gender:* Male  
*License number:* G72884  
*NPI:* 1306917158  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Southwest Healthcare System  
 Wildomar, Southwest Healthcare  
 System Murrieta  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **METCALF, ASHLEY M**

*Provider ID:* 205348  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:*  
*After Hours Phone:* (858)  
 966-8800  
*Provider Gender:* Female  
*License number:* 20A14115  
*NPI:* 1073740205  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Southwest Healthcare System  
 Wildomar, Southwest Healthcare  
 System Murrieta  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **MURRAY, MATTHEW P**

*Provider ID:* 205759  
*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH  
 NETWORK

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:*  
*After Hours Phone:* (858)  
 966-8800  
*Provider Gender:* Male  
*License number:* A115958  
*NPI:* 1215103023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton, Rady Childrens  
 Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **OZCAN, ALI K**

*Provider ID:* 287923  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858)  
 966-8800  
*Provider Gender:* Male  
*License number:* A162669  
*NPI:* 1265867683  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Turkish

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Loma Linda University Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**PADE, KATHRYN H**  
*Provider ID:* 262411  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858)  
966-8800  
*Provider Gender:* Female  
*License number:* A126029  
*NPI:* 1215375183  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Stanford  
Health Care, Lucile Salter  
Packard Childrens Hosp, Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network  
**PATEL, BEENA H**  
*Provider ID:* 205583  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858)  
966-8800  
*Provider Gender:* Female  
*License number:* A98529  
*NPI:* 1366612848  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens  
Hospital Of Orange County,  
Rady Childrens Hospital San  
Diego, Southwest Healthcare  
System Murrieta  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**PRITCHARD, AMY M**  
*Provider ID:* 205973  
*Board Certified Specialty:* Yes  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858)  
966-8800  
*Provider Gender:* Female  
*License number:* 20A13216  
*NPI:* 1710140819  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens  
Hosp And Resrch Ctr At  
Oakland, Rady Childrens  
Hospital San Diego, Scripps  
Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**RANASURIYA, DUNISHA G**  
*Provider ID:* 216970  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:*  
*After Hours Phone:* (858)  
966-8800  
*Provider Gender:* Female  
*License number:* C161114  
*NPI:* 1740468057  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
 Network

### **RATNAYAKE, KRISTIN J**

Provider ID: 206034

Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH  
 NETWORK

3020 CHILDRENS WAY # 5075  
 MC

SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
 966-8800

Provider Gender: Female

License number: A113599

NPI: 1679716658

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Southwest  
 Healthcare System Wildomar,  
 Childrens Hosp And Resrch Ctr  
 At Oakland, Southwest  
 Healthcare System Murrieta,  
 Rady Childrens Hospital San  
 Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
 No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
 Network

### **RIVERA, GASPAR**

Provider ID: 205979

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)

966-8800

Provider Gender: Male

License number: A132585

NPI: 1053754499

Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Spanish

Cultural Competency: No

Hospital Affiliation: Childrens  
 Hosp And Resrch Ctr At

Oakland, Rady Childrens  
 Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
 No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
 Network

### **SALEH, FAREED R**

Provider ID: 206216

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
 966-8800

Provider Gender: Male

License number: A149736

NPI: 1366691115

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
 Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
 No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
 Network

### **SCHWARTZ, KRISTY L**

Provider ID: 206169

Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)

966-8800

Provider Gender: Female

License number: A121299

NPI: 1497080808

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
 Ctr, Southwest Healthcare  
 System Wildomar, Childrens

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## D. Specialist Provider Directory

Hosp And Resrch Ctr At  
Oakland, Southwest Healthcare  
System Murrieta, Rady Childrens  
Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **TAMAS, VANESSA L**

*Provider ID:* 206212

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 576-1700

*Fax:* (858) 966-7433

*After Hours Phone:* (858)

576-1700

*Provider Gender:* Female

*License number:* A101991

*NPI:* 1326225368

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Southwest Healthcare System  
Wildomar, Childrens Hosp Of Los  
Angeles, Southwest Healthcare  
System Murrieta

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **TRAUT, JOEL**

*Provider ID:* 205475

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 576-1700

*Fax:* (858) 966-7433

*After Hours Phone:* (858)

576-1700

*Provider Gender:* Male

*License number:* C51079

*NPI:* 1982792065

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **ULRICH, STACEY L**

*Provider ID:* 205847

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8036

*Fax:* (858) 966-7433

*After Hours Phone:* (858)  
966-8036

*Provider Gender:* Female

*License number:* A76660

*NPI:* 1619049236

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **VAIDYA, KAMALA**

*Provider ID:*

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105-1690

*Phone:* (619) 280-2905

*Fax:* (619) 283-1614

*After Hours Phone:* (619)

280-2905

*Provider Gender:* Female

*License number:* A124814

*NPI:* 1083840920

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

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## D. Specialist Provider Directory

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*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **VANE, JACKSON**

*Provider ID:* 205883  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:*  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Male  
*License number:* A120394  
*NPI:* 1952608580  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **VARGAS, JACLYN**

*Provider ID:* 285934  
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A144447  
*NPI:* 1619359718  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Lac Usc Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **VARGAS, JACLYN**

*Provider ID:* 285935  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 576-1700  
*Fax:* (858) 966-8479  
*After Hours Phone:* (858) 576-1700  
*Provider Gender:* Female  
*License number:* A144447  
*NPI:* 1619359718  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Lac Usc Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **VAYNGORTIN, TATYANA**

*Provider ID:* 263012  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Female  
*License number:* A128532  
*NPI:* 1578967907  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

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## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**WAI, SHANNON S**  
*Provider ID:* 205640  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY # 5075 MC  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Female  
*License number:* A122459  
*NPI:* 1528395282  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**WANG, YVETTE L**  
*Provider ID:* 263416  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Female  
*License number:* A132451  
*NPI:* 1710321278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**YAPHOCKUN, KAREN K**  
*Provider ID:* 206184  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 576-1700  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 576-1700  
*Provider Gender:* Female  
*License number:* 20A13298  
*NPI:* 1861880817  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **PEDIATRIC ENDOCRINOLOGY**

**DEMETERCO BERGGREN, CARLA**  
*Provider ID:* 206161  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 4 NORTH  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4032  
*Fax:* (858) 966-6227  
*After Hours Phone:* (858) 966-4032  
*Provider Gender:* Female  
*License number:* A98629  
*NPI:* 1619130655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health

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## D. Specialist Provider Directory

### Network

#### **GOTTSCHALK, MICHAEL E**

*Provider ID:* 205777

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 4 NORTH

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4032

*Fax:* (858) 966-6227

*After Hours Phone:* (858) 966-4032

*Provider Gender:* Male

*License number:* G55424

*NPI:* 1033280888

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

#### **KIM, JANE J**

*Provider ID:* 206194

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 4 NORTH

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4032

*Fax:* (858) 966-6227

*After Hours Phone:* (858)

966-4032

*Provider Gender:* Female

*License number:* C51620

*NPI:* 1235200098

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

Medical Ctr At Ucsf

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

#### **KLEIN, KAREN O**

*Provider ID:* 206269

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 4 NORTH

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4032

*Fax:* (858) 966-6227

*After Hours Phone:* (858)

966-4032

*Provider Gender:* Female

*License number:* G76034

*NPI:* 1760553515

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San

Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

#### **MARINKOVIC, MAJA**

*Provider ID:* 206139

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 4 NORTH

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4032

*Fax:* (858) 966-6227

*After Hours Phone:* (858) 966-4032

*Provider Gender:* Female

*License number:* A95251

*NPI:* 1053469767

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Childrens

Hosp And Resrch Ctr At

Oakland, Rady Childrens

Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

### Network

#### **NEWFIELD, RON S**

*Provider ID:* 205372

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 4 NORTH

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4032

*Fax:* (858) 966-6227

*After Hours Phone:* (858)

966-4032

*Provider Gender:* Male

*License number:* A73875

*NPI:* 1679644421

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Ucsd Medical Ctr, Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*Phone:* (858) 966-4032

*Fax:* (858) 966-6227

*After Hours Phone:* (858)

966-4032

*Provider Gender:* Female

*License number:* A104058

*NPI:* 1912112020

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

#### **PHILLIPS, SUSAN A**

*Provider ID:* 205579

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 4 NORTH

SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4032

*Fax:* (858) 966-6227

*After Hours Phone:* (858)

966-4032

*Provider Gender:* Female

*License number:* G85921

*NPI:* 1588735336

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

#### **VARGAS TRUJILLO, MARCELA**

*Provider ID:* 205605

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 4 SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4032

*Fax:* (858) 966-4032

*After Hours Phone:* (858)

966-4032

*Provider Gender:* Female

*License number:* A139213

*NPI:* 1952534091

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### PEDIATRIC

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

| <b>GASTROENTEROLOGY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>CASTANO, DANIELA</b><br/> Provider ID: 242976<br/> Board Certified Specialty: No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 3030 CHILDRENS WAY FL 2<br/> SAN DIEGO, CA 92123-4232<br/> Phone: (858) 966-4003<br/> Fax: (858) 560-6798<br/> After Hours Phone: (858) 966-4003<br/> Provider Gender: Female<br/> License number: A132006<br/> NPI: 1851616478<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Spanish<br/> Cultural Competency: No<br/> Hospital Affiliation: Rady Childrens Hospital San Diego<br/> Medi-Cal Open Panel: No<br/> Min/Max Age: 0/18<br/> American Sign Language (ASL): No<br/> ♿ Accessibility:<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA:</p> | <p>Provider Gender: Female<br/> License number: A146137<br/> NPI: 1013396126<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency: No<br/> Hospital Affiliation: Rady Childrens Hospital San Diego<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0/18<br/> American Sign Language (ASL): No<br/> ♿ Accessibility:<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA: Rady Childrens Health Network</p> <p><b>DOHIL, RANJAN</b><br/> Provider ID: 205418<br/> Board Certified Specialty: No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 3030 CHILDRENS WAY FL 2 SOUTH<br/> SAN DIEGO, CA 92123-4232<br/> Phone: (858) 966-4003<br/> Fax: (858) 966-8592<br/> After Hours Phone: (858) 576-1700<br/> Provider Gender: Male<br/> License number: A73858<br/> NPI: 1396816146<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency: No<br/> Hospital Affiliation: Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Scripps Memorial Hospital, Ucsd Medical Ctr<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0/18</p> | <p>American Sign Language (ASL): No<br/> ♿ Accessibility:<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA: Rady Childrens Health Network</p> <p><b>FELDSTEIN, ARIEL E</b><br/> Provider ID: 205808<br/> Board Certified Specialty: No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 3030 CHILDRENS WAY FL 2 SOUTH<br/> SAN DIEGO, CA 92123-4232<br/> Phone: (858) 966-4003<br/> Fax: (858) 560-6798<br/> After Hours Phone: (858) 966-4003<br/> Provider Gender: Male<br/> License number: C54991<br/> NPI: 1174587281<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency: No<br/> Hospital Affiliation: Rady Childrens Hospital San Diego<br/> Medi-Cal Open Panel: Yes<br/> Min/Max Age: 0/18<br/> American Sign Language (ASL): No<br/> ♿ Accessibility:<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA: Rady Childrens Health Network</p> |
| <p><b>CHU, ANGELA L</b><br/> Provider ID: 284173<br/> Board Certified Specialty: No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 3030 CHILDRENS WAY FL 2<br/> SAN DIEGO, CA 92123-4232<br/> Phone: (858) 966-4003<br/> Fax: (858) 560-6798<br/> After Hours Phone: (858) 966-4003</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>GOYAL, NIDHI P</b><br/> Provider ID: 205598<br/> Board Certified Specialty: No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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## D. Specialist Provider Directory

---

RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2 SOUTH  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-4003  
Fax: (858) 560-6798  
After Hours Phone: (858) 966-4003  
Provider Gender: Female  
License number: A111133  
NPI: 1598029332  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility: Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

**NEWTON, KIMBERLY P**  
Provider ID: 205361  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY # 2  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-4003  
Fax: (858) 560-6798  
After Hours Phone: (858) 966-4003  
Provider Gender: Female  
License number: A101980  
NPI: 1912071655

Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Naval Medical Ctr Sd Rbe  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility: Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

**ORDONEZ NARANJO, MARIA P**  
Provider ID: 205582  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY # 2  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-4003  
Fax: (858) 560-6798  
After Hours Phone: (858) 966-4003  
Provider Gender: Female  
License number: A95983  
NPI: 1275764458  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No

♿ Accessibility: Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

**SCHWARZ, KATHLEEN B**  
Provider ID: 205885  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-4003  
Fax: (858) 560-6798  
After Hours Phone: (858) 966-4003  
Provider Gender: Female  
License number: G152263  
NPI: 1265465918  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility: Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

**SCHWIMMER, JEFFREY B**  
Provider ID: 205414  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

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## D. Specialist Provider Directory

3030 CHILDRENS WAY # 2  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-4003  
Fax: (858) 560-6798  
After Hours Phone: (858) 966-4003  
Provider Gender: Male  
License number: A60461  
NPI: 1932270782  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital, Naval Medical Ctr Sd Rbe  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **SIVAGNANAM, MAMATA**

Provider ID: 206323  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2 SOUTH  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-4003  
Fax: (858) 560-6798  
After Hours Phone: (858) 966-4003  
Provider Gender: Female  
License number: A86863  
NPI: 1932328747  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **YU, ELIZABETH L**

Provider ID: 206312  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2 SOUTH  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-4003  
Fax: (858) 560-6798  
After Hours Phone: (858) 966-4003  
Provider Gender: Female  
License number: A102372  
NPI: 1538485586  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:

Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **PEDIATRIC HEMATOLOGY / ONCOLOGY**

### **ANDERSON, ERIC J**

Provider ID: 205705  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3010 CHILDRENS WAY # 2W  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5811  
Fax: (858) 966-8035  
After Hours Phone: (858) 966-5811  
Provider Gender: Male  
License number: A91428  
NPI: 1346312964  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **ARISTIZABAL, MARIA P**

Provider ID: 205762  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3010 CHILDRENS WAY # 2W

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## D. Specialist Provider Directory

SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Female  
*License number:* A127586  
*NPI:* 1154662583  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **BRIGGS, BENJAMIN J**

*Provider ID:* 274689  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Male  
*License number:* A148562  
*NPI:* 1952695777  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego,

Naval Medical Ctr Sd Rbe  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **BUSH, KELLY A**

*Provider ID:* 274408  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY # 2  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Female  
*License number:* A125141  
*NPI:* 1073831079  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CHOO, SUN H**

*Provider ID:* 206115  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY # 2-WEST  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Female  
*License number:* A112219  
*NPI:* 1700047628  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **DING, HILDA H**

*Provider ID:* 206173  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3010 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Female  
*License number:* A144295  
*NPI:* 1780813923

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## D. Specialist Provider Directory

---

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **ELSTER, JENNIFER D**

*Provider ID:* 205769  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3010 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858)  
966-5811  
*Provider Gender:* Female  
*License number:* A144876  
*NPI:* 1588866115  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **GANESAN, ANUSHA P**

*Provider ID:* 205882  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3010 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858)  
966-5811  
*Provider Gender:* Female  
*License number:* A147249  
*NPI:* 1982091740  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **GLOUDE, NICHOLAS J**

*Provider ID:* 205927  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-5811  
*Fax:*  
*After Hours Phone:* (858)  
966-5811

*Provider Gender:* Male  
*License number:* A119146  
*NPI:* 1447527833  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **KIM, JENNY M**

*Provider ID:* 206235  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3010 CHILDRENS WAY #  
2-WEST  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858)  
966-5811  
*Provider Gender:* Female  
*License number:* A80257  
*NPI:* 1255402012  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **KUO, DENNIS J**

*Provider ID:* 205433

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3010 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5811

*Fax:* (858) 966-8035

*After Hours Phone:* (858) 966-5811

*Provider Gender:* Male

*License number:* A84128

*NPI:* 1750492146

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **ROBERTS, WILLIAM D**

*Provider ID:* 206045

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3010 CHILDRENS WAY # 2-WEST

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5811

*Fax:* (858) 966-8035

*After Hours Phone:* (858) 966-5811

*Provider Gender:* Male

*License number:* A46026

*NPI:* 1245302561

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **SCHIFF, DEBORAH E**

*Provider ID:* 206127

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3010 CHILDRENS WAY # 2W

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5811

*Fax:* (858) 966-8035

*After Hours Phone:* (858) 966-5811

*Provider Gender:* Female

*License number:* G68457

*NPI:* 1922179779

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Childrens Hosp And Resrch Ctr At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **THORNBURG, COURTNEY D**

*Provider ID:* 206165

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3010 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5811

*Fax:* (858) 966-8035

*After Hours Phone:* (858) 966-5811

*Provider Gender:* Female

*License number:* C55985

*NPI:* 1538222310

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

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## D. Specialist Provider Directory

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IPA: Rady Childrens Health Network

### **WONG, VICTOR**

Provider ID: 206149  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3010 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5811  
Fax: (858) 966-8035  
After Hours Phone: (858) 966-5811  
Provider Gender: Male  
License number: A119433  
NPI: 1154692473  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **YOON, JANET M**

Provider ID: 206270  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3010 CHILDRENS WAY # 2W  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5811  
Fax: (858) 966-8035  
After Hours Phone: (858) 966-5811

Provider Gender: Female  
License number: A81191  
NPI: 1518166966  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Ucdavis Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **YU, JENNIFER C**

Provider ID: 206148  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3010 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5811  
Fax: (858) 966-8035  
After Hours Phone: (858) 966-5811  
Provider Gender: Female  
License number: A110445  
NPI: 1326315599  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **ZAGE, PETER E**

Provider ID: 206315  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3010 CHILDRENS WAY # 2W  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5811  
Fax: (858) 966-8035  
After Hours Phone: (858) 966-5811  
Provider Gender: Male  
License number: C141853  
NPI: 1912003161  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

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### **PEDIATRIC INFECTIOUS DISEASES**

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### **BRADLEY, JOHN S**

Provider ID: 205983  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

### NETWORK

3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-7785  
Fax: (858) 966-8658  
After Hours Phone: (858) 966-7785  
Provider Gender: Male  
License number: G35234  
NPI: 1740351592  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### CANNAVINO, CHRISTOPHER R

Provider ID: 205358  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-7785  
Fax: (858) 966-8658  
After Hours Phone: (858) 966-7785  
Provider Gender: Male  
License number: A86636  
NPI: 1831260595  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital, Ucsd  
Medical Ctr, Childrens Hosp And  
Resrch Ctr At Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### CANNAVINO, CHRISTOPHER R

Provider ID: 205359  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY # 5041  
SAN DIEGO, CA 92123-4223  
Phone: (885) 966-7785  
Fax:  
After Hours Phone: (885) 966-7785  
Provider Gender: Male  
License number: A86636  
NPI: 1831260595  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital, Ucsd  
Medical Ctr, Childrens Hosp And  
Resrch Ctr At Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### CHRISTMAN, JAMESINA C

Provider ID: 259978  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-8800  
Fax: (858) 966-7433

After Hours Phone: (858) 966-8800  
Provider Gender: Female  
License number: A93574  
NPI: 1538372032  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Childrens  
Hosp Of Los Angeles, Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/19  
American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### CHRISTMAN, JAMESINA C

Provider ID: 259980  
Board Certified Specialty: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### RADY CHILDRENS HEALTH NETWORK

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105-1690

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)

280-2905

Provider Gender: Female

License number: A93574

NPI: 1538372032

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Childrens

Hosp Of Los Angeles, Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/19

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### MILDER, EDMUND A

Provider ID: 289138

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232

Phone: (858) 966-7785

Fax: (858) 966-8658

After Hours Phone: (858)

966-7785

Provider Gender: Male

License number: C175758

NPI: 1760460026

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### PONG, ALICE

Provider ID: 205626

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232

Phone: (858) 966-7785

Fax: (858) 966-8658

After Hours Phone: (858)

966-7785

Provider Gender: Female

License number: G75974

NPI: 1568533313

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucds La Jolla

John Sally Thornton, Rady

Childrens Hospital San Diego,

Sharp Memorial Hospital, Ucds

Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### SPECTOR, STEPHEN A

Provider ID: 206301

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

330 LEWIS ST

SAN DIEGO, CA 92103-2108

Phone: (619) 543-8089

Fax: (619) 298-2698

After Hours Phone: (619)

543-8089

Provider Gender: Male

License number: G32467

NPI: 1790857316

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Ucds Medical Ctr, Scripps Mercy

Hospital, Childrens Hosp And

Resrch Ctr At Oakland

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### SPECTOR, STEPHEN A

Provider ID: 206302

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY FL 2

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## D. Specialist Provider Directory

SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-7785  
*Fax:* (858) 966-8658  
*After Hours Phone:* (858) 966-7785  
*Provider Gender:* Male  
*License number:* G32467  
*NPI:* 1790857316  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Scripps Mercy  
 Hospital, Childrens Hosp And  
 Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**TREMOULET, ADRIANA H**  
*Provider ID:* 205392  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 246-0157  
*Fax:* (858) 246-0156  
*After Hours Phone:* (858)  
 246-0157  
*Provider Gender:* Female  
*License number:* A76788  
*NPI:* 1013015445  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Scripps  
 Mercy Hospital, Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Scripps Memorial  
 Hospital Encinitas, Childrens  
 Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**TREMOULET, ADRIANA H**  
*Provider ID:* 205393  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-7785  
*Fax:* (858) 966-8658  
*After Hours Phone:* (858)  
 966-7785  
*Provider Gender:* Female  
*License number:* A76788  
*NPI:* 1013015445  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Scripps  
 Mercy Hospital, Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Scripps Memorial

Hospital Encinitas, Childrens  
 Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

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### PEDIATRIC NEPHROLOGY

---

**BENADOR, NADINE M**  
*Provider ID:* 205908  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-8052  
*Fax:*  
*After Hours Phone:* (858)  
 966-8052  
*Provider Gender:* Female  
*License number:* A84483  
*NPI:* 1366513129  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

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## D. Specialist Provider Directory

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IPA: Rady Childrens Health Network

### **CARTER, CAITLIN E**

Provider ID: 205641

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

8001 FROST ST

SAN DIEGO, CA 92123-2746

Phone: (858) 966-8052

Fax: (858) 966-7789

After Hours Phone: (858) 966-8052

Provider Gender: Female

License number: A93600

NPI: 1255514618

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **GUNTA, SUJANA S**

Provider ID: 205947

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

8001 FROST ST

SAN DIEGO, CA 92123-2746

Phone: (760) 631-5000

Fax:

After Hours Phone: (760) 631-5000

Provider Gender: Female

License number: A109056

NPI: 1932304342

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Marathi, Spanish, Telugu

Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego, Tri City Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **INGULLI, ELIZABETH G**

Provider ID: 206322

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

8001 FROST ST # 10

SAN DIEGO, CA 92123-2746

Phone: (858) 966-8052

Fax: (858) 966-7789

After Hours Phone: (858) 966-8052

Provider Gender: Female

License number: G87981

NPI: 1811919244

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego,

Ucsd Medical Ctr, Sharp Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **KIMBALL, AMY L**

Provider ID: 262149

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858) 966-5818

Provider Gender: Female

License number: A87696

NPI: 1932255668

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego, Scripps Memorial Hospital

Encinitas, Ucsd Medical Ctr, Scripps Mercy Hospital,

Southwest Healthcare System

Wildomar, Scripps Mercy

Hospital Chula Vista, Southwest

Healthcare System Murrieta

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL): No

♿ Accessibility:

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## D. Specialist Provider Directory

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **NOURBAKHSH, NOUREDDIN D**

*Provider ID:* 205604

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

8001 FROST ST

SAN DIEGO, CA 92123-2746

*Phone:* (858) 966-8052

*Fax:* (858) 966-7789

*After Hours Phone:* (858) 966-8052

*Provider Gender:* Male

*License number:* 20A11746

*NPI:* 1801082003

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **PANNELL, JEFFREY S**

*Provider ID:* 262369

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

7910 FROST ST STE 120

SAN DIEGO, CA 92123-2776

*Phone:* (858) 966-8574

*Fax:* (858) 966-7930

*After Hours Phone:* (858) 966-8574

*Provider Gender:* Male

*License number:* A120161

*NPI:* 1346426996

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Rady Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **PERENS, ELLIOT A**

*Provider ID:* 205726

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

8001 FROST ST

SAN DIEGO, CA 92123-2746

*Phone:* (858) 966-8052

*Fax:* (858) 966-7789

*After Hours Phone:* (858) 966-8052

*Provider Gender:* Male

*License number:* A108840

*NPI:* 1922328947

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland, Medical Ctr At Ucsf

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **YORGIN, PETER D**

*Provider ID:* 206225

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

8001 FROST ST # 1

ENTRANCE

SAN DIEGO, CA 92123-2746

*Phone:* (858) 966-8052

*Fax:* (858) 966-7789

*After Hours Phone:* (858) 966-8052

*Provider Gender:* Male

*License number:* G64029

*NPI:* 1023039831

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

SAN DIEGO, CA 92123-4232  
Phone: (858) 966-6789  
Fax: (858) 966-6706  
After Hours Phone: (858) 966-1700

Provider Gender: Male  
License number: A44985  
NPI: 1205907060  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes

Min/Max Age: 0/18  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

Childrens Hosp And Resrch Ctr At Oakland  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No

Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **PEDIATRIC ORTHOPEDICS**

#### **CHAMBERS, HENRY G**

Provider ID: 205793  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 576-5999

Fax: (858) 576-8412

After Hours Phone: (858) 576-5999

Provider Gender: Male

License number: A44985

NPI: 1205907060

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL): No

Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

#### **CHAMBERS, HENRY G**

Provider ID: 217680

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 3

#### **EDMONDS, ERIC W**

Provider ID: 205492

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY STE 410

SAN DIEGO, CA 92123-4228

Phone: (858) 966-6789

Fax: (858) 966-6706

After Hours Phone: (858) 966-6789

Provider Gender: Male

License number: A86165

NPI: 1013048412

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego,

#### **EDMONDS, ERIC W**

Provider ID: 205494

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

7910 FROST ST STE 190

SAN DIEGO, CA 92123-2731

Phone: (858) 966-9360

Fax: (858) 966-8519

After Hours Phone: (858) 966-9360

Provider Gender: Male

License number: A86165

NPI: 1013048412

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL): No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

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## D. Specialist Provider Directory

### Network

#### **EDMONDS, ERIC W**

*Provider ID:* 205495

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5999

*Fax:* (858) 576-8412

*After Hours Phone:* (858)

966-5999

*Provider Gender:* Male

*License number:* A86165

*NPI:* 1013048412

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

#### **EDMONDS, ERIC W**

*Provider ID:* 260841

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-6789

*Fax:* (858) 966-6706

*After Hours Phone:* (858)  
966-6789

*Provider Gender:* Male

*License number:* A86165

*NPI:* 1013048412

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

#### **NEWTON, PETER O**

*Provider ID:* 242970

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-6789

*Fax:*

*After Hours Phone:* (858)  
966-6789

*Provider Gender:* Male

*License number:* A45168

*NPI:* 1023189883

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,

Doctors Hospital Of Riverside Llc

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

#### **PENNOCK, ANDREW T**

*Provider ID:* 262451

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-6789

*Fax:* (858) 966-6706

*After Hours Phone:* (858)

966-6789

*Provider Gender:* Male

*License number:* A90049

*NPI:* 1619151685

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

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## D. Specialist Provider Directory

---

### **PRING, MAYA E**

*Provider ID:* 205779  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 576-8412  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Female  
*License number:* A77003  
*NPI:* 1104997964  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PRING, MAYA E**

*Provider ID:* 205781  
*Board Certified Specialty:* Yes  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY STE  
410  
SAN DIEGO, CA 92123-4228  
*Phone:* (858) 966-6789  
*Fax:* (858) 966-6706  
*After Hours Phone:* (858)  
966-6789  
*Provider Gender:* Female

*License number:* A77003  
*NPI:* 1104997964  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **RICKERT, KATHLEEN D**

*Provider ID:* 205977  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY # 3  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6789  
*Fax:* (858) 966-6706  
*After Hours Phone:* (858)  
966-6789  
*Provider Gender:* Female  
*License number:* A140439  
*NPI:* 1023308921  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **UPASANI, VIDYADHAR V**

*Provider ID:* 205914  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-8519  
*After Hours Phone:* (858)  
966-5999  
*Provider Gender:* Male  
*License number:* A97603  
*NPI:* 1548417652  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **UPASANI, VIDYADHAR V**

*Provider ID:* 205916  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY STE  
410  
SAN DIEGO, CA 92123-4228

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## D. Specialist Provider Directory

Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Male  
 License number: A97603  
 NPI: 1548417652  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**UPASANI, VIDYADHAR V**  
 Provider ID: 260953  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858)  
 966-6789  
 Provider Gender: Male  
 License number: A97603  
 NPI: 1548417652  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18

American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**WALLACE, CHARLES D**  
 Provider ID: 205661  
 Board Certified Specialty: Yes  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY STE  
 410  
 SAN DIEGO, CA 92123-4228  
 Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858)  
 966-6789  
 Provider Gender: Male  
 License number: G67953  
 NPI: 1144229600  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Parkview Community Hospital  
 Medical Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No

♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**WALLACE, CHARLES D**

Provider ID: 205662  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7910 FROST ST STE 190  
 SAN DIEGO, CA 92123-2731  
 Phone: (858) 966-9360  
 Fax: (858) 966-8519  
 After Hours Phone: (858)  
 966-9360  
 Provider Gender: Male  
 License number: G67953  
 NPI: 1144229600  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Doctors Hospital Of Riverside Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

**WALLACE, CHARLES D**  
 Provider ID: 205663  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5999  
 Fax: (858) 576-8412  
 After Hours Phone: (858)  
 966-5999  
 Provider Gender: Male  
 License number: G67953  
 NPI: 1144229600

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Doctors Hospital Of Riverside Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PEDIATRIC PATHOLOGY**

#### **MO, JUN Q**

*Provider ID:* 205432  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY # 5007  
MC  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5944  
*Fax:* (858) 966-8087  
*After Hours Phone:* (858)  
966-5944  
*Provider Gender:* Female  
*License number:* A72760  
*NPI:* 1952402786  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

#### **NEWBURY, ROBERT O**

*Provider ID:* 205613  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5944  
*Fax:* (858) 966-8087  
*After Hours Phone:* (858)  
966-5944  
*Provider Gender:* Male  
*License number:* A49890  
*NPI:* 1205907961

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

#### **TUCKER, SUZANNE M**

*Provider ID:* 205378  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5944  
*Fax:* (858) 966-8087  
*After Hours Phone:* (858)  
966-5944  
*Provider Gender:* Female  
*License number:* A149311  
*NPI:* 1326210527  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PEDIATRIC PULMONOLOGY**

#### **AKONG, KATHRYN A**

*Provider ID:* 205673  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY # 2  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-5846  
*Fax:* (858) 966-8457  
*After Hours Phone:* (858)  
966-5846  
*Provider Gender:* Female  
*License number:* A96565  
*NPI:* 1912169061  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

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## D. Specialist Provider Directory

---

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **BHATTACHARJEE, RAKESH**

Provider ID: 102439

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232

Phone: (858) 966-4003

Fax:

After Hours Phone: (858)

966-4003

Provider Gender: Male

License number: C138339

NPI: 1588781173

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **BHATTACHARJEE, RAKESH**

Provider ID: 205950

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 2

NORTH

SAN DIEGO, CA 92123-4232

Phone: (858) 966-5846

Fax: (858) 966-8457

After Hours Phone: (858)

966-5846

Provider Gender: Male

License number: C138339

NPI: 1588781173

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **BHATTACHARJEE, RAKESH**

Provider ID: 246060

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 576-1700

Fax:

After Hours Phone: (858)

576-1700

Provider Gender: Male

License number: C138339

NPI: 1588781173

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **CERNELC KOHAN, MATEJKA**

Provider ID: 243041

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232

Phone: (858) 966-5846

Fax: (858) 966-8457

After Hours Phone: (858)

966-5846

Provider Gender: Female

License number: A116947

NPI: 1871752451

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Childrens

Hosp And Resrch Ctr At

Oakland, Rady Childrens

Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **CERNELC KOHAN, MATEJKA**

*Provider ID:* 243042

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5846

*Fax:* (858) 966-8457

*After Hours Phone:* (858)

966-5846

*Provider Gender:* Female

*License number:* A116947

*NPI:* 1871752451

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Childrens

Hosp And Resrch Ctr At

Oakland, Rady Childrens

Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **CHENG, EULALIA R**

*Provider ID:* 205827

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY # 2  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-5846

*Fax:* (858) 966-8457

*After Hours Phone:* (858)

966-5846

*Provider Gender:* Female

*License number:* C142765

*NPI:* 1750394862

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **DUONG, THU A**

*Provider ID:* 260354

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 2  
NORTH  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-5846

*Fax:* (858) 569-8457

*After Hours Phone:* (858)

966-5846

*Provider Gender:* Female

*License number:* A127187

*NPI:* 1326309881

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **DUONG, THU A**

*Provider ID:* 260356

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105-1690

*Phone:* (619) 280-2905

*Fax:* (619) 283-1614

*After Hours Phone:* (619)

280-2905

*Provider Gender:* Female

*License number:* A127187

*NPI:* 1326309881

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

**LANDEO GUTIERREZ,  
JEREMY S**

*Provider ID:* 284176  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5846  
*Fax:* (858) 569-9052  
*After Hours Phone:* (858) 966-5846  
*Provider Gender:* Male  
*License number:* A172945  
*NPI:* 1255750360  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**LANDEO GUTIERREZ,  
JEREMY S**

*Provider ID:* 284177  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-5846  
*Fax:* (858) 966-8457  
*After Hours Phone:* (858) 966-5846

*Provider Gender:* Male  
*License number:* A172945  
*NPI:* 1255750360  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**LESSER, DANIEL J**

*Provider ID:* 205890  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2  
NORTH  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-5846  
*Fax:* (858) 569-5847  
*After Hours Phone:* (858) 966-5846  
*Provider Gender:* Male  
*License number:* A89883  
*NPI:* 1427274679  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Childrens Hosp Of Los Angeles  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**LIM, MEERANA**

*Provider ID:* 206039  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 2  
NORTH  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-5846  
*Fax:* (858) 569-5847  
*After Hours Phone:* (858) 966-5846  
*Provider Gender:* Female  
*License number:* A79998  
*NPI:* 1073684833  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**RAO, APARNA R**

*Provider ID:* 118515  
*Board Certified Specialty:* No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

**FNDTN**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5846  
*Fax:*  
*After Hours Phone:* (858) 966-5846  
*Provider Gender:* Female  
*License number:* C54275  
*NPI:* 1649222340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**RAO, APARNA R**  
*Provider ID:* 206123  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5846  
*Fax:* (858) 569-9052  
*After Hours Phone:* (858) 966-5846  
*Provider Gender:* Female  
*License number:* C54275  
*NPI:* 1649222340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi

*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**RAO, APARNA R**  
*Provider ID:* 206124  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-5846  
*Fax:* (858) 966-5847  
*After Hours Phone:* (858) 966-5846  
*Provider Gender:* Female  
*License number:* C54275  
*NPI:* 1649222340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health

Network

**RYU, JULIE**  
*Provider ID:* 206218  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 2  
 NORTH  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-5846  
*Fax:* (858) 569-5847  
*After Hours Phone:* (858) 966-5846  
*Provider Gender:* Female  
*License number:* A94343  
*NPI:* 1568533321  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**TANTISIRA, KELAN G**  
*Provider ID:* 277183  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

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## D. Specialist Provider Directory

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Phone: (858) 966-5846  
Fax: (858) 569-9052  
After Hours Phone: (858) 966-5846  
Provider Gender: Male  
License number: G67143  
NPI: 1760420434  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

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### PEDIATRIC RADIOLOGY

---

**GROVER, RYAN S**  
Provider ID: 206104  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
9730 SUMMERS RIDGE RD  
SAN DIEGO, CA 92121-3101  
Phone: (858) 549-7400  
Fax:  
After Hours Phone: (858)  
549-7400  
Provider Gender: Male  
License number: A81474  
NPI: 1346251287  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,

Scripps Memorial Hospital,  
Scripps Green Hospital, Sharp  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

**PUGMIRE, BRIAN S**  
Provider ID: 285401  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A138998  
NPI: 1609190578  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Valley  
Childrens Hospital, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**PUGMIRE, BRIAN S**  
Provider ID: 285403  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A138998  
NPI: 1609190578  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Valley  
Childrens Hospital, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

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### PEDIATRIC RHEUMATOLOGY

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**CHANG, JOHANNA C**  
Provider ID: 246394  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-8082  
Fax:  
After Hours Phone: (858)  
966-8082

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## D. Specialist Provider Directory

*Provider Gender:* Female  
*License number:* A98479  
*NPI:* 1821242199  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **CHIRASEVEENUPRAPUND, PETER**

*Provider ID:* 205936  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-7484  
*Fax:* (858) 966-6791  
*After Hours Phone:* (858)  
 966-7484  
*Provider Gender:* Male  
*License number:* A68277  
*NPI:* 1467518209  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*

No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **CHIRASEVEENUPRAPUND, PETER**

*Provider ID:* 283268  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-8082  
*Fax:* (858) 966-6791  
*After Hours Phone:* (858)  
 966-8082  
*Provider Gender:* Male  
*License number:* A68277  
*NPI:* 1467518209  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **SHEETS, ROBERT M**

*Provider ID:* 255900

*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-8082  
*Fax:* (858) 966-6791  
*After Hours Phone:* (858)  
 966-8082  
*Provider Gender:* Male  
*License number:* G31567  
*NPI:* 1013088772  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/21  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

## **PEDIATRICS**

### **AJAYI, TOLUWALASE A**

*Provider ID:* 205719  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858)  
 966-5841  
*Provider Gender:* Female  
*License number:* A121454

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

**NPI:** 1316175912

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Scripps

Mercy Hospital, Rady Childrens

Hospital San Diego, Scripps

Mercy Hospital Chula Vista,

Scripps Green Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **ALAGIRI, MADHU**

*Provider ID:* 206387

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

*Phone:* (858) 966-7484

*Fax:* (858) 966-4064

*After Hours Phone:* (858)

966-7484

*Provider Gender:* Male

*License number:* G83089

*NPI:* 1619083961

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Rady Childrens Hospital San  
Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:* P, EB, IB, E, R, T

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **AMATYA, SUDHA**

*Provider ID:* 122458

*Board Certified Specialty:* No  
CITY HEIGHTS FAMILY  
HEALTH CENTERS INC

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2400

*Fax:*

*After Hours Phone:* (619)

515-2400

*Provider Gender:* Female

*License number:* A51563

*NPI:* 1790830511

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Hindi

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R,  
T, ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* City Heights  
Family Health Centers Inc

*IPA:*

### **AYSON, NICOLE M**

*Provider ID:* 110023

*Board Certified Specialty:* No  
RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

3665 KEARNY VILLA RD # 501

SAN DIEGO, CA 92123-1953

*Phone:* (858) 966-5803

*Fax:*

*After Hours Phone:* (858)

966-5803

*Provider Gender:* Female

*License number:* A128091

*NPI:* 1013278704

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **AYSON, NICOLE M**

*Provider ID:* 110025

*Board Certified Specialty:* No  
RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5841

*Fax:*

*After Hours Phone:* (858)

966-5841

*Provider Gender:* Female

*License number:* A128091

*NPI:* 1013278704

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**AYSON, NICOLE M**  
*Provider ID:* 110512  
*Board Certified Specialty:* No  
FAMILY HLTH CTR SAN  
DIEGO- CITY COLLEGE  
1550 BROADWAY # 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2525  
*Fax:*  
*After Hours Phone:* (619)  
515-2525  
*Provider Gender:* Female  
*License number:* A128091  
*NPI:* 1013278704  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA  
9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr  
San Diego- City College

*IPA:* Rady Childrens Health  
Network  
**AYSON, NICOLE M**  
*Provider ID:* 205685  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3665 KEARNY VILLA RD # 501  
SAN DIEGO, CA 92123-1953  
*Phone:* (858) 966-5803  
*Fax:* (858) 966-5992  
*After Hours Phone:* (858)  
966-5803  
*Provider Gender:* Female  
*License number:* A128091  
*NPI:* 1013278704  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**AYSON, NICOLE M**  
*Provider ID:* 205686  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858)  
966-5841

*Provider Gender:* Female  
*License number:* A128091  
*NPI:* 1013278704  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**BAI-TONG, SHIYU S**  
*Provider ID:* 283285  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:*  
*After Hours Phone:* (858)  
966-5818  
*Provider Gender:* Female  
*License number:* A155419  
*NPI:* 1528454188  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **BEAUCHAMP WALTERS, JULIA**

Provider ID: 270063  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5841  
Fax: (858) 966-6728  
After Hours Phone: (858) 966-5841  
Provider Gender: Female  
License number: A60054  
NPI: 1457420713  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/25  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

**BEAUCHAMP WALTERS, JULIA**  
Provider ID: 52775  
Board Certified Specialty: No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5841  
Fax: (858) 966-6728  
After Hours Phone: (858) 966-5841  
Provider Gender: Female  
License number: A60054  
NPI: 1457420713  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **CAMERON, MELISSA A**

Provider ID: 205965  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-5841  
Fax: (858) 966-6728  
After Hours Phone: (858) 966-5841  
Provider Gender: Female  
License number: A125249  
NPI: 1902983752  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego,

Palomar Health Downtown Campus, Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **CAMERON, MELISSA A**

Provider ID: 79851  
Board Certified Specialty: No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
Phone: (858) 576-1700  
Fax:  
After Hours Phone: (858) 576-1700  
Provider Gender: Female  
License number: A125249  
NPI: 1902983752  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Palomar Medical Center  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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IPA: Rady Childrens Health Network

**CANTU, ALICIA O**

Provider ID: 205752

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

License number: A72946

NPI: 1922179688

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

**CANTU, ALICIA O**

Provider ID: 205753

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY STE  
300

SAN DIEGO, CA 92123-4228

Phone: (858) 966-8974

Fax: (858) 966-6721

After Hours Phone: (858)  
966-8974

Provider Gender: Female

License number: A72946

NPI: 1922179688

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

**CANTU, ALICIA O**

Provider ID: 52787

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)

966-5841

Provider Gender: Female

License number: A72946

NPI: 1922179688

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

**CARROLL, JEANNE M**

Provider ID: 108883

Board Certified Specialty: No

RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818

Fax:

After Hours Phone: (858)  
966-5818

Provider Gender: Female

License number: A118050

NPI: 1386928224

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

**CHEN, JENNIFER K**

Provider ID: 205729

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A141057  
*NPI:* 1255785150  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**CHIRASEVEENUPRAPUND, PETER**  
*Provider ID:* 86506  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-7484  
*Fax:*  
*After Hours Phone:* (858) 966-7484  
*Provider Gender:* Male  
*License number:* A68277  
*NPI:* 1467518209

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* P, EB, IB, E, R,  
 T, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**CHONG, AMY**  
*Provider ID:* 259993  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5803  
*Fax:* (858) 966-5992  
*After Hours Phone:* (858) 966-5803  
*Provider Gender:* Female  
*License number:* A133965  
*NPI:* 1720423288  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**COHENMEYER, CASEY L**  
*Provider ID:* 52560  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A80114  
*NPI:* 1033286430  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital, Ucsd  
 Medical Ctr, Southwest  
 Healthcare System Wildomar,  
 Scripps Memorial Hospital  
 Encinitas, Southwest Healthcare  
 System Murrieta, Sharp  
 Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

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## D. Specialist Provider Directory

### **CORDES, WILLIAM D**

Provider ID: 122494  
 Board Certified Specialty: No  
 LOGAN HEIGHTS FAMILY  
 HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Provider Gender: Male  
 License number: 20A15743  
 NPI: 1174942544  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: ME  
 Hours: M-SA 9AM-5PM  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email:  
 Medical Group(s): Logan Heights  
 Family Health Center  
 IPA:

### **DE LA ROSA, IVONNE E**

Provider ID: 206027  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5841  
 Fax: (858) 966-6728  
 After Hours Phone: (858)  
 966-5841  
 Provider Gender: Female

License number: A49734  
 NPI: 1174695795  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital Encinitas,  
 Scripps Memorial Hospital, Sharp  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego, El  
 Centro Regional Medical Center,  
 Valley Childrens Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **DEL RE, ANGELO**

Provider ID: 82886  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Male  
 License number: A129572  
 NPI: 1275761371  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Rady  
 Childrens Hospital San Diego,

Childrens Hosp And Resrch Ctr  
 At Oakland, Scripps Memorial  
 Hospital Encinitas  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **DOSHI, AMI P**

Provider ID: 205329  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5841  
 Fax: (858) 966-6728  
 After Hours Phone: (858)  
 966-5841  
 Provider Gender: Female  
 License number: A95217  
 NPI: 1801099676  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Gujarati, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Palomar Health Downtown  
 Campus, Palomar Medical  
 Center  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **DOSHI, AMI P**

*Provider ID:* 205330  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3030 CHILDRENS WAY STE 300  
 SAN DIEGO, CA 92123-4228  
*Phone:* (858) 966-8974  
*Fax:* (858) 966-6721  
*After Hours Phone:* (858) 966-8974  
*Provider Gender:* Female  
*License number:* A95217  
*NPI:* 1801099676  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Palomar Health Downtown Campus, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **DO, THOMAS B**

*Provider ID:* 101284  
*Board Certified Specialty:* No  
**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED FNDTN**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 576-1700

*Fax:*  
*After Hours Phone:* (858) 576-1700  
*Provider Gender:* Male  
*License number:* A107618  
*NPI:* 1053545376  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hospital At Mission, Childrens Hospital Of Orange County  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **DUONG, THU A**

*Provider ID:* 103011  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105-1690  
*Phone:* (619) 280-2905  
*Fax:*  
*After Hours Phone:* (619) 280-2905  
*Provider Gender:* Female

*License number:* A127187  
*NPI:* 1326309881  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* P, EB, IB, E, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **DWORSKY, ZEPHYR D**

*Provider ID:* 272293  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A144121  
*NPI:* 1427443803  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

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## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **EDMUNDS, MICHELLE A**

*Provider ID:* 102047  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 576-1700  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 576-1700  
*Provider Gender:* Female  
*License number:* A129816  
*NPI:* 1881958064  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **EDMUNDS, MICHELLE A**

*Provider ID:* 205864  
*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A129816  
*NPI:* 1881958064  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **EKPENYONG, ATIM O**

*Provider ID:* 97424  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:*  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Female  
*License number:* A134969  
*NPI:* 1932318565  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Southwest Healthcare System

Wildomar, Southwest Healthcare System Murrieta  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **ELSTER, JENNIFER D**

*Provider ID:* 109562  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3010 CHILDRENS WAY # 2W  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:*  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Female  
*License number:* A144876  
*NPI:* 1588866115  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

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### **ETKIN, MARC L**

*Provider ID:* 51983  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858)  
966-8800  
*Provider Gender:* Male  
*License number:* A75092  
*NPI:* 1194896852  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **FEIGENBAUM, ANNETTE S**

*Provider ID:* 205595  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY # 4  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-5840  
*Fax:* (858) 966-7942  
*After Hours Phone:* (858)  
966-5840  
*Provider Gender:* Female

*License number:* C54803  
*NPI:* 1902187859  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **FISHER, ERIN R**

*Provider ID:* 205906  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY STE  
300  
SAN DIEGO, CA 92123-4228  
*Phone:* (858) 966-8974  
*Fax:* (858) 966-6721  
*After Hours Phone:* (858)  
966-8974  
*Provider Gender:* Female  
*License number:* G66360  
*NPI:* 1841361508  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **FISHER, ERIN R**

*Provider ID:* 205907  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-5841  
*Fax:*  
*After Hours Phone:* (858)  
966-5841  
*Provider Gender:* Female  
*License number:* G66360  
*NPI:* 1841361508  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **FISHER, ERIN R**

*Provider ID:* 260913  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841

Fax: (858) 966-6728

After Hours Phone: (858)  
966-5841

Provider Gender: Female

License number: G66360

NPI: 1841361508

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **FLEMING, SARAH E**

Provider ID: 104812

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

4077 5TH AVE

SAN DIEGO, CA 92103-2105

Phone: (619) 260-7046

Fax: (619) 686-3843

After Hours Phone: (619)  
260-7046

Provider Gender: Female

License number: A89838

NPI: 1679809826

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Scripps Mercy Hospital

Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **FORTUNE, ERIN L**

Provider ID: 38555

Board Certified Specialty: No

LOGAN HEIGHTS FAMILY

HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Provider Gender: Male

License number: A95577

NPI: 1801088422

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Scripps Mercy Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: ME

Hours: M-SA 9AM-5PM

Website: www.fhcsd.org

Email:

Medical Group(s): Logan Heights  
Family Health Center

IPA:

### **GAHAGAN, SHEILA**

Provider ID: 214387

Board Certified Specialty: No

UCSD MEDICAL GROUP

7910 FROST ST STE 230

SAN DIEGO, CA 92123-2776

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: C53666

NPI: 1053327221

Provider English Spoken: Yes

Provider Language(s) Spoken:  
French

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **GANESAN, ANUSHA P**

Provider ID: 114913

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

3010 CHILDRENS WAY # 2W

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5811

Fax:

After Hours Phone: (858)  
966-5811

Provider Gender: Female

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## D. Specialist Provider Directory

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*License number:* A147249  
*NPI:* 1982091740  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **GHAFOURI, NAZLI**

*Provider ID:* 257249  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:*  
*After Hours Phone:* (858)  
966-8800  
*Provider Gender:* Female  
*License number:* A94326  
*NPI:* 1942325113  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* California  
Pacific Med Ctr Pacific Campus,  
California Pacific Medical Center  
- Mission Bernal Campus, Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **GIST, LAUREN**

*Provider ID:* 214433  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
7910 FROST ST STE 230  
SAN DIEGO, CA 92123-2776  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A81381  
*NPI:* 1023105335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Ucsd La Jolla  
John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **GLENN, TARA J**

*Provider ID:* 283159  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH

NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:* (858) 966-7483  
*After Hours Phone:* (858)  
966-5818  
*Provider Gender:* Female  
*License number:* A170207  
*NPI:* 1992060974  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **GOLEMBESKI, DAVID J**

*Provider ID:* 83625  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-3759  
*Fax:*  
*After Hours Phone:* (619)  
543-3759  
*Provider Gender:* Male  
*License number:* G63111  
*NPI:* 1376614131  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Scripps Memorial Hospital  
Encinitas, Pomerado Hospital,  
Southwest Healthcare System  
Wildomar, Southwest Healthcare  
System Murrieta, Palomar  
Medical Center, Scripps  
Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **GOTTSCHALK, MICHAEL E**

*Provider ID:* 52040  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:*  
*After Hours Phone:* (858)  
966-4003  
*Provider Gender:* Male  
*License number:* G55424  
*NPI:* 1033280888  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **GREENBERG, MARK**

*Provider ID:* 63927  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* G63733  
*NPI:* 1710906375  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GUNTA, SUJANA S**

*Provider ID:* 80521  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4003  
*Fax:*  
*After Hours Phone:* (858)  
966-4003  
*Provider Gender:* Female  
*License number:* A109056  
*NPI:* 1932304342  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hindi, Marathi, Spanish, Telugu  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego, Tri  
City Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **HEGDE, SANJEET R**

*Provider ID:* 74643  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:* (858) 966-7903  
*After Hours Phone:* (858)  
966-5855  
*Provider Gender:* Male  
*License number:* A112326  
*NPI:* 1306036884  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

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## D. Specialist Provider Directory

---

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **HERSHEY, DANIEL W**

*Provider ID:* 205990

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800

*Fax:* (858) 966-7433

*After Hours Phone:* (858)

966-8800

*Provider Gender:* Male

*License number:* A82477

*NPI:* 1063435055

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Grossmont Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **HERSHEY, DANIEL W**

*Provider ID:* 205994

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY STE

300

SAN DIEGO, CA 92123-4228

*Phone:* (858) 966-8974

*Fax:* (858) 966-6721

*After Hours Phone:* (858)

966-8974

*Provider Gender:* Male

*License number:* A82477

*NPI:* 1063435055

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Grossmont Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **HONOLD, JOSE A**

*Provider ID:* 52532

*Board Certified Specialty:* No  
RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5841

*Fax:* (858) 966-7483

*After Hours Phone:* (858)  
966-5841

*Provider Gender:* Male

*License number:* A51798

*NPI:* 1093886855

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Pioneers Memorial Hospital, El  
Centro Regional Medical Center,  
Southwest Healthcare System  
Wildomar, Southwest Healthcare  
System Murrieta, Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **HSIEH, LESLIE Q**

*Provider ID:* 122435

*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

*Phone:* (858) 966-7484

*Fax:*

*After Hours Phone:* (858)

966-7484

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*License number:* A120282  
*NPI:* 1326207283  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HSIEH, LESLIE Q**

*Provider ID:* 206031  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-7484  
*Fax:* (858) 966-4064  
*After Hours Phone:* (858) 966-7484  
*Provider Gender:* Female  
*License number:* A120282  
*NPI:* 1326207283  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HUANG, MARIA Z**

*Provider ID:* 102388  
*Board Certified Specialty:* No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A137270  
*NPI:* 1770841140  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HUANG, MARIA Z**

*Provider ID:* 205974  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A137270  
*NPI:* 1770841140  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **HUNTER, WENDY L**

*Provider ID:* 52857  
*Board Certified Specialty:* No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 576-1700  
*Fax:*  
*After Hours Phone:* (858) 576-1700  
*Provider Gender:* Female  
*License number:* A94607  
*NPI:* 1053515551  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens

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## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Hosp And Resrch Ctr At<br>Oakland, Rady Childrens<br>Hospital San Diego<br><i>Medi-Cal Open Panel:</i> No<br><i>Min/Max Age:</i> None<br><i>American Sign Language (ASL):</i><br>No<br>♿ <i>Accessibility:</i> W<br><i>Hours:</i> M-SA 9AM-5PM<br><i>Website:</i><br><i>Email:</i><br><i>Medical Group(s):</i><br><i>IPA:</i> Rady Childrens Health<br>Network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>Email:</i><br><i>Medical Group(s):</i><br><i>IPA:</i> Rady Childrens Health<br>Network, Ucsd Medical Group<br><br><b>KANTHARIA, TINA H</b><br><i>Provider ID:</i> 109309<br><i>Board Certified Specialty:</i> No<br>RADY CHILDRENS<br>SPECIALISTS SAN DIEGO MED<br>FNDTN<br>3020 CHILDRENS WAY<br>SAN DIEGO, CA 92123-4223<br><i>Phone:</i> (858) 576-1700<br><i>Fax:</i><br><i>After Hours Phone:</i> (858)<br>576-1700<br><i>Provider Gender:</i> Female<br><i>License number:</i> A126911<br><i>NPI:</i> 1659632362<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i> Rady<br>Childrens Hospital San Diego<br><i>Medi-Cal Open Panel:</i> No<br><i>Min/Max Age:</i> None<br><i>American Sign Language (ASL):</i><br>No<br>♿ <i>Accessibility:</i> W<br><i>Hours:</i> M-SA 9AM-5PM<br><i>Website:</i><br><i>Email:</i><br><i>Medical Group(s):</i> Operation<br>Samahan - Mira Mesa<br><i>IPA:</i> Community Care Ipa Llc                                                      | <i>Phone:</i> (844) 200-2426<br><i>Fax:</i><br><i>After Hours Phone:</i> (844)<br>200-2426<br><i>Provider Gender:</i> Female<br><i>License number:</i> C54941<br><i>NPI:</i> 1972536654<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br>Bengali, Hindi, Polish, Spanish,<br>Tagalog<br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i><br><i>Medi-Cal Open Panel:</i> Yes<br><i>Min/Max Age:</i> None<br><i>American Sign Language (ASL):</i><br>No<br>♿ <i>Accessibility:</i> W<br><i>Hours:</i> M-F 8AM-4:30PM, SA<br>9AM-5PM<br><i>Website:</i><br>www.operationsamahan.org<br><i>Email:</i><br><i>Medical Group(s):</i> Operation<br>Samahan - Mira Mesa<br><i>IPA:</i> Community Care Ipa Llc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>JONES, MARILYN C</b><br><i>Provider ID:</i> 52308<br><i>Board Certified Specialty:</i> No<br>RADY CHILDRENS<br>SPECIALISTS SAN DIEGO MED<br>FNDTN<br>7920 FROST ST STE 200<br>SAN DIEGO, CA 92123-4289<br><i>Phone:</i> (858) 966-7484<br><i>Fax:</i> (858) 966-4064<br><i>After Hours Phone:</i> (858)<br>966-7484<br><i>Provider Gender:</i> Female<br><i>License number:</i> G30850<br><i>NPI:</i> 1295806040<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i> Rady<br>Childrens Hospital San Diego,<br>Ucsd Medical Ctr, Ucsd La Jolla<br>John Sally Thornton<br><i>Medi-Cal Open Panel:</i> No<br><i>Min/Max Age:</i> None<br><i>American Sign Language (ASL):</i><br>No<br>♿ <i>Accessibility:</i> P, EB, IB, E, R,<br>T, W<br><i>Hours:</i> M-SA 9AM-5PM<br><i>Website:</i> | <b>KANTHARIA, TINA H</b><br><i>Provider ID:</i> 109309<br><i>Board Certified Specialty:</i> No<br>RADY CHILDRENS<br>SPECIALISTS SAN DIEGO MED<br>FNDTN<br>3020 CHILDRENS WAY<br>SAN DIEGO, CA 92123-4223<br><i>Phone:</i> (858) 576-1700<br><i>Fax:</i><br><i>After Hours Phone:</i> (858)<br>576-1700<br><i>Provider Gender:</i> Female<br><i>License number:</i> A126911<br><i>NPI:</i> 1659632362<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i> Rady<br>Childrens Hospital San Diego<br><i>Medi-Cal Open Panel:</i> No<br><i>Min/Max Age:</i> None<br><i>American Sign Language (ASL):</i><br>No<br>♿ <i>Accessibility:</i> W<br><i>Hours:</i> M-SA 9AM-5PM<br><i>Website:</i><br><i>Email:</i><br><i>Medical Group(s):</i><br><i>IPA:</i> Rady Childrens Health<br>Network<br><br><b>KARMAKAR, KANKA</b><br><i>Provider ID:</i> 116261<br><i>Board Certified Specialty:</i> No<br>OPERATION SAMAHAN - MIRA<br>MESA<br>10737 CAMINO RUIZ STE 235<br>SAN DIEGO, CA 92126-2375 | <b>KANTHARIA, TINA H</b><br><i>Provider ID:</i> 109309<br><i>Board Certified Specialty:</i> No<br>RADY CHILDRENS<br>SPECIALISTS SAN DIEGO MED<br>FNDTN<br>3020 CHILDRENS WAY<br>SAN DIEGO, CA 92123-4223<br><i>Phone:</i> (858) 576-1700<br><i>Fax:</i><br><i>After Hours Phone:</i> (858)<br>576-1700<br><i>Provider Gender:</i> Female<br><i>License number:</i> A126911<br><i>NPI:</i> 1659632362<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br><i>Cultural Competency:</i> No<br><i>Hospital Affiliation:</i> Rady<br>Childrens Hospital San Diego<br><i>Medi-Cal Open Panel:</i> No<br><i>Min/Max Age:</i> None<br><i>American Sign Language (ASL):</i><br>No<br>♿ <i>Accessibility:</i> W<br><i>Hours:</i> M-SA 9AM-5PM<br><i>Website:</i><br><i>Email:</i><br><i>Medical Group(s):</i> Operation<br>Samahan - Mira Mesa<br><i>IPA:</i> Community Care Ipa Llc<br><br><b>KARMAKAR, KANKA, MD</b><br><i>Provider ID:</i> 213847<br><i>Board Certified Specialty:</i> No<br>COMMUNITY CARE IPA LLC<br>10737 CAMINO RUIZ STE 235<br>SAN DIEGO, CA 92126-2375<br><i>Phone:</i> (844) 200-2426<br><i>Fax:</i><br><i>After Hours Phone:</i> (844)<br>200-2426<br><i>Provider Gender:</i> Female<br><i>License number:</i> C54941<br><i>NPI:</i> 1972536654<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br>Bengali, Hindi, Polish, Spanish,<br>Tagalog<br><i>Cultural Competency:</i> No |

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## D. Specialist Provider Directory

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*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **KAUFHOLD, MARILYN J**

*Provider ID:* 206213

*Board Certified Specialty:* Yes

**RADY CHILDRENS HEALTH NETWORK**

3665 KEARNY VILLA RD # 501

SAN DIEGO, CA 92123-1953

*Phone:* (858) 966-5803

*Fax:* (858) 966-5992

*After Hours Phone:* (858)

966-5803

*Provider Gender:* Female

*License number:* C33767

*NPI:* 1295806057

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Childrens Hosp And Resrch

Ctr At Oakland, Rady Childrens

Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **KAUFHOLD, MARILYN J**

*Provider ID:* 206214

*Board Certified Specialty:* No

**RADY CHILDRENS HEALTH NETWORK**

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5841

*Fax:* (858) 966-6728

*After Hours Phone:* (858)

966-5841

*Provider Gender:* Female

*License number:* C33767

*NPI:* 1295806057

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Childrens Hosp And Resrch

Ctr At Oakland, Rady Childrens

Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **KHARE, MANASWITHA**

*Provider ID:* 109081

*Board Certified Specialty:* No

**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5841

*Fax:* (858) 966-6728

*After Hours Phone:* (858)

966-5841

*Provider Gender:* Female

*License number:* A140062

*NPI:* 1912345307

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **KHARE, MANASWITHA**

*Provider ID:* 206289

*Board Certified Specialty:* No

**RADY CHILDRENS HEALTH NETWORK**

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5841

*Fax:* (858) 966-6728

*After Hours Phone:* (858)

966-5841

*Provider Gender:* Female

*License number:* A140062

*NPI:* 1912345307

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

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## D. Specialist Provider Directory

*American Sign Language (ASL):* No  
*Accessibility:* *Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KIMBALL, AMY L**

*Provider ID:* 52537  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:*  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A87696  
*NPI:* 1932255668  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Southwest Healthcare System Wildomar, Scripps Mercy Hospital Chula Vista, Southwest Healthcare System Murrieta, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* *Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KIM, JENNY M**

*Provider ID:* 52313  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3010 CHILDRENS WAY # 2W  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5811  
*Fax:* (858) 966-8035  
*After Hours Phone:* (858) 966-5811  
*Provider Gender:* Female  
*License number:* A80257  
*NPI:* 1255402012  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* *Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KLEIN, KAREN O**

*Provider ID:* 52052  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4003  
*Fax:*  
*After Hours Phone:* (858) 966-4003  
*Provider Gender:* Female  
*License number:* G76034  
*NPI:* 1760553515  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* *Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **KUELBS, CYNTHIA L**

*Provider ID:* 205341  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-1726  
*Fax:* (858) 966-6271  
*After Hours Phone:* (858) 966-1726  
*Provider Gender:* Female  
*License number:* G58415  
*NPI:* 1932270691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes

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## D. Specialist Provider Directory

Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### KUO, DENNIS J

Provider ID: 91889  
 Board Certified Specialty: No  
 CHILDRENS HOSP SAN DIEGO  
 CHADWICK CTR  
 3010 CHILDRENS WAY # 2W  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5811  
 Fax:  
 After Hours Phone: (858)  
 966-5811  
 Provider Gender: Male  
 License number: A84128  
 NPI: 1750492146  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### LAMBERTI, JOHN J

Provider ID: 205612  
 Board Certified Specialty: Yes

RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY STE  
 202  
 SAN DIEGO, CA 92123-4227  
 Phone: (858) 966-8030  
 Fax: (858) 966-8032  
 After Hours Phone: (858)  
 966-8030  
 Provider Gender: Male  
 License number: G19503  
 NPI: 1518038371  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Sharp  
 Memorial Hospital, Childrens  
 Hospital Of Orange County,  
 Childrens Hosp And Resrch Ctr  
 At Oakland, Lucile Salter  
 Packard Childrens Hosp,  
 Stanford Health Care  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### LANE, BRIAN P

Provider ID: 52539  
 Board Certified Specialty: No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841  
 Fax: (858) 966-7483  
 After Hours Phone: (858)  
 966-5841  
 Provider Gender: Male  
 License number: A73829  
 NPI: 1427129287  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Scripps Memorial Hospital  
 Encinitas, Scripps Memorial  
 Hospital, Sharp Chula Vista Med  
 Ctr, Southwest Healthcare  
 System Wildomar, Southwest  
 Healthcare System Murrieta,  
 Scripps Mercy Hospital, Scripps  
 Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### LANGLEY, GREGORY H

Provider ID: 205698  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Male  
 License number: G88047

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*NPI: 1427049675*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Rady*

*Childrens Hospital San Diego*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health*

*Network*

### **LANGLEY, GREGORY H**

*Provider ID: 52899*

*Board Certified Specialty: No*

*RADY CHILDRENS*

*SPECIALISTS SAN DIEGO MED*

*FNDTN*

*3020 CHILDRENS WAY*

*SAN DIEGO, CA 92123-4223*

*Phone: (858) 309-6290*

*Fax:*

*After Hours Phone: (858)*

*309-6290*

*Provider Gender: Male*

*License number: G88047*

*NPI: 1427049675*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Rady*

*Childrens Hospital San Diego*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL):*

*No*

*♿ Accessibility: W*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health*

*Network*

### **LARROW, ANNIE N**

*Provider ID: 276013*

*Board Certified Specialty: No*

*RADY CHILDRENS HEALTH*

*NETWORK*

*3020 CHILDRENS WAY*

*SAN DIEGO, CA 92123-4223*

*Phone: (858) 966-5841*

*Fax: (858) 966-6728*

*After Hours Phone: (858)*

*966-5841*

*Provider Gender: Female*

*License number: A147181*

*NPI: 1417344128*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Rady*

*Childrens Hospital San Diego,*

*Ucsd Medical Ctr, Ucsd La Jolla*

*John Sally Thornton*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health*

*Network*

### **LAUB, NATALIE**

*Provider ID: 274665*

*Board Certified Specialty: No*

*RADY CHILDRENS HEALTH*

*NETWORK*

*3020 CHILDRENS WAY*

*SAN DIEGO, CA 92123-4223*

*Phone: (858) 966-5841*

*Fax: (858) 966-6728*

*After Hours Phone: (858)*

*966-5841*

*Provider Gender: Female*

*License number: A168555*

*NPI: 1336448083*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Rady*

*Childrens Hospital San Diego*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health*

*Network*

### **LAUB, NATALIE**

*Provider ID: 274666*

*Board Certified Specialty: No*

*RADY CHILDRENS HEALTH*

*NETWORK*

*3665 KEARNY VILLA RD # 500*

*SAN DIEGO, CA 92123-1953*

*Phone: (858) 966-5980*

*Fax: (858) 966-8535*

*After Hours Phone: (858)*

*966-5980*

*Provider Gender: Female*

*License number: A168555*

*NPI: 1336448083*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Rady*

*Childrens Hospital San Diego*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/18*

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## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <p><i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/>           3020 CHILDRENS WAY<br/>           SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 576-1700<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 576-1700<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A121976<br/> <i>NPI:</i> 1407024995<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> French, Polish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> | <p><i>Phone:</i> (858) 292-1144<br/> <i>Fax:</i> (858) 268-5145<br/> <i>After Hours Phone:</i> (858) 292-1144<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A116427<br/> <i>NPI:</i> 1861666919<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> |
| <p><b>LEE, BEGEM</b><br/> <i>Provider ID:</i> 205923<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>           3020 CHILDRENS WAY<br/>           SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-5841<br/> <i>Fax:</i> (858) 966-6728<br/> <i>After Hours Phone:</i> (858) 966-5841<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A126770<br/> <i>NPI:</i> 1053672444<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> | <p><i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/>           3020 CHILDRENS WAY<br/>           SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 576-1700<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 576-1700<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> C143617<br/> <i>NPI:</i> 1497982227<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> French, German<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego,</p>                                                                                                                                                                                                                                                                                                                                                                 | <p><b>LENZEN, CHRISTIANE</b><br/> <i>Provider ID:</i> 112872<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/>           3020 CHILDRENS WAY<br/>           SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 576-1700<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 576-1700<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> C143617<br/> <i>NPI:</i> 1497982227<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> French, German<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego,</p>                                              |
| <p><b>LEIBEL, SYDNEY A</b><br/> <i>Provider ID:</i> 106806<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/>           5776 RUFFIN RD<br/>           SAN DIEGO, CA 92123-1013</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><b>LEIBEL, SANDRA L</b><br/> <i>Provider ID:</i> 103580</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

University Hsp Of San Diego Co, Network

Ucsd Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### LENZEN, CHRISTIANE

Provider ID: 205978

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841

Fax:

After Hours Phone: (858)  
966-5841

Provider Gender: Female

License number: C143617

NPI: 1497982227

Provider English Spoken: Yes

Provider Language(s) Spoken:

French, German

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
University Hsp Of San Diego Co

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

### LEVY, MICHAEL

Provider ID: 206053

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841

Fax:

After Hours Phone: (858)  
966-5841

Provider Gender: Male

License number: A112901

NPI: 1699937250

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Cedars Sinai  
Medical Center, Rady Childrens  
Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### LE, CRYSTAL N

Provider ID: 52540

Board Certified Specialty: No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED

FNDTN

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818

Fax:

After Hours Phone: (858)  
966-5818

Provider Gender: Female

License number: A97634

NPI: 1003028416

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Southwest Healthcare System

Wildomar, Southwest Healthcare

System Murrieta, Scripps

Memorial Hospital, Scripps

Memorial Hospital Encinitas

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### LE, JOAN T

Provider ID: 206524

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY STE  
300

SAN DIEGO, CA 92123-4228

Phone: (858) 966-8974

Fax: (858) 966-6721

After Hours Phone: (858)  
966-8974

Provider Gender: Female

License number: A99391

NPI: 1447460050

Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Doctors Hospital Of Riverside Llc, Childrens Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **LUJAN, ARLEEN G**

*Provider ID:* 25649  
*Board Certified Specialty:* No  
 LOGAN HEIGHTS FAMILY HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Provider Gender:* Female  
*License number:* A61687  
*NPI:* 1760412431  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME

*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights Family Health Center  
*IPA:*

### **MANNINO AVILA, ELIZABETH E**

*Provider ID:* 262161  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A117906  
*NPI:* 1164747127  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MANNINO AVILA, ELIZABETH E**

*Provider ID:* 74656  
*Board Certified Specialty:* No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A117906  
*NPI:* 1164747127  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MARDOUM, RIAD**

*Provider ID:* 103913  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 4077 5TH AVE  
 SAN DIEGO, CA 92103-2105  
*Phone:* (619) 260-7046  
*Fax:*  
*After Hours Phone:* (619) 260-7046  
*Provider Gender:* Male  
*License number:* A36720

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>NPI: 1417050584<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Arabic, Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>♿ Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p>                                                                                                           | <p>Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>♿ Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>MARDOUM, RIAD</b><br/> <i>Provider ID:</i> 103916<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/>           3020 CHILDRENS WAY<br/>           SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-5841<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 966-5841<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A36720<br/> <i>NPI:</i> 1417050584<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Arabic, Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Ucsd</p> | <p><b>MARIETTI SHEPHERD, SARAH R</b><br/> <i>Provider ID:</i> 206244<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS HEALTH NETWORK<br/>           7930 FROST ST STE 407<br/>           SAN DIEGO, CA 92123-4286<br/> <i>Phone:</i> (858) 279-8527<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 279-8527<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A106447<br/> <i>NPI:</i> 1801094115<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>♿ Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health</p> | <p><b>METCALF, ASHLEY M</b><br/> <i>Provider ID:</i> 101237<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/>           3020 CHILDRENS WAY<br/>           SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-8800<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 966-8800<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 20A14115<br/> <i>NPI:</i> 1073740205<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>♿ Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>MISHRA-OCCHINO, SEEMA S</b><br/> <i>Provider ID:</i> 52907<br/> <i>Board Certified Specialty:</i> No<br/>           RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/>           3020 CHILDRENS WAY<br/>           SAN DIEGO, CA 92123-4223</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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## D. Specialist Provider Directory

Phone: (858) 966-8800

Fax:

After Hours Phone: (858)  
966-8800

Provider Gender: Female

License number: A100307

NPI: 1689612830

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **MOBLEY, WILLIAM C**

Provider ID: 128124

Board Certified Specialty: No

UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE 325

SAN DIEGO, CA 92121-3069

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: G36551

NPI: 1902941743

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **MOYER, LAUREL B**

Provider ID: 109470

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

Phone: (858) 966-5818

Fax:

After Hours Phone: (858)

966-5818

Provider Gender: Female

License number: C144070

NPI: 1598970378

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,

Scripps Mercy Hospital, Scripps

Mercy Hospital Chula Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### **NELSON, THEODORA J**

Provider ID: 257259

Board Certified Specialty: No

UCSD MEDICAL GROUP

7910 FROST ST STE 230

SAN DIEGO, CA 92123-2776

Phone: (858) 496-4800

Fax:

After Hours Phone: (858)

496-4800

Provider Gender: Female

License number: G75021

NPI: 1326130584

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **NEWFIELD, RON S**

Provider ID: 52057

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123-4232

Phone: (858) 966-4003

Fax:

After Hours Phone: (858)

966-4003

Provider Gender: Male

License number: A73875

NPI: 1679644421

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital, Ucsd  
Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **NGUYEN, MARGARET B**

*Provider ID:* 83870

*Board Certified Specialty:* No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-8800

*Fax:*

*After Hours Phone:* (858)

966-8800

*Provider Gender:* Female

*License number:* A131847

*NPI:* 1942485248

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Childrens

Hosp And Resrch Ctr At

Oakland, Rady Childrens

Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **NIENOW, SHALON M**

*Provider ID:* 127354

*Board Certified Specialty:* No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5841

*Fax:*

*After Hours Phone:* (858)

966-5841

*Provider Gender:* Female

*License number:* A155289

*NPI:* 1255592465

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

University Of New Mexico

Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **NIENOW, SHALON M**

*Provider ID:* 262189

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

3665 KEARNY VILLA RD # 501

SAN DIEGO, CA 92123-1953

*Phone:* (858) 966-5990

*Fax:* (858) 966-5992

*After Hours Phone:* (858)

966-5990

*Provider Gender:* Female

*License number:* A155289

*NPI:* 1255592465

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,

University Of New Mexico

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **NIENOW, SHALON M**

*Provider ID:* 262190

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 576-1700

*Fax:* (858) 966-6728

*After Hours Phone:* (858)

576-1700

*Provider Gender:* Female

*License number:* A155289

*NPI:* 1255592465

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Childrens Hospital San Diego,  
University Of New Mexico  
Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **ODONNELL, F JANE D**

*Provider ID:* 52506  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-7483  
*After Hours Phone:* (858)  
966-5841  
*Provider Gender:* Female  
*License number:* G81056  
*NPI:* 1477625325  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Southwest  
Healthcare System Wildomar,  
Childrens Hosp And Resrch Ctr  
At Oakland, Southwest  
Healthcare System Murrieta,  
Scripps Mercy Hospital, Scripps  
Mercy Hospital Chula Vista,  
Rady Childrens Hospital San  
Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PARDEE, PERRIE E**

*Provider ID:* 205767  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 576-1700  
*Fax:* (858) 966-6782  
*After Hours Phone:* (858)  
576-1700  
*Provider Gender:* Female  
*License number:* A123826  
*NPI:* 1578850988  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Rady Childrens  
Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PARKER, PAUL C**

*Provider ID:* 205755  
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858)  
966-5841  
*Provider Gender:* Male  
*License number:* A54747  
*NPI:* 1841202710  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Marian  
Regional Medical Center, Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PATEL, AARTI R**

*Provider ID:* 205865  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858)  
966-5841  
*Provider Gender:* Female  
*License number:* A142110  
*NPI:* 1871813105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PHILLIPS, SUSAN A**

*Provider ID:* 52151  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:*  
*After Hours Phone:* (858)  
 966-4003  
*Provider Gender:* Female  
*License number:* G85921  
*NPI:* 1588735336  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

Network

### **PIERCE, HEATHER C**

*Provider ID:* 205701  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858)  
 966-5841  
*Provider Gender:* Female  
*License number:* A103389  
*NPI:* 1699955542  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **PIERCE, HEATHER C**

*Provider ID:* 52797  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858)  
 966-5841

*Provider Gender:* Female  
*License number:* A103389  
*NPI:* 1699955542  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **RAMOS, CARLOS G**

*Provider ID:* 102158  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-3759  
*Fax:*  
*After Hours Phone:* (619)  
 543-3759  
*Provider Gender:* Male  
*License number:* A91944  
*NPI:* 1205047545  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, El Centro Regional Medical  
 Center, Southwest Healthcare  
 System Wildomar, Southwest  
 Healthcare System Murrieta,  
 Rady Childrens Hospital San  
 Diego, Ucsd La Jolla John Sally

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## D. Specialist Provider Directory

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Thornton<br>Medi-Cal Open Panel: No<br>Min/Max Age: None<br>American Sign Language (ASL): No<br>♿ Accessibility: W<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Rady Childrens Health Network                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Network<br><br><b>RIES, DAVID C</b><br>Provider ID: 206082<br>Board Certified Specialty: Yes<br>RADY CHILDRENS HEALTH NETWORK<br>3020 CHILDRENS WAY<br>SAN DIEGO, CA 92123-4223<br>Phone: (858) 966-5841<br>Fax:<br>After Hours Phone: (858) 966-5841<br>Provider Gender: Male<br>License number: A127233<br>NPI: 1376705483<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/18<br>American Sign Language (ASL): No<br>♿ Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Rady Childrens Health Network | Phone: (858) 966-5811<br>Fax:<br>After Hours Phone: (858) 966-5811<br>Provider Gender: Male<br>License number: A46026<br>NPI: 1245302561<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland<br>Medi-Cal Open Panel: No<br>Min/Max Age: None<br>American Sign Language (ASL): No<br>♿ Accessibility: W<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Rady Childrens Health Network |
| <b>RHEE, KYUNG E</b><br>Provider ID: 206114<br>Board Certified Specialty: No<br>RADY CHILDRENS HEALTH NETWORK<br>3020 CHILDRENS WAY<br>SAN DIEGO, CA 92123-4223<br>Phone: (858) 966-5841<br>Fax: (858) 966-6728<br>After Hours Phone: (858) 966-5841<br>Provider Gender: Female<br>License number: A112676<br>NPI: 1013996529<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken:<br>Cultural Competency: No<br>Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Palomar Medical Center, Palomar Health Downtown Campus<br>Medi-Cal Open Panel: Yes<br>Min/Max Age: 0/18<br>American Sign Language (ASL): No<br>♿ Accessibility:<br>Hours: M-SA 9AM-5PM<br>Website:<br>Email:<br>Medical Group(s):<br>IPA: Rady Childrens Health | <b>ROBERTS, WILLIAM D</b><br>Provider ID: 52318<br>Board Certified Specialty: No<br>RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br>3010 CHILDRENS WAY # 2W<br>SAN DIEGO, CA 92123-4223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>RODRIGUEZ, JAVIER</b><br>Provider ID: 46966<br>Board Certified Specialty: No<br>LA MAESTRA FAMILY CLINIC INC<br>4060 FAIRMOUNT AVE<br>SAN DIEGO, CA 92105-1608<br>Phone: (619) 255-9155<br>Fax:<br>After Hours Phone: (619) 255-9155<br>Provider Gender: Male<br>License number: A82639<br>NPI: 1013059385<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Spanish<br>Cultural Competency: No<br>Hospital Affiliation:                                                                                                                  |

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## D. Specialist Provider Directory

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*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* P, EB, IB, E, W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:* www.lamaestra.org  
*Email:*  
*Medical Group(s):* La Maestra Family Clinic Inc  
*IPA:*

### **RUNGVIVATJARUS, TIRANUN**

*Provider ID:* 206319  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A141353  
*NPI:* 1407276363  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SAJTI, ENIKO C**

*Provider ID:* 117483  
*Board Certified Specialty:* No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-3759  
*Fax:* (619) 543-3812  
*After Hours Phone:* (619) 543-3759  
*Provider Gender:* Female  
*License number:* A115973  
*NPI:* 1649433103  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SAJTI, ENIKO C**

*Provider ID:* 83875  
*Board Certified Specialty:* No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:* (858) 966-7483  
*After Hours Phone:* (858) 966-5818

*Provider Gender:* Female  
*License number:* A115973  
*NPI:* 1649433103  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SAWYER, CAROLYN M**

*Provider ID:* 270318  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
7910 FROST ST STE 350  
SAN DIEGO, CA 92123-2753  
*Phone:* (858) 496-4800  
*Fax:* (858) 496-4850  
*After Hours Phone:* (858) 496-4800  
*Provider Gender:* Female  
*License number:* A149116  
*NPI:* 1043653249  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*

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## D. Specialist Provider Directory

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*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SCHNEIDER, SARAH M**

*Provider ID:* 284224  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A151631  
*NPI:* 1508210311  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SCHWARZ, KATHLEEN B**

*Provider ID:* 125422  
*Board Certified Specialty:* No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-4003  
*Fax:*  
*After Hours Phone:* (858) 966-4003  
*Provider Gender:* Female  
*License number:* G152263  
*NPI:* 1265465918  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SEBSO, JODI**

*Provider ID:* 46712  
*Board Certified Specialty:* No  
LOGAN HEIGHTS FAMILY HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Provider Gender:* Female  
*License number:* A103099  
*NPI:* 1538484316  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights Family Health Center  
*IPA:*

### **SONG, RICHARD S**

*Provider ID:* 70909  
*Board Certified Specialty:* No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:* (858) 966-7483  
*After Hours Phone:* (858) 966-5818  
*Provider Gender:* Male  
*License number:* A112147  
*NPI:* 1881893477  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Pomerado Hospital, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Palomar Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM

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## D. Specialist Provider Directory

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| <p><i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> <p><b>SPECTOR, STEPHEN A</b><br/> <i>Provider ID:</i> 52328<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/> 3030 CHILDRENS WAY FL 2<br/> SAN DIEGO, CA 92123-4232<br/> <i>Phone:</i> (858) 966-4003<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 966-4003<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G32467<br/> <i>NPI:</i> 1790857316<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital, Childrens Hosp And Resrch Ctr At Oakland<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> <p><b>SPECTOR, STEPHEN A</b><br/> <i>Provider ID:</i> 52329<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS</p> | <p>SPECIALISTS SAN DIEGO MED FNDTN<br/> 330 LEWIS ST<br/> SAN DIEGO, CA 92103-2108<br/> <i>Phone:</i> (619) 543-8089<br/> <i>Fax:</i> (619) 298-2698<br/> <i>After Hours Phone:</i> (619) 543-8089<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G32467<br/> <i>NPI:</i> 1790857316<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital, Childrens Hosp And Resrch Ctr At Oakland<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> <p><b>SPEZIALE, MARK V</b><br/> <i>Provider ID:</i> 52555<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/> 3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-5818<br/> <i>Fax:</i> (858) 966-7483<br/> <i>After Hours Phone:</i> (858) 966-5818<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G78658</p> | <p><i>NPI:</i> 1801978143<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Mercy Hospital, Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> ♿ <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> <p><b>SPITZER, MARSHA D</b><br/> <i>Provider ID:</i> 25654<br/> <i>Board Certified Specialty:</i> No<br/> LOGAN HEIGHTS FAMILY HEALTH CENTER<br/> 1809 NATIONAL AVE<br/> SAN DIEGO, CA 92113-2113<br/> <i>Phone:</i> (619) 515-2300<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2300<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A76785<br/> <i>NPI:</i> 1851323315<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital</p> |
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This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights  
Family Health Center  
*IPA:*

### **STOVER, LAURIE B**

*Provider ID:* 206196  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5841  
*Fax:*  
*After Hours Phone:* (858) 966-5841  
*Provider Gender:* Female  
*License number:* A71978  
*NPI:* 1659442317  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **STRAIT, MARIE I**

*Provider ID:* 273471

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5818  
*Fax:*  
*After Hours Phone:* (858) 966-5818  
*Provider Gender:* Female  
*License number:* C167351  
*NPI:* 1669633012  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **STRAIT, MARIE I**

*Provider ID:* 273473  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-3759  
*Fax:*  
*After Hours Phone:* (619) 543-3759  
*Provider Gender:* Female  
*License number:* C167351  
*NPI:* 1669633012  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **SURESH, PREMI T**

*Provider ID:* 217863  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3685 KEARNY VILLA RD  
SAN DIEGO, CA 92123-1950  
*Phone:* (858) 966-5990  
*Fax:* (858) 966-6728  
*After Hours Phone:* (858) 966-5990  
*Provider Gender:* Female  
*License number:* A89651  
*NPI:* 1558408559  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Childrens  
Hosp And Resrch Ctr At  
Oakland, Palomar Medical  
Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

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## D. Specialist Provider Directory

IPA: Rady Childrens Health Network

### **SURESH, PREMI T**

Provider ID: 265149

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 576-1700

Fax: (858) 966-6728

After Hours Phone: (858) 576-1700

Provider Gender: Female

License number: A89651

NPI: 1558408559

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Palomar Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **SURESH, PREMI T**

Provider ID: 265150

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3665 KEARNY VILLA RD # 501  
SAN DIEGO, CA 92123-1953

Phone: (858) 966-5990

Fax: (858) 966-7508

After Hours Phone: (858) 966-5990

Provider Gender: Female

License number: A89651

NPI: 1558408559

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Palomar Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **SURESH, PREMI T**

Provider ID: 283161

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

3665 KEARNY VILLA RD # 500  
SAN DIEGO, CA 92123-1953

Phone: (858) 966-5980

Fax: (858) 966-5992

After Hours Phone: (858) 966-5980

Provider Gender: Female

License number: A89651

NPI: 1558408559

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Palomar Medical Center

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL): No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health Network

### **SUTTNER, DENISE M**

Provider ID: 52558

Board Certified Specialty: No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (858) 966-5841

Fax:

After Hours Phone: (858) 966-5841

Provider Gender: Female

License number: A52313

NPI: 1457433799

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Scripps Memorial Hospital, Scripps

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## D. Specialist Provider Directory

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Mercy Hospital<br/> Medi-Cal Open Panel: No<br/> Min/Max Age: None<br/> American Sign Language (ASL): No<br/> ♿ Accessibility: W<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA: Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>Network</p> <p><b>TAMAS, VANESSA L</b><br/> Provider ID: 109195<br/> Board Certified Specialty: No<br/> RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/> 3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123-4223<br/> Phone: (858) 576-1700<br/> Fax:<br/> After Hours Phone: (858) 576-1700<br/> Provider Gender: Female<br/> License number: A101991<br/> NPI: 1326225368<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Cultural Competency: No<br/> Hospital Affiliation: Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Childrens Hosp Of Los Angeles, Southwest Healthcare System Murrieta<br/> Medi-Cal Open Panel: No<br/> Min/Max Age: None<br/> American Sign Language (ASL): No<br/> ♿ Accessibility: W<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA: Rady Childrens Health Network</p> | <p>Phone: (858) 966-5811<br/> Fax:<br/> After Hours Phone: (858) 966-5811<br/> Provider Gender: Female<br/> License number: C55985<br/> NPI: 1538222310<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Cultural Competency: No<br/> Hospital Affiliation: Rady Childrens Hospital San Diego<br/> Medi-Cal Open Panel: No<br/> Min/Max Age: None<br/> American Sign Language (ASL): No<br/> ♿ Accessibility: W<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA: Rady Childrens Health Network</p>     |
| <p><b>SWEENEY, NATHALY M</b><br/> Provider ID: 127345<br/> Board Certified Specialty: No<br/> RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/> 3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123-4223<br/> Phone: (858) 966-5818<br/> Fax:<br/> After Hours Phone: (858) 966-5818<br/> Provider Gender: Female<br/> License number: A110761<br/> NPI: 1164572632<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Cultural Competency: No<br/> Hospital Affiliation: Ucsd Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego<br/> Medi-Cal Open Panel: No<br/> Min/Max Age: None<br/> American Sign Language (ASL): No<br/> ♿ Accessibility: W<br/> Hours: M-SA 9AM-5PM<br/> Website:<br/> Email:<br/> Medical Group(s):<br/> IPA: Rady Childrens Health</p> | <p><b>THORNBURG, COURTNEY D</b><br/> Provider ID: 70905<br/> Board Certified Specialty: No<br/> CHILDRENS HOSP SAN DIEGO CHADWICK CTR<br/> 3010 CHILDRENS WAY # 2W<br/> SAN DIEGO, CA 92123-4223</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>TOVAR PADUA, LEIDY J</b><br/> Provider ID: 128013<br/> Board Certified Specialty: No<br/> RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/> 3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123-4223<br/> Phone: (858) 966-8800<br/> Fax:<br/> After Hours Phone: (858) 966-8800<br/> Provider Gender: Female<br/> License number: A130894<br/> NPI: 1033491311<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken: Cultural Competency: No<br/> Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp Of Los Angeles,</p> |

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## D. Specialist Provider Directory

Long Beach Memorial Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **TREMOULET, ADRIANA H**

*Provider ID:* 121500  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-7785  
*Fax:*  
*After Hours Phone:* (858)  
 966-7785  
*Provider Gender:* Female  
*License number:* A76788  
*NPI:* 1013015445  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Scripps  
 Mercy Hospital, Sharp Mary  
 Birch Hosp For Women And  
 Newborns, Scripps Memorial  
 Hospital Encinitas, Childrens  
 Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **VAUCHER, YVONNE E**

*Provider ID:* 107742  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-3771  
*Fax:* (619) 543-7543  
*After Hours Phone:* (619)  
 543-3771  
*Provider Gender:* Female  
*License number:* G25444  
*NPI:* 1275615510  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **VAUCHER, YVONNE E**

*Provider ID:* 52559  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN

4077 5TH AVE  
 SAN DIEGO, CA 92103-2105  
*Phone:* (619) 260-7046  
*Fax:*  
*After Hours Phone:* (619)  
 260-7046  
*Provider Gender:* Female  
*License number:* G25444  
*NPI:* 1275615510  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **VILLARROEL, SARAH A**

*Provider ID:* 205861  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3665 KEARNY VILLA RD # 501  
 SAN DIEGO, CA 92123-1953  
*Phone:* (858) 966-5980  
*Fax:* (858) 966-5992  
*After Hours Phone:* (858)  
 966-5980  
*Provider Gender:* Female  
*License number:* 20A9338  
*NPI:* 1336205558  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens  
 Hosp And Resrch Ctr At

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## D. Specialist Provider Directory

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Oakland, Rady Childrens Hospital San Diego, Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-8800<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (858) 966-8800<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A89393<br/> <i>NPI:</i> 1427142363<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> |
| <p><b>VILLARROEL, SARAH A</b><br/> <i>Provider ID:</i> 205862<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-5841<br/> <i>Fax:</i> (858) 966-6728<br/> <i>After Hours Phone:</i> (858) 966-5841<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 20A9338<br/> <i>NPI:</i> 1336205558<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Childrens Hosp And Resrch Ctr At Oakland, Rady Childrens Hospital San Diego, Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i></p> | <p><b>WAI, SHANNON S</b><br/> <i>Provider ID:</i> 70903<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/> 3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-8800<br/> <i>Fax:</i> (858) 966-7433<br/> <i>After Hours Phone:</i> (858) 966-8800<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A122459<br/> <i>NPI:</i> 1528395282<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego, Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p> | <p><b>WANG, EMILY J</b><br/> <i>Provider ID:</i> 126804<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN<br/> 4305 UNIVERSITY AVE STE 150<br/> SAN DIEGO, CA 92105-1690<br/> <i>Phone:</i> (619) 280-2905<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 280-2905<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A89393<br/> <i>NPI:</i> 1427142363</p>                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>WANG, EMILY J</b><br/> <i>Provider ID:</i> 126801<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Scripps Memorial Hospital Encinitas, Rady Childrens Hospital San Diego, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WELCH, MICHAEL J**

*Provider ID:* 51907  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 5776 RUFFIN RD  
 SAN DIEGO, CA 92123-1013  
*Phone:* (858) 292-1144  
*Fax:*  
*After Hours Phone:* (858) 292-1144  
*Provider Gender:* Male  
*License number:* G34844  
*NPI:* 1699794222  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network  
**YAPHOCKUN, KAREN K**  
*Provider ID:* 113245  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 576-1700  
*Fax:*  
*After Hours Phone:* (858) 576-1700  
*Provider Gender:* Female  
*License number:* 20A13298  
*NPI:* 1861880817  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network  
**YORGIN, PETER D**  
*Provider ID:* 52573  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED

FNDTN  
 8001 FROST ST  
 SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-5855  
*Fax:*  
*After Hours Phone:* (858) 966-5855  
*Provider Gender:* Male  
*License number:* G64029  
*NPI:* 1023039831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Scripps Memorial Hospital, Sharp Memorial Hospital, Childrens Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **YU, ELIZABETH L**

*Provider ID:* 80373  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-4003  
*Fax:*  
*After Hours Phone:* (858) 966-4003  
*Provider Gender:* Female  
*License number:* A102372  
*NPI:* 1538485586

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Childrens Hosp And Resrch Ctr  
 At Oakland  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **ZAGULI, MARVIN J**

*Provider ID:* 98958  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 12036 SCRIPPS HIGHLANDS  
 DR # 102  
 SAN DIEGO, CA 92131-5155  
*Phone:* (858) 566-4444  
*Fax:*  
*After Hours Phone:* (858)  
 566-4444  
*Provider Gender:* Male  
*License number:* G38188  
*NPI:* 1508837501  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Sharp  
 Mary Birch Hosp For Women  
 And Newborns  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ZANDKARIMI, FARIBA**

*Provider ID:* 25659  
*Board Certified Specialty:* No  
 LOGAN HEIGHTS FAMILY  
 HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Provider Gender:* Female  
*License number:* A46161  
*NPI:* 1356373674  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Mercy  
 General Hospital, Rady Childrens  
 Hospital San Diego, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights  
 Family Health Center  
*IPA:*

## PHYSICAL MEDICINE / REHABILITATION

### **ALGRA, JEFFREY**

*Provider ID:* 287524  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7910 FROST ST # 195  
 SAN DIEGO, CA 92123-2771  
*Phone:* (858) 966-8974  
*Fax:*  
*After Hours Phone:* (858)  
 966-8974  
*Provider Gender:* Male  
*License number:* A121138  
*NPI:* 1457664518  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **BIFFL, SUSAN E**

*Provider ID:* 287453  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7910 FROST ST # 195  
 SAN DIEGO, CA 92123-2771

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

Phone: (858) 966-8974  
Fax: (858) 966-6721  
After Hours Phone: (858) 966-8974  
Provider Gender: Female  
License number: C151768  
NPI: 1366589640  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **BROWN, MACKENZIE E**

Provider ID: 287516  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
7910 FROST ST # 195  
SAN DIEGO, CA 92123-2771  
Phone: (858) 966-8974  
Fax:  
After Hours Phone: (858)  
966-8974  
Provider Gender: Female  
License number: 20A14180  
NPI: 1275812323  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **BULLOCK, ANDREW C**

Provider ID: 257588  
Board Certified Specialty: No  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT  
1855 1ST AVE STE 200  
SAN DIEGO, CA 92101-2650  
Phone: (619) 379-6579  
Fax: (619) 501-3846  
After Hours Phone: (619)  
379-6579  
Provider Gender: Male  
License number: 20A6842  
NPI: 1295743045  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Fataleka, Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Blue Shield Promise Health  
Plan Direct, Community Care Ipa  
Llc  
**CHEN, JEFFREY L**  
Provider ID: 63845

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: A102762  
NPI: 1811183700  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Pomerado  
Hospital, Ucsd Medical Ctr, Ucsd  
La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **DALAL, PRITHA B**

Provider ID: 287523  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
7910 FROST ST # 195  
SAN DIEGO, CA 92123-2771  
Phone: (858) 966-8974  
Fax:  
After Hours Phone: (858)  
966-8974  
Provider Gender: Female  
License number: A132097  
NPI: 1609017532  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **GAVRILYUK, OLEG M**

*Provider ID:* 34930  
*Board Certified Specialty:* No  
OLEG M GAVRILYUK MD PC  
6699 ALVARADO RD STE 2302  
SAN DIEGO, CA 92120-5241  
*Phone:* (619) 578-2518  
*Fax:*  
*After Hours Phone:* (619)  
578-2518  
*Provider Gender:* Male  
*License number:* A74418  
*NPI:* 1952496291  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-F 8:30AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LEE, HAEWON**

*Provider ID:* 256226  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A161567  
*NPI:* 1447661657  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Korean  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LE, JOAN T**

*Provider ID:* 243378  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR STE 325  
SAN DIEGO, CA 92121-3069  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A99391  
*NPI:* 1447460050

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Parkview Community Hospital  
Medical Center, Childrens Hosp  
And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **MIGNOSA, ROGER J**

*Provider ID:* 120585  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121-2113  
*Phone:* (858) 657-8600  
*Fax:*  
*After Hours Phone:* (858)  
657-8600  
*Provider Gender:* Male  
*License number:* 20A12464  
*NPI:* 1255627691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W

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## D. Specialist Provider Directory

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **MIGNOSA, ROGER J**

Provider ID: 203477  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9909 MIRA MESA BLVD STE 200  
SAN DIEGO, CA 92131-1061  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: 20A12464  
NPI: 1255627691  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **MIGNOSA, ROGER J**

Provider ID: 203478  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9333 GENESEE AVE STE 200  
SAN DIEGO, CA 92121-2113

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: 20A12464  
NPI: 1255627691  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **MIGNOSA, ROGER J**

Provider ID: 286300  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9333 GENESEE AVE  
SAN DIEGO, CA 92121-2111  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: 20A12464  
NPI: 1255627691  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **RYAN, KYLE**

Provider ID: 287520  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST # 195  
SAN DIEGO, CA 92123-2771  
Phone: (858) 966-8974  
Fax:  
After Hours Phone: (858) 966-8974  
Provider Gender: Male  
License number: A170177  
NPI: 1447645742  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **SCOTT-WYARD, PHOEBE R**

Provider ID: 287519  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST # 195

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

SAN DIEGO, CA 92123-2771  
 Phone: (858) 966-8974  
 Fax:  
 After Hours Phone: (858) 966-8974  
 Provider Gender: Female  
 License number: 20A11699  
 NPI: 1336356203  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Childrens Hosp Of Los Angeles, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**SKALSKY, ANDREW J**  
 Provider ID: 287537  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST # 195  
 SAN DIEGO, CA 92123-2771  
 Phone: (858) 966-8974  
 Fax:  
 After Hours Phone: (858) 966-8974  
 Provider Gender: Male  
 License number: A90003  
 NPI: 1487635272  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**THOMPSON, SHARRON L**  
 Provider ID: 278396  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3703 CAMINO DEL RIO S STE 210  
 SAN DIEGO, CA 92108-4033  
 Phone: (619) 640-5555  
 Fax: (619) 640-5550  
 After Hours Phone: (619) 640-5555  
 Provider Gender: Female  
 License number: G55454  
 NPI: 1669462883  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### PHYSICIANS ASSISTANT

**AINSWORTH, DELISSA M**

Provider ID: 243367  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR  
 SAN DIEGO, CA 92121-3021  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: PA53570  
 NPI: 1750734893  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Southwest Healthcare System Wildomar, Southwest Healthcare System Murrieta, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessability:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**ALBRIGHT, KELSEY A**  
 Provider ID: 284763  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 923-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 923-8273  
 Provider Gender: Female  
 License number: PA57996  
 NPI: 1235653148  
 Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **ALVARADO, EDMUND R**

*Provider ID:* 115061

*Board Certified Specialty:* No

LOGAN HEIGHTS FAMILY

HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Provider Gender:* Male

*License number:* PA20888

*NPI:* 1720303340

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Logan Heights

Family Health Center

*IPA:*

### **ARMEEN, GARY P**

*Provider ID:* 247035

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* PA21505

*NPI:* 1760774863

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **ASARO, AMANDA M**

*Provider ID:* 260258

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY STE

410

SAN DIEGO, CA 92123-4228

*Phone:* (858) 966-6789

*Fax:*

*After Hours Phone:* (858)

966-6789

*Provider Gender:* Female

*License number:* PA18493

*NPI:* 1306961313

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/21

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **ASARO, AMANDA M**

*Provider ID:* 260260

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5999

*Fax:* (858) 576-8412

*After Hours Phone:* (858)

966-5999

*Provider Gender:* Female

*License number:* PA18493

*NPI:* 1306961313

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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*Medical Group(s):*

*IPA: Rady Childrens Health Network*

**ASARO, AMANDA M**

*Provider ID: 280620*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

*3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4232*

*Phone: (858) 966-6789*

*Fax: (858) 966-6706*

*After Hours Phone: (858)  
966-6789*

*Provider Gender: Female*

*License number: PA18493*

*NPI: 1306961313*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation: Rady*

*Childrens Hospital San Diego*

*Medi-Cal Open Panel: No*

*Min/Max Age: 0/18*

*American Sign Language (ASL):  
No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health Network*

**BARKER, ALEXANDRA E**

*Provider ID: 276599*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

*3020 CHILDRENS WAY*

*SAN DIEGO, CA 92123-4223*

*Phone: (858) 966-5846*

*Fax: (858) 569-9052*

*After Hours Phone: (858)  
966-5846*

*Provider Gender: Female*

*License number: PA58662*

*NPI: 1154846012*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: No*

*Min/Max Age: 0/18*

*American Sign Language (ASL):  
No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health Network*

**BARKER, ALEXANDRA E**

*Provider ID: 276600*

*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**

*3030 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123-4232*

*Phone: (858) 966-5846*

*Fax: (858) 966-8457*

*After Hours Phone: (858)*

*966-5846*

*Provider Gender: Female*

*License number: PA58662*

*NPI: 1154846012*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: No*

*Min/Max Age: 0/18*

*American Sign Language (ASL):  
No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Rady Childrens Health Network*

**BAUTISTA, MARIE ANGELA M**

*Provider ID: 113403*

*Board Certified Specialty: No*  
**UCSD MEDICAL GROUP**

*200 W ARBOR DR*

*SAN DIEGO, CA 92103-1911*

*Phone: (619) 543-6222*

*Fax:*

*After Hours Phone: (619)*

*543-6222*

*Provider Gender: Female*

*License number: PA18241*

*NPI: 1225258445*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: No*

*Min/Max Age: None*

*American Sign Language (ASL):  
No*

*♿ Accessibility: W*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

**BEALE, EVAN J , NPA**

*Provider ID: 271080*

*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
*9339 GENESEE AVE STE 350  
SAN DIEGO, CA 92121-2150*

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## D. Specialist Provider Directory

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Phone: (858) 454-4300  
Fax: (858) 454-5088  
After Hours Phone: (858) 454-4300  
Provider Gender: Male  
License number: PA55344  
NPI: 1689174146  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **BEALE, EVAN J , NPA**

Provider ID: 271081  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4060 4TH AVE STE 415  
SAN DIEGO, CA 92103-2121  
Phone: (619) 298-9809  
Fax: (619) 298-9823  
After Hours Phone: (619) 298-9809  
Provider Gender: Male  
License number: PA55344  
NPI: 1689174146  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **BOYD, LISA N**

Provider ID: 217649  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PA20326  
NPI: 1871859421  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **BRAND, KELLY R**

Provider ID: 262160  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY STE  
202  
SAN DIEGO, CA 92123-4227

Phone: (858) 966-8030  
Fax: (858) 966-8032  
After Hours Phone: (858) 966-8030  
Provider Gender: Female  
License number: PA19840  
NPI: 1528215993  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/99  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **BRUECKNER, TAMMIE N**

Provider ID: 255558  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PA57558  
NPI: 1407212376  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*American Sign Language (ASL):* HEALTH PLAN DIRECT  
*No*  
*Accessibility:* 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Hours:* M-SA 9AM-5PM  
*Phone:* (619) 515-2424  
*Website:* Fax:  
*Email:* After Hours Phone: (619)  
*Medical Group(s):* 515-2424  
*IPA:* Ucsd Medical Group Provider Gender: Female  
 License number: PA17220  
 NPI: 1376550657

### **CASTILLO, PATRICIA**

*Provider ID:* 115068  
*Board Certified Specialty:* No  
 NORTH PARK FAMILY HEALTH CENTERS  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:*  
*After Hours Phone:* (619)  
 515-2424  
*Provider Gender:* Female  
*License number:* PA17220  
*NPI:* 1376550657  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health Plan Direct

### **CERIALE, CHRISTOPHER H**

*Provider ID:* 269867  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 7526 CLAIREMONT MESA BLVD  
 SAN DIEGO, CA 92111-1504  
*Phone:* (888) 743-7526  
*Fax:*  
*After Hours Phone:* (888)  
 743-7526  
*Provider Gender:* Male  
*License number:* PA54651  
*NPI:* 1255858221  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes

### **CASTILLO, PATRICIA**

*Provider ID:* 257530  
*Board Certified Specialty:* No  
 BLUE SHIELD PROMISE

*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CHAVOYA, KRISTI ROSE J**

*Provider ID:* 279602  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858)  
 966-8800  
*Provider Gender:* Female  
*License number:* PA57744  
*NPI:* 1821630617  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Loma Linda University Med Ctr, Southwest Healthcare System Wildomar  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **CLARK, YVONNE L**

*Provider ID:* 260062  
*Board Certified Specialty:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

**RADY CHILDRENS HEALTH NETWORK**  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123-4232  
*Phone:* (888) 996-6795  
*Fax:*  
*After Hours Phone:* (888) 996-6795  
*Provider Gender:* Female  
*License number:* PA20447  
*NPI:* 1629302476  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**CORNEJO, DANIEL A**  
*Provider ID:* 265375  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Male  
*License number:* PA57695  
*NPI:* 1508423492  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**DANESHVAR, ABRAHAM D , NPA**  
*Provider ID:* 271004  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 9610 GRANITE RIDGE DR STE B  
 SAN DIEGO, CA 92123-2684  
*Phone:* (858) 558-8150  
*Fax:* (858) 346-1024  
*After Hours Phone:* (858) 558-8150  
*Provider Gender:* Male  
*License number:* PA52905  
*NPI:* 1245359140  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Turkish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical

Group-Sd

**DAVID, MARVIC T**  
*Provider ID:* 115065  
*Board Certified Specialty:* No  
**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Provider Gender:* Male  
*License number:* PA53748  
*NPI:* 1750832317  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights Family Health Center  
*IPA:*

**DENEVAN, ANDREW J**  
*Provider ID:* 83352  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* PA23100  
*NPI:* 1811324726

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DICKINSON, ALLISON J**

*Provider ID:* 260622  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 576-8412  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Female  
*License number:* PA17163  
*NPI:* 1972655389  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **DICKINSON, ALLISON J**

*Provider ID:* 260623  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 190  
 SAN DIEGO, CA 92123-2731  
*Phone:* (858) 966-9360  
*Fax:* (858) 966-8519  
*After Hours Phone:* (858) 966-9360  
*Provider Gender:* Female  
*License number:* PA17163  
*NPI:* 1972655389  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **DICKINSON, ALLISON J**

*Provider ID:* 260624  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY STE 410  
 SAN DIEGO, CA 92123-4228

*Phone:* (858) 966-6789  
*Fax:* (858) 966-6706  
*After Hours Phone:* (858) 966-6789  
*Provider Gender:* Female  
*License number:* PA17163  
*NPI:* 1972655389  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **DODSON, EMILY E**

*Provider ID:* 260705  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-7711  
*Fax:* (858) 966-7712  
*After Hours Phone:* (858) 966-7711  
*Provider Gender:* Female  
*License number:* PA57548  
*NPI:* 1952708695  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **DODSON, EMILY E**

*Provider ID:* 285750  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-7484  
*Fax:* (858) 966-4064  
*After Hours Phone:* (858) 966-7484  
*Provider Gender:* Female  
*License number:* PA57548  
*NPI:* 1952708695  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **DOREY, DANIELLE B**

*Provider ID:* 286212  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH

NETWORK  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-8394  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Female  
*License number:* PA51652  
*NPI:* 1578966925  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Childrens Hosp Of Los Angeles  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **FINK, ELLEN E**

*Provider ID:* 124646  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* PA52655  
*NPI:* 1689962946  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **FINK, PATRICK M**

*Provider ID:* 107145  
*Board Certified Specialty:* No  
FAMILY HLTH CTR SAN DIEGO-BEACH AREA  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2444  
*Fax:*  
*After Hours Phone:* (619) 515-2444  
*Provider Gender:* Male  
*License number:* PA52704  
*NPI:* 1922380328  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-W,F 8:30AM-5:30PM, TH 9AM-6PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr San Diego-Beach Area  
*IPA:*

### **FLOCO, VIRGINIA A**

*Provider ID:* 272562  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

### NETWORK

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232  
Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858) 309-7701  
Provider Gender: Female  
License number: PA20788  
NPI: 1982798112  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### GAIDADJIEV, TEODORA

Provider ID: 276737  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
203 W F ST  
SAN DIEGO, CA 92101-6016  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PA53021  
NPI: 1235502162  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps

Memorial Hospital, Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### HAGEN, HILARY A

Provider ID: 122337  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
License number: PA52034  
NPI: 1174920805  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

Provider ID: 104629  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Male  
License number: PA51679  
NPI: 1003221078  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr

### HALTER, KENNETH N

Provider ID: 102100  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Male  
License number: PA22613  
NPI: 1053745059  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### HAMILTON, JAMES N

Provider ID: 104629  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Male  
License number: PA51679  
NPI: 1003221078  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr

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## D. Specialist Provider Directory

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HARRIS, CHRISTINA V**

Provider ID: 104660  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: PA51525  
 NPI: 1720053846  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HASEGAWA, CHRIS**

Provider ID: 247206  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: PA56884  
 NPI: 1225698962  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HASEGAWA, CHRIS**

Provider ID: 287349  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: PA56884  
 NPI: 1225698962  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HIGGINS, JOSHUA B**

Provider ID: 287133  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 203 W F ST  
 SAN DIEGO, CA 92101-6016  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: PA20471  
 NPI: 1861624181  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HOLM, TYLER A , NPA**

Provider ID: 241020  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9333 GENESEE AVE # 350A

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## D. Specialist Provider Directory

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SAN DIEGO, CA 92121-2111

Phone: (858) 455-6460

Fax: (858) 455-7197

After Hours Phone: (858)  
455-6460

Provider Gender: Male

License number: PA55864

NPI: 1326524299

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: 18/99

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### HUNTER, JACOB A

Provider ID: 287449

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

License number: PA54452

NPI: 1114459765

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### KASIAN, ELIZA B

Provider ID: 262241

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY FL 4

SAN DIEGO, CA 92123-4232

Phone: (858) 966-6795

Fax: (858) 966-7479

After Hours Phone: (858)  
966-6795

Provider Gender: Male

License number: PA52368

NPI: 1780071399

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### KRASOVIC, ERYNN E

Provider ID: 262185

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY STE  
410

SAN DIEGO, CA 92123-4228

Phone: (858) 966-6789

Fax: (858) 966-6706

After Hours Phone: (858)  
966-6789

Provider Gender: Female

License number: PA52779

NPI: 1992173124

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: No

Min/Max Age: 0/99

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### LAKHANPAL, SONIA

Provider ID: 110210

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Female

License number: PA16823

NPI: 1285796458

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

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## D. Specialist Provider Directory

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>NORTH PARK FAMILY HEALTH CENTERS</b><br/> 3544 30TH ST<br/> SAN DIEGO, CA 92104-4120<br/> <i>Phone:</i> (619) 515-2424<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2424<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> PA23231<br/> <i>NPI:</i> 1245670413<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i><br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> P, EB, IB, E, R, T, ME<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medical Group(s):</i> North Park Family Health Centers<br/> <i>IPA:</i></p> | <p><i>Hospital Affiliation:</i> Rady Childrens Hospital San Diego<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p><b>LAMBERT, GAGE I</b><br/> <i>Provider ID:</i> 214788<br/> <i>Board Certified Specialty:</i> No<br/> UCSD MEDICAL GROUP<br/> 200 W ARBOR DR<br/> SAN DIEGO, CA 92103-1911<br/> <i>Phone:</i> (800) 926-8273<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (800) 926-8273<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> PA53792<br/> <i>NPI:</i> 1144672494<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Ucsd Medical Group</p> | <p><b>LAZAR, ANITA A</b><br/> <i>Provider ID:</i> 272531<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 3030 CHILDRENS WAY FL 1<br/> SAN DIEGO, CA 92123-4232<br/> <i>Phone:</i> (858) 309-7701<br/> <i>Fax:</i> (858) 966-8038<br/> <i>After Hours Phone:</i> (858) 309-7701<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> PA55984<br/> <i>NPI:</i> 1609208198<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No</p>                                                                                                                                                                                                                                                      | <p><b>LEBOWITZ, STEVEN</b><br/> <i>Provider ID:</i> 283732<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 3020 CHILDRENS WAY<br/> SAN DIEGO, CA 92123-4223<br/> <i>Phone:</i> (858) 966-5818<br/> <i>Fax:</i> (858) 966-7483<br/> <i>After Hours Phone:</i> (858) 966-5818<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> PA51721<br/> <i>NPI:</i> 1497714828<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Palomar Medical Center, Rady Childrens Hospital San Diego, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> 18/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i></p> |
| <p><b>LAPINA, LORI L</b><br/> <i>Provider ID:</i> 77863<br/> <i>Board Certified Specialty:</i> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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## D. Specialist Provider Directory

---

IPA: Rady Childrens Health Network

### **LINDEMANN, CHRISTINA R**

Provider ID: 283760  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR STE 325  
SAN DIEGO, CA 92121-3069  
Phone: (800) 926-8273  
Fax: (858) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PA57053  
NPI: 1194373514  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **LONGOBARDO, FRANCESCA A , NPA**

Provider ID: 241372  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9333 GENESEE AVE # 350A  
SAN DIEGO, CA 92121-2111  
Phone: (858) 455-6460  
Fax: (858) 455-7197  
After Hours Phone: (858) 455-6460  
Provider Gender: Female  
License number: PA52844  
NPI: 1407224157

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **MCADAMS, JOSEPH**

Provider ID: 280611  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: PA58420  
NPI: 1104371251  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **MCCAULEY, KRISTINA R**

Provider ID: 262245  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY  
SAN DIEGO, CA 92123-4232  
Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858) 309-7701  
Provider Gender: Female  
License number: PA52100  
NPI: 1063819944  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/99  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **MCCLAFFERTY, STEPHANIE N**

Provider ID: 262297  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 4  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-6795  
Fax:  
After Hours Phone: (858) 966-6795  
Provider Gender: Female  
License number: PA52575

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## D. Specialist Provider Directory

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*NPI:* 1609209238

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **MERCER, KELLY C**

*Provider ID:* 257506

*Board Certified Specialty:* No

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

5671 BALBOA AVE

SAN DIEGO, CA 92111-2705

*Phone:* (858) 800-2880

*Fax:*

*After Hours Phone:* (858)

800-2880

*Provider Gender:* Female

*License number:* PA21625

*NPI:* 1154609790

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Arabic

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Blue Shield Promise Health

Plan Direct

### **MERRILL, COREY M**

*Provider ID:* 258040

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* PA56995

*NPI:* 1386032308

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MUNCH, LINH D**

*Provider ID:* 260085

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY STE

410

SAN DIEGO, CA 92123-4228

*Phone:* (858) 966-6789

*Fax:* (858) 966-6706

*After Hours Phone:* (858)

966-6789

*Provider Gender:* Female

*License number:* PA14223

*NPI:* 1679792725

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **MUNCH, LINH D**

*Provider ID:* 260086

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

7910 FROST ST STE 190

SAN DIEGO, CA 92123-2731

*Phone:* (858) 966-9360

*Fax:* (858) 966-8519

*After Hours Phone:* (858)

966-9360

*Provider Gender:* Female

*License number:* PA14223

*NPI:* 1679792725

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

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## D. Specialist Provider Directory

*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **MUNCH, LINH D**

*Provider ID:* 260087  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 576-8412  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Female  
*License number:* PA14223  
*NPI:* 1679792725  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **NAKAMITSU, ABIGAIL L**

*Provider ID:* 268666  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-6789  
*Fax:* (858) 966-8519  
*After Hours Phone:* (858) 966-6789  
*Provider Gender:* Female  
*License number:* PA22344  
*NPI:* 1932459179  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **NASSAR, JEANNE A**

*Provider ID:* 112529  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* PA21089  
*NPI:* 1760704761  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA:

### **NELMS, MICHAEL J , NPA**

*Provider ID:* 242771  
*Board Certified Specialty:* Yes  
COMMUNITY CARE IPA LLC  
4060 4TH AVE STE 415  
SAN DIEGO, CA 92103-2121  
*Phone:* (619) 298-9809  
*Fax:*  
*After Hours Phone:* (619) 298-9809  
*Provider Gender:* Male  
*License number:* PA14379  
*NPI:* 1235113580  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **NELMS, MICHAEL J**

*Provider ID:* 36201  
*Board Certified Specialty:* Yes  
WEST DERMATOLOGY AND SURG MED GRP  
4060 4TH AVE STE 415  
SAN DIEGO, CA 92103-2121

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## D. Specialist Provider Directory

Phone: (619) 298-9809  
 Fax:  
 After Hours Phone: (619) 298-9809  
 Provider Gender: Male  
 License number: PA14379  
 NPI: 1235113580  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### NGUYEN, CECILIA

Provider ID: 289157  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-6795  
 Fax: (858) 966-7479  
 After Hours Phone: (858) 966-6795  
 Provider Gender: Female  
 License number: PA57419  
 NPI: 1629636816  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18

American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### O'MARA, ROBERT J

Provider ID: 80431  
 Board Certified Specialty: No  
 NORTH PARK FAMILY HEALTH CENTERS  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax:

After Hours Phone: (619) 515-2424  
 Provider Gender: Male  
 License number: PA14526  
 NPI: 1336174382  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): North Park Family Health Centers  
 IPA:

### CONNOR, ALYSON B

Provider ID: 262343  
 Board Certified Specialty: No

RADY CHILDRENS HEALTH NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
 Phone: (858) 966-5999  
 Fax: (858) 966-8394  
 After Hours Phone: (858) 966-5999  
 Provider Gender: Female  
 License number: PA55497  
 NPI: 1053855239  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### PAIK, CHRISTINA N

Provider ID: 262428  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY STE 410  
 SAN DIEGO, CA 92123-4228  
 Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Female  
 License number: PA21680  
 NPI: 1174811475  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

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## D. Specialist Provider Directory

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*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PAIK, CHRISTINA N**

*Provider ID:* 262429  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
7910 FROST ST STE 190  
SAN DIEGO, CA 92123-2731  
*Phone:* (858) 966-9360  
*Fax:* (858) 966-8519  
*After Hours Phone:* (858)  
966-9360  
*Provider Gender:* Female  
*License number:* PA21680  
*NPI:* 1174811475  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PERREAULT, MARK R**

*Provider ID:* 283585  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR  
SAN DIEGO, CA 92121-3018  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* PA57736  
*NPI:* 1356749451  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PERREAULT, MARK R**

*Provider ID:* 283586  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* PA57736  
*NPI:* 1356749451  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **PRIEST, VIVIAN N**

*Provider ID:* 272430  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* PA55483  
*NPI:* 1225581754  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**QUICK, ELISABETH A**  
*Provider ID:* 87611  
*Board Certified Specialty:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

DTFHC AT CONNECTIONS  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
Phone: (619) 515-2430  
Fax:  
After Hours Phone: (619)  
515-2430  
Provider Gender: Female  
License number: PA21591  
NPI: 1790055010  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **RAI, GEORGINA**

Provider ID: 270053  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
7526 CLAIREMONT MESA  
BLVD  
SAN DIEGO, CA 92111-1504  
Phone: (858) 743-7526  
Fax:  
After Hours Phone: (858)  
743-7526  
Provider Gender: Female  
License number: PA54629  
NPI: 1467974915  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **REYES, SALLIE J**

Provider ID: 288616  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232  
Phone: (858) 309-7701  
Fax: (858) 966-8038  
After Hours Phone: (858)  
309-7701  
Provider Gender: Female  
License number: PA54464  
NPI: 1134657653  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **RIDGWAY, CATHERINE A**

Provider ID: 110465  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Female  
License number: PA17175  
NPI: 1184887408  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SANCHEZ, RAQUEL**

Provider ID: 262626  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY STE  
410  
SAN DIEGO, CA 92123-4228  
Phone: (858) 966-6789  
Fax:  
After Hours Phone: (858)  
966-6789  
Provider Gender: Female  
License number: PA14357  
NPI: 1356560650  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18

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## D. Specialist Provider Directory

*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SANCHEZ, RAQUEL**

*Provider ID:* 262627  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 190  
 SAN DIEGO, CA 92123-2731  
*Phone:* (858) 966-9360  
*Fax:* (858) 966-8519  
*After Hours Phone:* (858) 966-9360  
*Provider Gender:* Female  
*License number:* PA14357  
*NPI:* 1356560650  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SANCHEZ, RAQUEL**

*Provider ID:* 262628  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH

NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 567-8412  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Female  
*License number:* PA14357  
*NPI:* 1356560650  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SCHELLIE, SCOTT A**

*Provider ID:* 109933  
*Board Certified Specialty:* No  
 FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE  
 1550 BROADWAY # 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2525  
*Fax:*  
*After Hours Phone:* (619) 515-2525  
*Provider Gender:* Male  
*License number:* PA53288  
*NPI:* 1699053843  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-F 8:30AM-5:30PM, SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Family Hlth Ctr San Diego- City College  
*IPA:*

### **SCHMITT, EVA V**

*Provider ID:* 264174  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 140  
 SAN DIEGO, CA 92123-2712  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6266  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* PA19324  
*NPI:* 1174715106  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SCHMITT, EVA V**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Provider ID:* 264175  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:* (858) 966-6711  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* PA19324  
*NPI:* 1174715106  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**SCHMITT, EVA V**  
*Provider ID:* 264176  
*Board Certified Specialty:* No  
**RADY CHILDRENS HEALTH NETWORK**  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8800  
*Fax:* (858) 966-7433  
*After Hours Phone:* (858) 966-8800  
*Provider Gender:* Female  
*License number:* PA19324  
*NPI:* 1174715106  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**SCHMITT, EVA V**  
*Provider ID:* 69390  
*Board Certified Specialty:* No  
**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN**  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:*  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Female  
*License number:* PA19324  
*NPI:* 1174715106

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health Network

**SCHROEDER, JENNIFER K**  
*Provider ID:* 124617  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 4510 EXECUTIVE DR  
 SAN DIEGO, CA 92121-3021  
*Phone:* (858) 453-1792  
*Fax:*  
*After Hours Phone:* (858) 453-1792  
*Provider Gender:* Female  
*License number:* PA19644  
*NPI:* 1780851253  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**SCHROEDER, JENNIFER K**  
*Provider ID:* 256639  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (858) 453-1469  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PA19644  
*NPI:* 1780851253  
*Provider English Spoken:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SCHROEDER, JENNIFER K**

*Provider ID:* 256640  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121-3018  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* PA19644  
*NPI:* 1780851253  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SCHULZ, STEFAN K**

*Provider ID:* 243419  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* PA21712  
*NPI:* 1316102163  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SHAPIRO, RACHEL M**

*Provider ID:* 110912  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Female  
*License number:* PA52539  
*NPI:* 1720488836  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* No

*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SHAUL, SHERA M**

*Provider ID:* 247974  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE 111  
 SAN DIEGO, CA 92121-3019  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* PA56786  
*NPI:* 1336659507  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **STALLINGS, ANDREA M**

*Provider ID:* 101021  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030

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## D. Specialist Provider Directory

---

Phone: (619) 543-6248

Fax:

After Hours Phone: (619)  
543-6248

Provider Gender: Female

License number: PA16540

NPI: 1972595478

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA  
9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **STALLINGS, ANDREA M**

Provider ID: 255913

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST

SAN DIEGO, CA 92103-2108

Phone: (619) 543-7496

Fax:

After Hours Phone: (619)  
543-7496

Provider Gender: Female

License number: PA16540

NPI: 1972595478

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **TESFAI, HELEN S**

Provider ID: 287372

Board Certified Specialty: No

UCSD MEDICAL GROUP

4168 FRONT ST

SAN DIEGO, CA 92103-2030

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: PA54848

NPI: 1942724042

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally  
Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **TRAUTMAN, AMY L**

Provider ID: 104652

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Female

License number: PA51673

NPI: 1235412503

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **TREUNER, JULIE A**

Provider ID: 47986

Board Certified Specialty: No

LOGAN HEIGHTS FAMILY

HEALTH CENTER

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Provider Gender: Female

License number: PA17478

NPI: 1922013614

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):  
No

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## D. Specialist Provider Directory

---

♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights  
Family Health Center  
*IPA:*

### **UPTON, JACQUELINE M**

*Provider ID:* 84938  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Female  
*License number:* PA21933  
*NPI:* 1295704328  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **VARGAS, ROBERT M**

*Provider ID:* 25717  
*Board Certified Specialty:* No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Provider Gender:* Male  
*License number:* PA11194  
*NPI:* 1972528081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org  
*Email:*  
*Medical Group(s):* Logan Heights  
Family Health Center  
*IPA:*

### **VILLAPANDO, NORMA O**

*Provider ID:* 264057  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 4  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6795  
*Fax:* (858) 966-7479  
*After Hours Phone:* (858)  
966-6795  
*Provider Gender:* Female  
*License number:* PA56098  
*NPI:* 1376947960  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*

No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **WAX, PLUMMER L**

*Provider ID:* 84960  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* PA15657  
*NPI:* 1376741934  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **WEIR, JACQUELINE R**

*Provider ID:* 278200  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030

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## D. Specialist Provider Directory

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Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PA21646  
NPI: 1932494499  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **WEIR, JACQUELINE R**

Provider ID: 278201  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST  
SAN DIEGO, CA 92103-2108  
Phone: (800) 925-8271  
Fax: (888) 539-8781  
After Hours Phone: (800) 925-8271  
Provider Gender: Female  
License number: PA21646  
NPI: 1932494499  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **WEIR, JACQUELINE R**

Provider ID: 278203  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
9909 MIRA MESA BLVD STE 200  
SAN DIEGO, CA 92131-1061  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PA21646  
NPI: 1932494499  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **WITT, CHRISTOPHER**

Provider ID: 110202

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Male  
License number: PA19586  
NPI: 1982675708  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **YIP, JACKIE**

Provider ID: 122807  
Board Certified Specialty: No  
CITY HEIGHTS FAMILY HEALTH CENTERS INC  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2400  
Fax:  
After Hours Phone: (619) 515-2400  
Provider Gender: Female  
License number: PA20996  
NPI: 1558676171  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): City Heights Family Health Centers Inc  
 IPA:

### ZANZUCCHI, AUDREY E

Provider ID: 253253  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-7777  
 Fax:  
 After Hours Phone: (619) 543-7777  
 Provider Gender: Female  
 License number: PA54479  
 NPI: 1265960256  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### PODIATRIST

### COLLINS, MICHAEL L

Provider ID: 108897  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 9333 GENESEE AVE STE 350  
 SAN DIEGO, CA 92121-2103  
 Phone: (858) 455-6460  
 Fax: (858) 455-7197  
 After Hours Phone: (858) 455-6460  
 Provider Gender: Male  
 License number: DPM5146  
 NPI: 1912294711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### COLLINS, MICHAEL L

Provider ID: 269866  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9333 GENESEE AVE # 350A  
 SAN DIEGO, CA 92121-2111  
 Phone: (858) 455-6460  
 Fax: (858) 455-7197  
 After Hours Phone: (858) 455-6460  
 Provider Gender: Male  
 License number: DPM5146

NPI: 1912294711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### FORG, PATRICIA L

Provider ID: 270062  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3989 32ND ST  
 SAN DIEGO, CA 92104-2001  
 Phone: (619) 283-2097  
 Fax: (619) 860-1289  
 After Hours Phone: (619) 283-2097  
 Provider Gender: Female  
 License number: DPM3775  
 NPI: 1962517508  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

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## D. Specialist Provider Directory

♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:

Medical Group(s):  
IPA: Community Care Ipa Llc

### **FOYGELMAN, ALEKSANDR**

Provider ID: 270221  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4440 EUCLID AVE  
SAN DIEGO, CA 92115-4522  
Phone: (619) 281-3338  
Fax: (844) 229-9092  
After Hours Phone: (619)  
281-3338  
Provider Gender: Male  
License number: DPM4387  
NPI: 1265574669  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Armenian, Bulgarian, Hebrew,  
Russian, Spanish, Ukrainian  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula  
Vista Med Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **MILLER, GLENN A**

Provider ID: 34542  
Board Certified Specialty: No  
LOGAN HEIGHTS FAMILY  
HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: (619) 515-2300  
Fax: (619) 269-0053  
After Hours Phone: (619)  
515-2300  
Provider Gender: Male  
License number: DPM3584  
NPI: 1164457966  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Logan Heights  
Family Health Center  
IPA:

### **MILLER, GLENN A**

Provider ID: 39393  
Board Certified Specialty: No  
NORTH PARK FAMILY HEALTH  
CENTERS  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2300  
Fax: (619) 685-8317  
After Hours Phone: (619)  
515-2300  
Provider Gender: Male  
License number: DPM3584  
NPI: 1164457966  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): North Park  
Family Health Centers  
IPA:

### **QUINN, MICHAEL H**

Provider ID: 66301  
Board Certified Specialty: No  
CALIFORNIA ORTHOPAEDIC  
INST MED ASSOCS INC  
7485 MISSION VALLEY RD STE  
104A  
SAN DIEGO, CA 92108-4422  
Phone: (619) 291-8930  
Fax: (619) 291-8491  
After Hours Phone: (619)  
291-8930  
Provider Gender: Male  
License number: DPM4132  
NPI: 1417918475  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-F 8:30AM-5PM, SA  
9AM-5PM  
Website: califortho.com  
Email:  
Medical Group(s):  
IPA:

### **SABET, PAYMANEH SALEHIAN**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**Provider ID:** 110901  
**Board Certified Specialty:** No  
**UCSD EMERG PHYSICIANS**  
**200 W ARBOR DR**  
**SAN DIEGO, CA 92103-1911**  
**Phone:** (619) 543-6222  
**Fax:**  
**After Hours Phone:** (619)  
**543-6222**  
**Provider Gender:** Female  
**License number:** DPM5073  
**NPI:** 1437474442  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Farsi  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
 No  
**Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

### **PREVENTATIVE MEDICINE GENERAL**

#### **ROMERO, CAMILA X**

**Provider ID:** 86049  
**Board Certified Specialty:** No  
**LINDA VISTA HEALTH CARE**  
**CTR**  
**6973 LINDA VISTA RD**  
**SAN DIEGO, CA 92111-6342**  
**Phone:** (858) 279-0925  
**Fax:** (858) 279-0377  
**After Hours Phone:** (858)  
**279-0925**  
**Provider Gender:** Female

**License number:** A93812  
**NPI:** 1508912130  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 French, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Mary  
 Birch Hosp For Women And  
 Newborns  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
 No  
**Accessibility:** P, EB, IB, E, R,  
 T, W  
**Hours:** M-F 8:30AM-5:30PM, SA  
 9AM-5PM  
**Website:** www.sdfamilycare.org  
**Email:**  
**Medical Group(s):** Linda Vista  
 Health Care Ctr  
**IPA:**

### **PSYCHIATRIC-MENTAL HEALTH NURSE PRACTITIONER**

#### **SIETSMA, ALEXANDRA**

**Provider ID:** 276908  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**350 DICKINSON ST**  
**SAN DIEGO, CA 92103-1913**  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800)  
**926-8273**  
**Provider Gender:** Female  
**License number:** NP95002705  
**NPI:** 1932522778  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Cultural Competency: No  
**Hospital Affiliation:** Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally

**Thornton**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
 No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

#### **SIETSMA, ALEXANDRA**

**Provider ID:** 276909  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**200 W ARBOR DR**  
**SAN DIEGO, CA 92103-1911**  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800)  
**926-8273**  
**Provider Gender:** Female  
**License number:** NP95002705  
**NPI:** 1932522778  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Cultural Competency: No  
**Hospital Affiliation:** Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
 No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

### **PUBLIC HEALTH PREVENTATIVE MEDICINE**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### SOZANSKI, JESSE

Provider ID: 200925  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 9333 GENESEE AVE STE 200  
 SAN DIEGO, CA 92121-2113  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A139018  
 NPI: 1437446622  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### PULMONARY DISEASES

### AFSHAR, KAMYAR

Provider ID: 102305  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Male  
 License number: 20A8875  
 NPI: 1407050669

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### AFSHAR, KAMYAR

Provider ID: 102312  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE 111  
 SAN DIEGO, CA 92121-3019  
 Phone: (858) 355-5864  
 Fax: (858) 657-6171  
 After Hours Phone: (858)  
 355-5864  
 Provider Gender: Male  
 License number: 20A8875  
 NPI: 1407050669

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### AKUTHOTA, PRAVEEN

Provider ID: 102052  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Male  
 License number: C137976  
 NPI: 1396704698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### AKUTHOTA, PRAVEEN

Provider ID: 102053  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR # 2  
 SAN DIEGO, CA 92121-3018  
 Phone: (855) 355-5864  
 Fax: (858) 657-6171  
 After Hours Phone: (855)  
 355-5864  
 Provider Gender: Male  
 License number: C137976  
 NPI: 1396704698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**DEVEREAUX, ASHA V**  
*Provider ID:* 112518  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 2  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-5415  
*Fax:*  
*After Hours Phone:* (619) 543-5415  
*Provider Gender:* Female  
*License number:* A51614  
*NPI:* 1154392421  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**ELMARAACHLI, WAEL**  
*Provider ID:* 83405  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:* (858) 657-7107  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A106280  
*NPI:* 1366468969  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**ELMARAACHLI, WAEL**  
*Provider ID:* 83408  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6248  
*Fax:* (858) 657-7107  
*After Hours Phone:* (619) 543-6248  
*Provider Gender:* Male  
*License number:* A106280  
*NPI:* 1366468969

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**FEDULLO, PETER F**  
*Provider ID:* 63903  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* G41977  
*NPI:* 1427073683  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

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## D. Specialist Provider Directory

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| <p><i>IPA:</i></p> <p><b>FERNANDES, TIMOTHY M</b><br/> <i>Provider ID:</i> 83429<br/> <i>Board Certified Specialty:</i> Yes<br/>           UCSD MEDICAL GROUP<br/>           200 W ARBOR DR<br/>           SAN DIEGO, CA 92103-1911<br/> <i>Phone:</i> (619) 543-6222<br/> <i>Fax:</i> (858) 657-7107<br/> <i>After Hours Phone:</i> (619) 543-6222<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A112514<br/> <i>NPI:</i> 1669680757<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>♿ Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p> <p><b>FUSTER, MARK M</b><br/> <i>Provider ID:</i> 63911<br/> <i>Board Certified Specialty:</i> No<br/>           UCSD MEDICAL GROUP<br/>           200 W ARBOR DR<br/>           SAN DIEGO, CA 92103-1911<br/> <i>Phone:</i> (619) 543-6222<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 543-6222<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G80544<br/> <i>NPI:</i> 1972537025</p> | <p><i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>♿ Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p> <p><b>GUPTA, NAVEEN</b><br/> <i>Provider ID:</i> 92099<br/> <i>Board Certified Specialty:</i> No<br/>           UCSD MEDICAL GROUP<br/>           200 W ARBOR DR<br/>           SAN DIEGO, CA 92103-1911<br/> <i>Phone:</i> (855) 355-5864<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (855) 355-5864<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A81440<br/> <i>NPI:</i> 1013015569<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsf Mount Zion, Scripps Green Hospital, Medical Ctr At Ucsf, Ucsd Medical Ctr, Regional Medical Ctr Of San Jose<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>♿ Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i></p> | <p><i>Medical Group(s):</i><br/> <i>IPA:</i></p> <p><b>HEPOKOSKI, MARK L</b><br/> <i>Provider ID:</i> 122042<br/> <i>Board Certified Specialty:</i> No<br/>           UCSD MEDICAL GROUP<br/>           200 W ARBOR DR<br/>           SAN DIEGO, CA 92103-1911<br/> <i>Phone:</i> (855) 355-5864<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (855) 355-5864<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A125984<br/> <i>NPI:</i> 1649408790<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> No<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>♿ Accessibility:</i> W<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i></p> <p><b>HUGHSON, WILLIAM G</b><br/> <i>Provider ID:</i> 64327<br/> <i>Board Certified Specialty:</i> No<br/>           UCSD MEDICAL GROUP<br/>           330 LEWIS ST<br/>           SAN DIEGO, CA 92103-2108<br/> <i>Phone:</i> (619) 471-9260<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 471-9260<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G38693<br/> <i>NPI:</i> 1467519579</p> |
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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **IBRAHIM, ISLAM M**

*Provider ID:* 64578  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-6303  
*Fax:*  
*After Hours Phone:* (619) 543-6303  
*Provider Gender:* Male  
*License number:* C54272  
*NPI:* 1962586917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Long Beach Memorial Med Ctr, Temecula Valley Hospital Inc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:*  
**JOSHUA, JISHA K**  
*Provider ID:* 238061  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE P2  
 SAN DIEGO, CA 92121-3028  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A144956  
*NPI:* 1023436417  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Malayalam  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**JOSHUA, JISHA K**  
*Provider ID:* 238062  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A144956

*NPI:* 1023436417  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Malayalam  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LE, HUAN A , MD**

*Provider ID:* 27358  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 5507 EL CAJON BLVD # C  
 SAN DIEGO, CA 92115-3624  
*Phone:* (619) 582-1448  
*Fax:* (619) 582-1081  
*After Hours Phone:* (619) 582-1448  
*Provider Gender:* Male  
*License number:* A76373  
*NPI:* 1780797381  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Paradise Valley Hospital, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/99  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **LI, JINGHONG**

Provider ID: 83699  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (858) 657-7125  
Fax: (858) 657-7107  
After Hours Phone: (858)  
657-7125  
Provider Gender: Female  
License number: A107000  
NPI: 1619014479  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **LONGORIA, JAVIER A**

Provider ID: 118849  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: A115684  
NPI: 1538397765  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: University Of  
California Irvine Med Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **LOREDO, JOSE S**

Provider ID: 64348  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST  
SAN DIEGO, CA 92103-2108  
Phone: (619) 471-9260  
Fax:  
After Hours Phone: (619)  
471-9260  
Provider Gender: Male  
License number: G67450  
NPI: 1891728531  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MAGANA, MARISA M**

Provider ID: 65372  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (858) 657-7105  
Fax:  
After Hours Phone: (858)  
657-7105  
Provider Gender: Female  
License number: A94464  
NPI: 1194856286  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Memorial Hospital Encinitas,  
Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MALHOTRA, ATUL**

Provider ID: 83977  
Board Certified Specialty: No  
UCSD MEDICAL GROUP

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

330 LEWIS ST  
SAN DIEGO, CA 92103-2108  
Phone: (619) 471-9260  
Fax:  
After Hours Phone: (619) 471-9260  
Provider Gender: Male  
License number: C55949  
NPI: 1982695169  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MALHOTRA, ATUL**

Provider ID: 83978  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (858) 657-6485  
Fax: (858) 657-7107  
After Hours Phone: (858) 657-6485  
Provider Gender: Male  
License number: C55949  
NPI: 1982695169  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None

American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MANDEL, JESS**

Provider ID: 64608  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (619) 543-6248  
Fax:  
After Hours Phone: (619) 543-6248  
Provider Gender: Male  
License number: C52434  
NPI: 1023006970  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MORRIS, TIMOTHY A**

Provider ID: 64618  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030

Phone: (619) 543-2793  
Fax: (619) 543-3384  
After Hours Phone: (619) 543-2793  
Provider Gender: Male  
License number: G71499  
NPI: 1134206709  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **PAPAMATHEAKIS, DEMOSTHENES G**

Provider ID: 64625  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (855) 355-5864  
Fax: (619) 543-7352  
After Hours Phone: (855) 355-5864  
Provider Gender: Male  
License number: A101188  
NPI: 1326168600  
Provider English Spoken: Yes  
Provider Language(s) Spoken: French, Greek  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Southwest Healthcare

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## D. Specialist Provider Directory

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System Wildomar, Southwest  
Healthcare System Murrieta  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **POCH, DAVID S**

*Provider ID:* 64140  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6303  
*Fax:* (858) 657-7107  
*After Hours Phone:* (619)  
543-6303  
*Provider Gender:* Male  
*License number:* A107956  
*NPI:* 1598955668  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RAMNATH, VENKTESH R**

*Provider ID:* 114336

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121-3019  
*Phone:* (858) 657-8860  
*Fax:*  
*After Hours Phone:* (858)  
657-8860  
*Provider Gender:* Male  
*License number:* A107714  
*NPI:* 1215911730  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Temecula  
Valley Hospital Inc, Southwest  
Healthcare System Murrieta,  
Southwest Healthcare System  
Wildomar, El Centro Regional  
Medical Center, Ucsd Medical  
Ctr, Healdsburg District Hosp,  
Providence Redwood Memorial  
Hospital, Ucsd La Jolla John  
Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RIES, ANDREW L**

*Provider ID:* 64634  
*Board Certified Specialty:* Yes  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030

*Phone:* (619) 543-6248  
*Fax:*  
*After Hours Phone:* (619)  
543-6248  
*Provider Gender:* Male  
*License number:* G33984  
*NPI:* 1225088214  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RIKER, DAVID R**

*Provider ID:* 122563  
*Board Certified Specialty:* No  
NR MEDICAL ASSOCIATES  
555 WASHINGTON ST  
SAN DIEGO, CA 92103-2289  
*Phone:* (619) 250-8300  
*Fax:*  
*After Hours Phone:* (619)  
250-8300  
*Provider Gender:* Male  
*License number:* C53916  
*NPI:* 1164405528  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Alvarado Hospital Llc, Vibra  
Hospital Of San Diego, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista  
*Medi-Cal Open Panel:* No

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## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **SOLER TOMAS, XAVIER**

Provider ID: 64651  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (855) 355-5864  
 Fax:  
 After Hours Phone: (855)  
 355-5864  
 Provider Gender: Male  
 License number: A140707  
 NPI: 1962738641  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: El Centro  
 Regional Medical Center  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **SUNWOO, BERNIE Y**

Provider ID: 118881  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE 111  
 SAN DIEGO, CA 92121-3019  
 Phone: (858) 657-8860  
 Fax:  
 After Hours Phone: (858)  
 657-8860  
 Provider Gender: Female  
 License number: A138242  
 NPI: 1336294107  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Medical Ctr At  
 Ucsf, Ucsf Medical Center At  
 Mission Bay, Ucsf Medical  
 Center At Mount Zion, Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **SUNWOO, BERNIE Y**

Provider ID: 118885  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Female  
 License number: A138242  
 NPI: 1336294107  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

Hospital Affiliation: Medical Ctr At  
 Ucsf, Ucsf Medical Center At  
 Mission Bay, Ucsf Medical  
 Center At Mount Zion, Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **YUNG, GORDON L**

Provider ID: 64669  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4168 FRONT ST  
 SAN DIEGO, CA 92103-2030  
 Phone: (619) 543-7300  
 Fax: (619) 543-7334  
 After Hours Phone: (619)  
 543-7300  
 Provider Gender: Male  
 License number: A54237  
 NPI: 1134145949  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA  
 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

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|                                     |                                      |                                  |
|-------------------------------------|--------------------------------------|----------------------------------|
| IPA:                                | Phone: (858) 549-7400                | Cultural Competency: No          |
|                                     | Fax:                                 | Hospital Affiliation: Rady       |
| <b>RADIATION ONCOLOGY</b>           | After Hours Phone: (858)             | Childrens Hospital San Diego     |
|                                     | 549-7400                             | Medi-Cal Open Panel: Yes         |
| <b>BRUGGEMAN, ANDREW R , MD</b>     | Provider Gender: Male                | Min/Max Age: 0/999               |
| Provider ID: 271007                 | License number: A85308               | American Sign Language (ASL): No |
| Board Certified Specialty: No       | NPI: 1255513859                      | Accessibility: ☯                 |
| COMMUNITY CARE IPA LLC              | Provider English Spoken: Yes         | Hours: M-SA 9AM-5PM              |
| 16918 DOVE CANYON RD STE 103        | Provider Language(s) Spoken: Spanish | Website:                         |
| SAN DIEGO, CA 92127-3455            | Cultural Competency: No              | Email:                           |
| Phone: (858) 649-5100               | Hospital Affiliation: Cecil H And    | Medical Group(s):                |
| Fax: (858) 649-5099                 | Ida M Green Hosp Of Scripps          | IPA: Rady Childrens Health       |
| After Hours Phone: (858)            | Clin, Rady Childrens Hospital        | Network                          |
| 649-5100                            | San Diego, Scripps Green             |                                  |
| Provider Gender: Male               | Hospital, Scripps Memorial           |                                  |
| License number: A126549             | Hospital                             |                                  |
| NPI: 1790049591                     | Medi-Cal Open Panel: No              |                                  |
| Provider English Spoken: Yes        | Min/Max Age: 0/18                    |                                  |
| Provider Language(s) Spoken:        | American Sign Language (ASL): No     |                                  |
| Cultural Competency: No             | Accessibility: ☯                     |                                  |
| Hospital Affiliation: Ucsd La Jolla | Hours: M-SA 9AM-5PM                  |                                  |
| John Sally Thornton, Ucsd           | Website:                             |                                  |
| Medical Ctr                         | Email:                               |                                  |
| Medi-Cal Open Panel: Yes            | Medical Group(s):                    |                                  |
| Min/Max Age: 0/120                  | IPA: Rady Childrens Health           |                                  |
| American Sign Language (ASL): No    | Network                              |                                  |
| Accessibility: ☯                    |                                      |                                  |
| Hours: M-SA 9AM-5PM                 | <b>CHOI, JEHEE I</b>                 |                                  |
| Website:                            | Provider ID: 206125                  |                                  |
| Email:                              | Board Certified Specialty: No        |                                  |
| Medical Group(s):                   | RADY CHILDRENS HEALTH                |                                  |
| IPA: Community Care Ipa Llc,        | NETWORK                              |                                  |
| Ucsd Medical Group                  | 9730 SUMMERS RIDGE RD                |                                  |
|                                     | SAN DIEGO, CA 92121-3101             |                                  |
|                                     | Phone: (858) 549-7458                |                                  |
|                                     | Fax:                                 |                                  |
| <b>CHANG, ANDREW L</b>              | After Hours Phone: (858)             |                                  |
| Provider ID: 205679                 | 549-7458                             |                                  |
| Board Certified Specialty: No       | Provider Gender: Female              |                                  |
| RADY CHILDRENS HEALTH               | License number: A131202              |                                  |
| NETWORK                             | NPI: 1619260056                      |                                  |
| 9730 SUMMERS RIDGE RD               | Provider English Spoken: Yes         |                                  |
| SAN DIEGO, CA 92121-3101            | Provider Language(s) Spoken:         |                                  |

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## D. Specialist Provider Directory

*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **DAVIS, STEVEN W**

*Provider ID: 289134*  
*Board Certified Specialty: No*  
**RADY CHILDRENS HEALTH NETWORK**  
9730 SUMMERS RIDGE RD  
SAN DIEGO, CA 92121-3101  
*Phone: (858) 345-2445*  
*Fax: (858) 578-1144*  
*After Hours Phone: (858) 345-2445*  
*Provider Gender: Male*  
*License number: A82145*  
*NPI: 1558463653*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: No*  
*Hospital Affiliation: Rady Childrens Hospital San Diego*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/18*  
*American Sign Language (ASL): No*  
*Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Rady Childrens Health Network*

### **DEWITT, KELLY D , MD**

*Provider ID: 220045*  
*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2773  
*Phone: (858) 939-5010*  
*Fax:*  
*After Hours Phone: (858) 939-5010*

*Provider Gender: Female*  
*License number: A74873*  
*NPI: 1184668741*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: No*  
*Hospital Affiliation: Sharp Memorial Hospital, Palomar Health Downtown Campus, Palomar Medical Center, Sharp Chula Vista Med Ctr, Grossmont Hospital*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 19/100*  
*American Sign Language (ASL): No*  
*Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **FULLER, DONALD B , MD**

*Provider ID: 269236*  
*Board Certified Specialty: Yes*  
**COMMUNITY CARE IPA LLC**  
2466 1ST AVE # B  
SAN DIEGO, CA 92101-1480  
*Phone: (619) 230-0400*  
*Fax: (619) 325-3688*  
*After Hours Phone: (619) 230-0400*  
*Provider Gender: Male*  
*License number: G62532*  
*NPI: 1285632711*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: No*  
*Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Mercy Hospital, Alvarado*

**Hospital Llc, Scripps Memorial Hospital, Scripps Green Hospital**  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL): No*  
*Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA: Community Care Ipa Llc*

### **FULLER, DONALD B , MD**

*Provider ID: 269238*  
*Board Certified Specialty: No*  
**COMMUNITY CARE IPA LLC**  
5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123-1338  
*Phone: (858) 505-4100*  
*Fax:*  
*After Hours Phone: (858) 505-4100*  
*Provider Gender: Male*  
*License number: G62532*  
*NPI: 1285632711*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: No*  
*Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Sharp Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Memorial Hospital, Scripps Green Hospital*  
*Medi-Cal Open Panel: Yes*  
*Min/Max Age: 0/999*  
*American Sign Language (ASL): No*  
*Accessibility:*  
*Hours: M-SA 9AM-5PM*  
*Website:*  
*Email:*  
*Medical Group(s):*

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## D. Specialist Provider Directory

IPA: Community Care Ipa Llc

### **HATTANGADI GLUTH, JONA A , MD**

Provider ID: 254496

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
16918 DOVE CANYON RD STE 103

SAN DIEGO, CA 92127-3455

Phone: (559) 447-4949

Fax: (559) 447-4925

After Hours Phone: (559) 447-4949

Provider Gender: Female

License number: A122308

NPI: 1467625491

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL): No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **HATTANGADI GLUTH, JONA A**

Provider ID: 262270

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
16918 DOVE CANYON RD STE 103

SAN DIEGO, CA 92127-3455

Phone: (559) 447-4949

Fax: (559) 447-4925

After Hours Phone: (559) 447-4949

Provider Gender: Female

License number: A122308

NPI: 1467625491

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL): No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **HOOPES, DAVID J**

Provider ID: 262206

Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
16918 DOVE CANYON RD STE 103

SAN DIEGO, CA 92127-3455

Phone: (559) 447-4949

Fax: (559) 447-4925

After Hours Phone: (559) 447-4949

Provider Gender: Male

License number: C128063

NPI: 1962520080

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL): No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **HOOPES, DAVID J , MD**

Provider ID: 269725

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
16918 DOVE CANYON RD STE 103

SAN DIEGO, CA 92127-3455

Phone: (559) 447-4949

Fax: (559) 447-4925

After Hours Phone: (559) 447-4949

Provider Gender: Male

License number: C128063

NPI: 1962520080

Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL): No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **IJAZ, TAHIR, MD**

*Provider ID:* 269245

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123-1338

*Phone:* (858) 505-4100

*Fax:* (858) 429-7939

*After Hours Phone:* (858)  
505-4100

*Provider Gender:* Male

*License number:* A52748

*NPI:* 1225036742

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* St Agnes

Medical Center, Alvarado

Hospital Llc, Paradise Valley

Hospital, Scripps Mercy Hospital

Chula Vista, Scripps Memorial

Hospital Encinitas, Sharp

Memorial Hospital, Scripps

Memorial Hospital, Scripps

Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

IPA: Community Care Ipa Llc

### **IJAZ, TAHIR, MD**

*Provider ID:* 269246

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC

3366 5TH AVE  
SAN DIEGO, CA 92103-5713

*Phone:* (619) 230-0400

*Fax:* (858) 429-7936

*After Hours Phone:* (619)  
230-0400

*Provider Gender:* Male

*License number:* A52748

*NPI:* 1225036742

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* St Agnes

Medical Center, Alvarado

Hospital Llc, Paradise Valley

Hospital, Scripps Mercy Hospital

Chula Vista, Scripps Memorial

Hospital Encinitas, Sharp

Memorial Hospital, Scripps

Memorial Hospital, Scripps

Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

IPA: Community Care Ipa Llc

### **IJAZ, TAHIR**

*Provider ID:* 55269

*Board Certified Specialty:* No  
GENESIS HEALTHCARE

PARTNERS PC

3366 5TH AVE

SAN DIEGO, CA 92103-5713

*Phone:* (619) 230-0400

*Fax:* (858) 429-7936

*After Hours Phone:* (619)  
230-0400

*Provider Gender:* Male

*License number:* A52748

*NPI:* 1225036742

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* St Agnes

Medical Center, Alvarado

Hospital Llc, Paradise Valley

Hospital, Scripps Mercy Hospital

Chula Vista, Scripps Memorial

Hospital Encinitas, Sharp

Memorial Hospital, Scripps

Memorial Hospital, Scripps

Mercy Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA  
9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

IPA: Community Care Ipa Llc

### **JABBARI, SIAVASH, MD**

*Provider ID:* 268784

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
3075 HEALTH CENTER DR # 0  
LEVEL

SAN DIEGO, CA 92123-2773

*Phone:* (858) 939-5010

*Fax:* (858) 939-5021

*After Hours Phone:* (858)  
939-5010

*Provider Gender:* Male

*License number:* A99269

*NPI:* 1720314107

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Farsi

*Cultural Competency:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

*Hospital Affiliation:* Sharp Chula Vista Med Ctr, Grossmont Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MACEWAN, IAIN J**

*Provider ID:* 206088  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 9730 SUMMERS RIDGE RD  
 SAN DIEGO, CA 92121-3101  
*Phone:* (858) 549-7458  
*Fax:* (858) 578-1144  
*After Hours Phone:* (858) 549-7458  
*Provider Gender:* Male  
*License number:* A129079  
*NPI:* 1326300401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Community Care Ipa Llc, Rady Childrens Health Network, Ucsd Medical Group

### **MACEWAN, IAIN J , MD**

*Provider ID:* 255730  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:*  
*After Hours Phone:* (858) 649-5100  
*Provider Gender:* Male  
*License number:* A129079  
*NPI:* 1326300401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Rady Childrens Health Network, Ucsd Medical Group

### **MAYADEV, JYOTI S , MD**

*Provider ID:* 256153  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455

*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858) 649-5100  
*Provider Gender:* Female  
*License number:* A109372  
*NPI:* 1902906902  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Uc Davis Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/120  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MAYADEV, JYOTI S**

*Provider ID:* 262219  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858) 649-5100  
*Provider Gender:* Female  
*License number:* A109372  
*NPI:* 1902906902  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Hospital Affiliation:* Uc Davis  
Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MELL, LOREN K , MD**

*Provider ID:* 255893

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
16918 DOVE CANYON RD STE  
103

SAN DIEGO, CA 92127-3455

*Phone:* (559) 447-4949

*Fax:* (559) 447-4925

*After Hours Phone:* (559)  
447-4949

*Provider Gender:* Male

*License number:* A104704

*NPI:* 1316119704

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical

Group-Sd

### **MELL, LOREN K**

*Provider ID:* 262153

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

16918 DOVE CANYON RD STE  
103

SAN DIEGO, CA 92127-3455

*Phone:* (559) 447-4949

*Fax:* (559) 447-4925

*After Hours Phone:* (559)  
447-4949

*Provider Gender:* Male

*License number:* A104704

*NPI:* 1316119704

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MURPHY, JAMES D**

*Provider ID:* 262401

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

16918 DOVE CANYON RD STE  
103

SAN DIEGO, CA 92127-3455

*Phone:* (559) 447-4949

*Fax:* (559) 447-4925

*After Hours Phone:* (559)  
447-4949

*Provider Gender:* Male

*License number:* A105348

*NPI:* 1730382631

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Imperial Health Holdings  
Medical Group-Sd

### **MURPHY, KEVIN T , MD**

*Provider ID:* 242618

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
16918 DOVE CANYON RD STE  
103

SAN DIEGO, CA 92127-3455

*Phone:* (858) 649-5100

*Fax:* (858) 649-5099

*After Hours Phone:* (858)  
649-5100

*Provider Gender:* Male

*License number:* A82350

*NPI:* 1730104167

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Palomar  
Medical Center, Sharp Memorial  
Hospital, Ucsd Medical Ctr,

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Palomar Health Downtown  
Campus, Rady Childrens  
Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **MURPHY, KEVIN T**

*Provider ID:* 262179  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
16918 DOVE CANYON RD STE  
103  
SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858)  
649-5100  
*Provider Gender:* Male  
*License number:* A82350  
*NPI:* 1730104167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar  
Medical Center, Sharp Memorial  
Hospital, Ucsd Medical Ctr,  
Palomar Health Downtown  
Campus, Rady Childrens  
Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **PEJAVAR, SUNANDA M , MD**

*Provider ID:* 221077  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2773  
*Phone:* (858) 939-5010  
*Fax:*  
*After Hours Phone:* (858)  
939-5010  
*Provider Gender:* Female  
*License number:* A103733  
*NPI:* 1912232513  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Kannada, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
Hospital, Sharp Memorial  
Hospital, Sharp Chula Vista Med  
Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):*  
No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ROSE, BRENT S**

*Provider ID:* 125050  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD  
16918 DOVE CANYON RD STE  
103  
SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858)  
649-5100  
*Provider Gender:* Male  
*License number:* A142735  
*NPI:* 1518250869  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

### **ROSE, BRENT S , MD**

*Provider ID:* 256307  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
16918 DOVE CANYON RD STE  
103  
SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858)  
649-5100  
*Provider Gender:* Male  
*License number:* A142735  
*NPI:* 1518250869  
*Provider English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/120<br/> <i>American Sign Language (ASL):</i> No<br/> <i>♿ Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>                                                                                                                                                                                                                                                                                                        | <p><i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Rady Childrens Health Network</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>MEDICAL GROUP-SD<br/> 16918 DOVE CANYON RD STE 103<br/> SAN DIEGO, CA 92127-3455<br/> <i>Phone:</i> (559) 447-4949<br/> <i>Fax:</i> (559) 447-4925<br/> <i>After Hours Phone:</i> (559) 447-4949<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A69947<br/> <i>NPI:</i> 1881610137<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Hindi<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>♿ Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> |
| <p><b>ROSSI, CARL J</b><br/> <i>Provider ID:</i> 289131<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 9730 SUMMERS RIDGE RD # 101<br/> SAN DIEGO, CA 92121-3101<br/> <i>Phone:</i> (858) 345-2445<br/> <i>Fax:</i> (858) 578-1144<br/> <i>After Hours Phone:</i> (858) 345-2445<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> G66352<br/> <i>NPI:</i> 1518983055<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Green Hospital, Rady Childrens Hospital San Diego, Scripps Memorial Hospital<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/18<br/> <i>American Sign Language (ASL):</i> No<br/> <i>♿ Accessibility:</i></p> | <p><b>SANDHU, AJAY P , MD</b><br/> <i>Provider ID:</i> 247978<br/> <i>Board Certified Specialty:</i> No<br/> COMMUNITY CARE IPA LLC<br/> 16918 DOVE CANYON RD STE 103<br/> SAN DIEGO, CA 92127-3455<br/> <i>Phone:</i> (559) 447-4949<br/> <i>Fax:</i> (559) 447-4925<br/> <i>After Hours Phone:</i> (559) 447-4949<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A69947<br/> <i>NPI:</i> 1881610137<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Hindi<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> 0/999<br/> <i>American Sign Language (ASL):</i> No<br/> <i>♿ Accessibility:</i><br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i><br/> <i>Email:</i><br/> <i>Medical Group(s):</i><br/> <i>IPA:</i> Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p> | <p><b>SANGHVI, PARAG R</b><br/> <i>Provider ID:</i> 206140<br/> <i>Board Certified Specialty:</i> No<br/> RADY CHILDRENS HEALTH NETWORK<br/> 9730 SUMMERS RIDGE RD<br/> SAN DIEGO, CA 92121-3101<br/> <i>Phone:</i> (858) 549-7458<br/> <i>Fax:</i> (858) 578-1144<br/> <i>After Hours Phone:</i> (858) 549-7458<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A105184<br/> <i>NPI:</i> 1801005152</p>                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>SANDHU, AJAY P</b><br/> <i>Provider ID:</i> 262196<br/> <i>Board Certified Specialty:</i> No<br/> IMPERIAL HEALTH HOLDINGS</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

### **SANGHVI, PARAG R , MD**

*Provider ID:* 248043  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 16918 DOVE CANYON RD  
 SAN DIEGO, CA 92127-3445  
*Phone:* (858) 309-6585  
*Fax:*  
*After Hours Phone:* (858) 309-6585  
*Provider Gender:* Male  
*License number:* A105184  
*NPI:* 1801005152  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

### **SANGHVI, PARAG R**

*Provider ID:* 262323  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 16918 DOVE CANYON RD # 3  
 SAN DIEGO, CA 92127-3445  
*Phone:* (559) 447-4949  
*Fax:* (559) 447-4925  
*After Hours Phone:* (559) 447-4949  
*Provider Gender:* Male  
*License number:* A105184  
*NPI:* 1801005152  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

### **SANGHVI, PARAG R , MD**

*Provider ID:* 270039  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455  
*Phone:* (858) 309-6585  
*Fax:* (858) 309-6593  
*After Hours Phone:* (858) 309-6585  
*Provider Gender:* Male  
*License number:* A105184  
*NPI:* 1801005152  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

### **SANGHVI, PARAG R , MD**

*Provider ID:* 270040

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 9730 SUMMERS RIDGE RD  
 SAN DIEGO, CA 92121-3101  
*Phone:* (858) 549-7400  
*Fax:* (858) 578-1144  
*After Hours Phone:* (858) 549-7400  
*Provider Gender:* Male  
*License number:* A105184  
*NPI:* 1801005152  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp And Resrch Ctr At Oakland, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd, Rady Childrens Health Network

**SHARABI, ANDREW B , MD**  
*Provider ID:* 257024  
*Board Certified Specialty:* No  
**COMMUNITY CARE IPA LLC**  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858) 649-5100

*Provider Gender:* Male  
*License number:* A136977  
*NPI:* 1043531213  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/120  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SHARABI, ANDREW B**  
*Provider ID:* 262164  
*Board Certified Specialty:* No  
**IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD**  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127-3455  
*Phone:* (858) 649-5100  
*Fax:* (858) 649-5099  
*After Hours Phone:* (858) 649-5100  
*Provider Gender:* Male  
*License number:* A136977  
*NPI:* 1043531213  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**SHIRAZI, REZA**  
*Provider ID:* 121532  
*Board Certified Specialty:* No  
**GENESIS HEALTHCARE PARTNERS PC**  
 5395 RUFFIN RD STE 103  
 SAN DIEGO, CA 92123-1338  
*Phone:* (858) 505-4100  
*Fax:*  
*After Hours Phone:* (858) 505-4100  
*Provider Gender:* Male  
*License number:* A95800  
*NPI:* 1336175272  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Persian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Mercy Hospital, Alvarado Hospital Llc, Scripps Green Hospital, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

IPA: Community Care Ipa Llc

### **SHIRAZI, REZA, MD**

Provider ID: 269249

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123-1338

Phone: (858) 505-4100

Fax: (858) 429-7939

After Hours Phone: (858)  
505-4100

Provider Gender: Male

License number: A95800

NPI: 1336175272

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Persian, Spanish

Cultural Competency: No

Hospital Affiliation: Pomerado

Hospital, Scripps Memorial

Hospital Encinitas, Scripps Mercy

Hospital Chula Vista, Scripps

Memorial Hospital, Scripps

Mercy Hospital, Alvarado

Hospital Llc, Scripps Green

Hospital, Sharp Memorial

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SHIRAZI, REZA, MD**

Provider ID: 269250

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC

3366 5TH AVE

SAN DIEGO, CA 92103-5713

Phone: (619) 230-0400

Fax: (858) 429-7936

After Hours Phone: (619)  
230-0400

Provider Gender: Male

License number: A95800

NPI: 1336175272

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Persian, Spanish

Cultural Competency: No

Hospital Affiliation: Pomerado

Hospital, Scripps Memorial

Hospital Encinitas, Scripps Mercy

Hospital Chula Vista, Scripps

Memorial Hospital, Scripps

Mercy Hospital, Alvarado

Hospital Llc, Scripps Green

Hospital, Sharp Memorial

Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SHIRAZI, REZA**

Provider ID: 66092

Board Certified Specialty: No

GENESIS HEALTHCARE

PARTNERS PC

3366 5TH AVE

SAN DIEGO, CA 92103-5713

Phone: (619) 230-0400

Fax: (858) 429-7936

After Hours Phone: (619)  
230-0400

Provider Gender: Male

License number: A95800

NPI: 1336175272

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Persian, Spanish

Cultural Competency: No

Hospital Affiliation: Pomerado

Hospital, Scripps Memorial

Hospital Encinitas, Scripps Mercy

Hospital Chula Vista, Scripps

Memorial Hospital, Scripps

Mercy Hospital, Alvarado

Hospital Llc, Scripps Green

Hospital, Sharp Memorial

Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-F 8AM-5PM, SA

9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SIMPSON, DANIEL R , MD**

Provider ID: 256193

Board Certified Specialty: No

COMMUNITY CARE IPA LLC

16918 DOVE CANYON RD STE  
103

SAN DIEGO, CA 92127-3455

Phone: (858) 649-5100

Fax: (858) 649-5099

After Hours Phone: (858)

649-5100

Provider Gender: Male

License number: A118377

NPI: 1689974883

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 16/122<br/>American Sign Language (ASL): No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>Group-Sd<br/><b>UHL, BARRY M , MD</b><br/>Provider ID: 243528<br/>Board Certified Specialty: No<br/>COMMUNITY CARE IPA LLC<br/>3075 HEALTH CENTER DR<br/>SAN DIEGO, CA 92123-2773<br/>Phone: (858) 939-5010<br/>Fax: (858) 939-5021<br/>After Hours Phone: (858) 939-5010<br/>Provider Gender: Male<br/>License number: A71969<br/>NPI: 1811936693<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Spanish<br/>Cultural Competency: No<br/>Hospital Affiliation: Palomar Health Downtown Campus, Palomar Medical Center, Sharp Chula Vista Med Ctr, Sharp Memorial Hospital, Grossmont Hospital<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 19/100<br/>American Sign Language (ASL): No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Community Care Ipa Llc</p> | <p>Phone: (858) 939-5010<br/>Fax:<br/>After Hours Phone: (858) 939-5010<br/>Provider Gender: Male<br/>License number: A86307<br/>NPI: 1225186232<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Spanish<br/>Cultural Competency: No<br/>Hospital Affiliation: Sharp Memorial Hospital, Palomar Health Downtown Campus, Sharp Chula Vista Med Ctr, Grossmont Hospital<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 19/100<br/>American Sign Language (ASL): No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Community Care Ipa Llc</p> |
| <p><b>SIMPSON, DANIEL R</b><br/>Provider ID: 262134<br/>Board Certified Specialty: No<br/>IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD<br/>16918 DOVE CANYON RD STE 103<br/>SAN DIEGO, CA 92127-3455<br/>Phone: (858) 649-5100<br/>Fax: (858) 649-5099<br/>After Hours Phone: (858) 649-5100<br/>Provider Gender: Male<br/>License number: A118377<br/>NPI: 1689974883<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Spanish<br/>Cultural Competency: No<br/>Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton<br/>Medi-Cal Open Panel: Yes<br/>Min/Max Age: 0/999<br/>American Sign Language (ASL): No<br/>♿ Accessibility:<br/>Hours: M-SA 9AM-5PM<br/>Website:<br/>Email:<br/>Medical Group(s):<br/>IPA: Community Care Ipa Llc, Imperial Health Holdings Medical</p> | <p><b>VOLPP, PAUL B , MD</b><br/>Provider ID: 221105<br/>Board Certified Specialty: No<br/>COMMUNITY CARE IPA LLC<br/>3075 HEALTH CENTER DR<br/>SAN DIEGO, CA 92123-2773</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p><b>WEINSTEIN, GEOFFREY D , MD</b><br/>Provider ID: 220039<br/>Board Certified Specialty: No<br/>COMMUNITY CARE IPA LLC<br/>3075 HEALTH CENTER DR<br/>SAN DIEGO, CA 92123-2773<br/>Phone: (858) 939-5010<br/>Fax: (858) 939-5021<br/>After Hours Phone: (858) 939-5010<br/>Provider Gender: Male<br/>License number: A54109<br/>NPI: 1841233947<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken: Spanish<br/>Cultural Competency: No</p>                                                                                                                                                      |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Hospital Affiliation:* Grossmont Hospital, Sharp Memorial Hospital, Palomar Health Downtown Campus, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 19/100  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **RADIOLOGY DIAGNOSTIC X-RAY**

#### **AGANOVIC, LEJLA**

*Provider ID:* 114044  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619) 471-9240  
*Provider Gender:* Female  
*License number:* A101098  
*NPI:* 1003807652  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:*  
**ALLEN, DERRICK R**  
*Provider ID:* 115873  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* A69840  
*NPI:* 1215982970

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

#### **ALLEN, DERRICK R**

*Provider ID:* 125982  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906

*Phone:* (619) 299-2299  
*Fax:* (619) 229-2288  
*After Hours Phone:* (619) 299-2299  
*Provider Gender:* Male  
*License number:* A69840  
*NPI:* 1215982970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

#### **ALLEN, DERRICK R , MD**

*Provider ID:* 268354  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 1809 NATIONAL AVE # 2104  
 SAN DIEGO, CA 92113-2113  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* A69840  
*NPI:* 1215982970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ALLEN, DERRICK R , MD**

*Provider ID:* 268355  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
4077 5TH AVE  
SAN DIEGO, CA 92103-2105  
*Phone:* (888) 685-4016  
*Fax:* (866) 558-4329  
*After Hours Phone:* (888) 685-4016  
*Provider Gender:* Male  
*License number:* A69840  
*NPI:* 1215982970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ALLEN, DERRICK R , MD**

*Provider ID:* 268357  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906

*Phone:* (619) 229-2299  
*Fax:* (866) 558-4329  
*After Hours Phone:* (619) 229-2299  
*Provider Gender:* Male  
*License number:* A69840  
*NPI:* 1215982970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ALQAHTANI, EMAN N**

*Provider ID:* 126409  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* A138391  
*NPI:* 1104169564  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ANDERSON, GREGORY S**

*Provider ID:* 115874  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005  
*Phone:* (619) 295-9729  
*Fax:*  
*After Hours Phone:* (619) 295-9729  
*Provider Gender:* Male  
*License number:* A90018  
*NPI:* 1841467099  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ANDERSON, GREGORY S**

*Provider ID:* 125981  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

GROUP INC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906  
Phone: (619) 229-2299  
Fax:  
After Hours Phone: (619)  
229-2299  
Provider Gender: Male  
License number: A90018  
NPI: 1841467099  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **ARYAFAR, HAMED**

Provider ID: 63784  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: A99187  
NPI: 1093963605  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi  
Cultural Competency: No

Hospital Affiliation: Sharp  
Memorial Hospital, Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **ARYAFAR, HAMED**

Provider ID: 64269  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (619) 471-9240  
Fax:  
After Hours Phone: (619)  
471-9240  
Provider Gender: Male  
License number: A99187  
NPI: 1093963605  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Sharp Memorial Hospital,  
Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):

IPA:

### **BAHADOR, FARSHAD M**

Provider ID: 104318  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # 1505  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-2218  
Fax:  
After Hours Phone: (619)  
543-2218  
Provider Gender: Male  
License number: A129414  
NPI: 1730316928  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Scripps Green  
Hospital, Scripps Memorial  
Hospital, Scripps Mercy Hospital,  
Scripps Mercy Hospital Chula  
Vista, Scripps Memorial Hospital  
Encinitas  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **BAHADOR, FARSHAD M**

Provider ID: 104323  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)  
471-9240

Provider Gender: Male

License number: A129414

NPI: 1730316928

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton, Scripps Green

Hospital, Scripps Memorial

Hospital, Scripps Mercy Hospital,

Scripps Mercy Hospital Chula

Vista, Scripps Memorial Hospital

Encinitas

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BAKER, LORI L**

Provider ID: 115588

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL

GROUP INC

150 W WASHINGTON ST

SAN DIEGO, CA 92103-2005

Phone: (619) 295-9729

Fax: (619) 295-2549

After Hours Phone: (619)

295-9729

Provider Gender: Female

License number: G62517

NPI: 1063465219

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Medical Ctr At Ucsf,

Scripps Mercy Hospital Chula

Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BAKER, LORI L**

Provider ID: 125991

Board Certified Specialty: No

IHS RADIOLOGY MEDICAL

GROUP INC

6386 ALVARADO CT STE 121

SAN DIEGO, CA 92120-4906

Phone: (619) 229-2299

Fax: (619) 229-2288

After Hours Phone: (619)

229-2299

Provider Gender: Female

License number: G62517

NPI: 1063465219

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps Mercy

Hospital, Medical Ctr At Ucsf,

Scripps Mercy Hospital Chula

Vista

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BERGMAN, ERIK W**

Provider ID: 125001

Board Certified Specialty: No

UCSD RADIOLOGY AT LA

JOLLA

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-2218

Fax:

After Hours Phone: (619)

543-2218

Provider Gender: Male

License number: C153284

NPI: 1043291073

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BERGMAN, ERIK W**

Provider ID: 125005

Board Certified Specialty: No

UCSD RADIOLOGY AT LA

JOLLA

330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9420

Fax:

After Hours Phone: (619)

471-9420

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Provider Gender:* Male  
*License number:* C153284  
*NPI:* 1043291073  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BORSO, MAYA G**

*Provider ID:* 115876  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005  
*Phone:* (619) 295-9729  
*Fax:* (619) 295-2549  
*After Hours Phone:* (619) 295-9729  
*Provider Gender:* Female  
*License number:* A97134  
*NPI:* 1548473507  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BORSO, MAYA G**

*Provider ID:* 126000  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:* (619) 229-2288  
*After Hours Phone:* (619) 229-2299  
*Provider Gender:* Female  
*License number:* A97134  
*NPI:* 1548473507  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BRADLEY, WILLIAM R**

*Provider ID:* 271433  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A167142  
*NPI:* 1780066803  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BRADLEY, WILLIAM R**

*Provider ID:* 271435  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A167142  
*NPI:* 1780066803  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BROUHA, SHARON S**

*Provider ID:* 63823  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* A91973  
*NPI:* 1356554323  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:*  
**BROUHA, SHARON S**  
*Provider ID:* 64278  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A91973  
*NPI:* 1356554323  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **BUCKLEY, DAVID W**

*Provider ID:* 243260  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male

*License number:* G57383  
*NPI:* 1982657060  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **BUCKLEY, DAVID W**

*Provider ID:* 243261  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3939 RUFFIN RD STE 102  
 SAN DIEGO, CA 92123-1804  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* G57383  
*NPI:* 1982657060  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **BUCKLEY, DAVID W**

*Provider ID:* 243266

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906

*Phone:* (619) 229-2299

*Fax:* (866) 558-4329

*After Hours Phone:* (619)  
229-2299

*Provider Gender:* Male

*License number:* G57383

*NPI:* 1982657060

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **BUCKLEY, DAVID W**

*Provider ID:* 243268

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
550 WASHINGTON ST STE 200  
SAN DIEGO, CA 92103-2243

*Phone:* (619) 260-7225

*Fax:*

*After Hours Phone:* (619)  
260-7225

*Provider Gender:* Male

*License number:* G57383

*NPI:* 1982657060

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **BUI, KEVIN T**

*Provider ID:* 280518

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A134576

*NPI:* 1578906186

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **BUI, KEVIN T**

*Provider ID:* 280520

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Male

*License number:* A134576

*NPI:* 1578906186

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **CASOLA, GIOVANNA**

*Provider ID:* 63835

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

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## D. Specialist Provider Directory

---

SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
License number: G51575  
NPI: 1790721256  
Provider English Spoken: Yes  
Provider Language(s) Spoken: French, Italian  
Cultural Competency: No  
Hospital Affiliation: Saddleback Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CASOLA, GIOVANNA**

Provider ID: 64281  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: G51575  
NPI: 1790721256  
Provider English Spoken: Yes  
Provider Language(s) Spoken: French, Italian  
Cultural Competency: No  
Hospital Affiliation: Saddleback

Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CHANG, ERIC Y**

Provider ID: 63840  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Male  
License number: A97139  
NPI: 1376756353  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CHEN, JAMES Y**

Provider ID: 63844  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-2218  
Fax:  
After Hours Phone: (619) 543-2218  
Provider Gender: Male  
License number: A108635  
NPI: 1427250588  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CHEN, JAMES Y**

Provider ID: 64284  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (619) 471-9240  
Fax:  
After Hours Phone: (619) 471-9240  
Provider Gender: Male  
License number: A108635  
NPI: 1427250588  
Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Provider Language(s) Spoken:* IPA:  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CHEN, KAREN C**

*Provider ID:* 63846  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A110719  
*NPI:* 1437377710  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

### **CHEN, KAREN C**

*Provider ID:* 64285  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A110719  
*NPI:* 1437377710  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CHOU, ERIC T**

*Provider ID:* 116991  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
*Phone:* (619) 295-9729  
*Fax:* (619) 295-2549  
*After Hours Phone:* (619) 295-9729  
*Provider Gender:* Male

*License number:* A96095  
*NPI:* 1689627838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CHOU, ERIC T**

*Provider ID:* 126004  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:* (619) 229-2288  
*After Hours Phone:* (619) 229-2299  
*Provider Gender:* Male  
*License number:* A96095  
*NPI:* 1689627838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **CHUNG, CHRISTINE B**

Provider ID: 63854  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A65414  
NPI: 1528033560  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CHUNG, CHRISTINE B**

Provider ID: 64288  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108  
Phone: (619) 471-9240  
Fax: (619) 471-9245  
After Hours Phone: (619) 471-9240  
Provider Gender: Female  
License number: A65414  
NPI: 1528033560  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **COOPER, JAMES A**

Provider ID: 115589  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL GROUP INC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005  
Phone: (619) 295-9729  
Fax: (619) 295-2549  
After Hours Phone: (619) 295-9729  
Provider Gender: Male  
License number: A62473  
NPI: 1497708622  
Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center, Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **COOPER, JAMES A**

Provider ID: 126039  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL GROUP INC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906  
Phone: (619) 229-2299  
Fax: (619) 229-2288  
After Hours Phone: (619) 229-2299  
Provider Gender: Male  
License number: A62473  
NPI: 1497708622  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Pomerado Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Vista, East Los Angeles Doctors  
Hsp, Memorial Hosp Of Gardena  
Inc, Riverside Community Hosp,  
Palmdale Regional Medical  
Center, Barstow Community  
Hospital, Kindred Hospital South  
Bay, Loma Linda University Med  
Ctr Murrieta  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DE GUZMAN, JADE Q**

*Provider ID:* 63873  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619)  
543-2218  
*Provider Gender:* Female  
*License number:* A102678  
*NPI:* 1801089065  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Ronald Reagan Ucla  
Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DE GUZMAN, JADE Q**

*Provider ID:* 64289  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619)  
471-9240  
*Provider Gender:* Female  
*License number:* A102678  
*NPI:* 1801089065  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Ronald Reagan Ucla  
Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DOEMENY, JOHN M**

*Provider ID:* 115877  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005

*Phone:* (619) 295-9729  
*Fax:* (619) 295-2549  
*After Hours Phone:* (619)  
295-9729  
*Provider Gender:* Male  
*License number:* G50925  
*NPI:* 1841243912  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DOEMENY, JOHN M**

*Provider ID:* 126046  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:* (619) 229-2288  
*After Hours Phone:* (619)  
229-2299  
*Provider Gender:* Male  
*License number:* G50925  
*NPI:* 1841243912  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
*Medi-Cal Open Panel:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **DORROS, STEPHEN M**

Provider ID: 63880  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619) 543-2218  
 Provider Gender: Male  
 License number: G29061  
 NPI: 1942319959  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **DORROS, STEPHEN M**

Provider ID: 64292  
 Board Certified Specialty: No

UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619) 471-9240  
 Provider Gender: Male  
 License number: G29061  
 NPI: 1942319959  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **DWEK, JERRY R**

Provider ID: 63886  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G86073  
 NPI: 1558335695  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish

Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Ucsd La Jolla John Sally Thornton, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Palomar Medical Center, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **DWEK, JERRY R**

Provider ID: 64295  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: G86073  
 NPI: 1558335695  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr, Ucsd Medical Ctr, Pomerado Hospital, Ucsd La Jolla John Sally Thornton, Sharp Coronado Hosp And Healthcare Ctr, Rady Childrens Hospital San Diego, Palomar Medical Center,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Sharp Memorial Hospital, Sharp  
Chula Vista Med Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **EGHTEDARI, MOHAMMAD**

Provider ID: 92412  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A114372  
NPI: 1740548734  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **EVORA, DARRYL K**

Provider ID: 63896

Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-2218  
Fax:  
After Hours Phone: (619)  
543-2218  
Provider Gender: Male  
License number: G76577  
NPI: 1790751188  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Ucsd Medical  
Ctr, Sharp Chula Vista Med Ctr,  
Sharp Coronado Hosp And  
Healthcare Ctr, Ucsd La Jolla  
John Sally Thornton, Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **EVORA, DARRYL K**

Provider ID: 64298  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (619) 471-9240  
Fax:  
After Hours Phone: (619)  
471-9240  
Provider Gender: Male  
License number: G76577  
NPI: 1790751188

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp  
Memorial Hospital, Ucsd Medical  
Ctr, Sharp Chula Vista Med Ctr,  
Sharp Coronado Hosp And  
Healthcare Ctr, Ucsd La Jolla  
John Sally Thornton, Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **FARID, NIKDOKHT**

Provider ID: 63901  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-2218  
Fax:  
After Hours Phone: (619)  
543-2218  
Provider Gender: Female  
License number: A94195  
NPI: 1205151172  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **FARID, NIKDOKHT**

*Provider ID:* 64301

*Board Certified Specialty:* No

*UCSD MEDICAL GROUP*

*330 LEWIS ST # 202*

*SAN DIEGO, CA 92103-2108*

*Phone:* (619) 471-9240

*Fax:*

*After Hours Phone:* (619)

*471-9240*

*Provider Gender:* Female

*License number:* A94195

*NPI:* 1205151172

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

*John Sally Thornton, Ucsd*

*Medical Ctr*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **FARID, NIKDOKHT**

*Provider ID:* 91912

*Board Certified Specialty:* No

*UCSD RADIOLOGY AT LA*

*JOLLA*

*8929 UNIVERSITY CENTER LN*

*STE 101*

*SAN DIEGO, CA 92122-1007*

*Phone:* (858) 457-4227

*Fax:* (858) 457-4227

*After Hours Phone:* (858)

*457-4227*

*Provider Gender:* Female

*License number:* A94195

*NPI:* 1205151172

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

*John Sally Thornton, Ucsd*

*Medical Ctr*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

*No*

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **FIROOZNIA, NILOFAR**

*Provider ID:* 115590

*Board Certified Specialty:* No

*IHS RADIOLOGY MEDICAL*

*GROUP INC*

*150 W WASHINGTON ST*

*SAN DIEGO, CA 92103-2005*

*Phone:* (619) 295-9729

*Fax:* (619) 295-2549

*After Hours Phone:* (619)

*295-9729*

*Provider Gender:* Female

*License number:* A109806

*NPI:* 1962521419

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Alvarado

*Hospital Llc, Redlands*

*Community Hosp, Barstow*

*Community Hospital, Kindred*

*Hospital Riverside, Victor Valley*

*Global Med Ctr*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

*No*

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **FIROOZNIA, NILOFAR**

*Provider ID:* 126168

*Board Certified Specialty:* No

*IHS RADIOLOGY MEDICAL*

*GROUP INC*

*6386 ALVARADO CT STE 121*

*SAN DIEGO, CA 92120-4906*

*Phone:* (619) 229-2299

*Fax:*

*After Hours Phone:* (619)

*229-2299*

*Provider Gender:* Female

*License number:* A109806

*NPI:* 1962521419

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Alvarado

*Hospital Llc, Redlands*

*Community Hosp, Barstow*

*Community Hospital, Kindred*

*Hospital Riverside, Victor Valley*

*Global Med Ctr*

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

*No*

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

|                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|
| IPA:                             | Phone: (800) 926-8273            | Provider English Spoken: Yes     |
|                                  | Fax:                             | Provider Language(s) Spoken:     |
| <b>FLISZAR, EVELYNE</b>          | After Hours Phone: (800)         | French                           |
| Provider ID: 63907               | 926-8273                         | Cultural Competency: No          |
| Board Certified Specialty: No    | Provider Gender: Female          | Hospital Affiliation: Scripps    |
| UCSD MEDICAL GROUP               | License number: A60712           | Green Hospital, Scripps          |
| 200 W ARBOR DR                   | NPI: 1164449955                  | Memorial Hospital, Scripps       |
| SAN DIEGO, CA 92103-1911         | Provider English Spoken: Yes     | Mercy Hospital, Ucsd Medical     |
| Phone: (619) 543-6222            | Provider Language(s) Spoken:     | Ctr, Ucsd La Jolla John Sally    |
| Fax:                             | French                           | Thornton, Scripps Mercy Hospital |
| After Hours Phone: (619)         | Cultural Competency: No          | Chula Vista, Scripps Memorial    |
| 543-6222                         | Hospital Affiliation: Scripps    | Hospital Encinitas               |
| Provider Gender: Female          | Green Hospital, Scripps          | Medi-Cal Open Panel: No          |
| License number: A60712           | Memorial Hospital, Scripps       | Min/Max Age: None                |
| NPI: 1164449955                  | Mercy Hospital, Ucsd Medical     | American Sign Language (ASL):    |
| Provider English Spoken: Yes     | Ctr, Ucsd La Jolla John Sally    | No                               |
| Provider Language(s) Spoken:     | Thornton, Scripps Mercy Hospital | Accessibility: W                 |
| French                           | Chula Vista, Scripps Memorial    | Hours: M-SA 9AM-5PM              |
| Cultural Competency: No          | Hospital Encinitas               | Website:                         |
| Hospital Affiliation: Scripps    | Medi-Cal Open Panel: No          | Email:                           |
| Memorial Hospital, Scripps       | Min/Max Age: None                | Medical Group(s):                |
| Mercy Hospital, Ucsd Medical     | American Sign Language (ASL):    | IPA:                             |
| Ctr, Ucsd La Jolla John Sally    | No                               |                                  |
| Thornton, Scripps Mercy Hospital | Accessibility:                   | <b>FORCIER, NANCY J</b>          |
| Chula Vista, Scripps Memorial    | Hours: M-SA 9AM-5PM              | Provider ID: 286954              |
| Hospital Encinitas, Scripps      | Website:                         | Board Certified Specialty: No    |
| Green Hospital                   | Email:                           | UCSD MEDICAL GROUP               |
| Medi-Cal Open Panel: No          | Medical Group(s):                | 200 W ARBOR DR                   |
| Min/Max Age: None                | IPA:                             | SAN DIEGO, CA 92103-1911         |
| American Sign Language (ASL):    |                                  | Phone: (800) 926-8273            |
| No                               | <b>FLISZAR, EVELYNE</b>          | Fax: (888) 539-8781              |
| Accessibility: W                 | Provider ID: 97463               | After Hours Phone: (800)         |
| Hours: M-SA 9AM-5PM              | Board Certified Specialty: No    | 926-8273                         |
| Website:                         | UCSD RADIOLOGY AT LA             | Provider Gender: Female          |
| Email:                           | JOLLA                            | License number: G72420           |
| Medical Group(s):                | 8929 UNIVERSITY CENTER LN        | NPI: 1497721724                  |
| IPA:                             | STE 101                          | Provider English Spoken: Yes     |
|                                  | SAN DIEGO, CA 92122-1007         | Provider Language(s) Spoken:     |
| <b>FLISZAR, EVELYNE</b>          | Phone: (858) 457-4227            | Cultural Competency: No          |
| Provider ID: 64303               | Fax:                             | Hospital Affiliation: Scripps    |
| Board Certified Specialty: No    | After Hours Phone: (858)         | Green Hospital, Scripps          |
| UCSD MEDICAL GROUP               | 457-4227                         | Memorial Hospital, Providence    |
| 330 LEWIS ST # 202               | Provider Gender: Female          | Mission Hospital                 |
| SAN DIEGO, CA 92103-2108         | License number: A60712           | Medi-Cal Open Panel: Yes         |
|                                  | NPI: 1164449955                  | Min/Max Age: 0/999               |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*American Sign Language (ASL):* No  
*Accessibility:* No  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **FORCIER, NANCY J**

*Provider ID:* 286956  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST  
SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* G72420  
*NPI:* 1497721724  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Scripps Memorial Hospital, Providence Mission Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* No  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **FOWLER, KATHRYN J**

*Provider ID:* 201289  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* C154877  
*NPI:* 1255457941  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* No  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **FOWLER, KATHRYN J**

*Provider ID:* 201291  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* C154877  
*NPI:* 1255457941  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:* No  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **FRANKE, MARK A**

*Provider ID:* 115878  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005  
*Phone:* (619) 295-9729  
*Fax:*  
*After Hours Phone:* (619) 295-9729  
*Provider Gender:* Male  
*License number:* A118792  
*NPI:* 1114246329  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Ronald Reagan Ucla Med Ctr, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **FRANKE, MARK A**

Provider ID: 126051  
Board Certified Specialty: No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906  
Phone: (619) 229-2299  
Fax:  
After Hours Phone: (619)  
229-2299  
Provider Gender: Male  
License number: A118792  
NPI: 1114246329  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Santa Monica  
Ucla Med Ctr, Ronald Reagan  
Ucla Med Ctr, Alvarado Hospital  
Llc  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **FRIEND, CHRISTOPHER J**

Provider ID: 120846  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: C141231  
NPI: 1861491516  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **FRIEND, CHRISTOPHER J**

Provider ID: 120850  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (619) 471-9240  
Fax:  
After Hours Phone: (619)  
471-9240  
Provider Gender: Male  
License number: C141231  
NPI: 1861491516  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **FRIEND, CHRISTOPHER J**

Provider ID: 120851  
Board Certified Specialty: No  
UCSD RADIOLOGY AT LA  
JOLLA  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-2218  
Fax:  
After Hours Phone: (619)  
543-2218  
Provider Gender: Male  
License number: C141231  
NPI: 1861491516  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **FRIEND, CHRISTOPHER J**

Provider ID: 120857  
Board Certified Specialty: No  
UCSD RADIOLOGY AT LA  
JOLLA

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619)  
 471-9240  
 Provider Gender: Male  
 License number: C141231  
 NPI: 1861491516  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GENTILI, AMILCARE**

Provider ID: 63914  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A44208  
 NPI: 1922086594  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Italian  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Green Hospital, Ucsd Medical

Ctr, Ucsd La Jolla John Sally  
 Thornton, Scripps Memorial  
 Hospital, Scripps Mercy Hospital,  
 Scripps Mercy Hospital Chula  
 Vista, Scripps Memorial Hospital  
 Encinitas  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GENTILI, AMILCARE**

Provider ID: 64307  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A44208  
 NPI: 1922086594  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Italian  
 Cultural Competency: No  
 Hospital Affiliation: Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Scripps Mercy  
 Hospital Chula Vista, Scripps  
 Memorial Hospital Encinitas,  
 Scripps Green Hospital, Ucsd La  
 Jolla John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GRISSOM, MURRAY J**

Provider ID: 271567  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A147782  
 NPI: 1720465396  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GRISSOM, MURRAY J**

Provider ID: 271569  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108

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## D. Specialist Provider Directory

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A147782  
 NPI: 1720465396  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**HAHN, MICHAEL E**  
 Provider ID: 98501  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A119409  
 NPI: 1356573992  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**HAHN, MICHAEL E**  
 Provider ID: 98502  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A119409  
 NPI: 1356573992  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**HANDWERKER, JASON**  
 Provider ID: 98754  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911

Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619) 543-2218  
 Provider Gender: Male  
 License number: A114704  
 NPI: 1316166630  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: University Of California Irvine Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**HANDWERKER, JASON**  
 Provider ID: 98757  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619) 471-9240  
 Provider Gender: Male  
 License number: A114704  
 NPI: 1316166630  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, University Of California Irvine Med Ctr

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## D. Specialist Provider Directory

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HANSEN, ROBERT B**

Provider ID: 110176  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619) 543-2218  
 Provider Gender: Male  
 License number: A97152  
 NPI: 1972643906  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: George L Mee Memorial Hosp, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Dameron Hospital Assoc, St Josephs Med Center Of Stockton, Memorial Hospital Med Ctr, John C Fremont Hospital, Mountains Community Hosp, Lodi Memorial Hospital, Oak Valley Dist Hosp  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA:  
**HARMAN, SCOTT A**  
 Provider ID: 115591  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
 Phone: (858) 658-6500  
 Fax: (619) 295-2549  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: G57284  
 NPI: 1124071311  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HARMAN, SCOTT A**

Provider ID: 126064  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906  
 Phone: (619) 229-2299  
 Fax: (619) 229-2288  
 After Hours Phone: (619) 229-2299  
 Provider Gender: Male

License number: G57284  
 NPI: 1124071311  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **HAUSCHILDT, JOHN P**

Provider ID: 63947  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: G76429  
 NPI: 1922072099  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Sharp Chula Vista Med Ctr, Sharp Coronado Hosp And Healthcare Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No

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## D. Specialist Provider Directory

Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### HAUSCHILDT, JOHN P

Provider ID: 64318  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619)  
 471-9240  
 Provider Gender: Male  
 License number: G76429  
 NPI: 1922072099  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton, Rady Childrens  
 Hospital San Diego, Sharp  
 Memorial Hospital, Sharp Chula  
 Vista Med Ctr, Sharp Coronado  
 Hosp And Healthcare Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### HERNANDEZ, NATHANIEL D

Provider ID: 110164  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP

200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619)  
 543-2218  
 Provider Gender: Male  
 License number: A141384  
 NPI: 1427377019  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### HILLER, LUCAS P

Provider ID: 63957  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A91321  
 NPI: 1417160474  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Scripps Green Hospital,

Ucsd La Jolla John Sally  
 Thornton, Scripps Memorial  
 Hospital, Scripps Mercy Hospital,  
 Scripps Mercy Hospital Chula  
 Vista, Scripps Memorial Hospital  
 Encinitas  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### HILLER, LUCAS P

Provider ID: 64321  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A91321  
 NPI: 1417160474  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Scripps Green Hospital,  
 Ucsd La Jolla John Sally  
 Thornton, Scripps Memorial  
 Hospital, Scripps Mercy Hospital,  
 Scripps Mercy Hospital Chula  
 Vista, Scripps Memorial Hospital  
 Encinitas  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HOROWITZ, MICHAEL J**

*Provider ID:* 126572  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619)  
543-2218  
*Provider Gender:* Male  
*License number:* A135132  
*NPI:* 1518306851  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HSIAO, ALBERT**

*Provider ID:* 110157  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-2218  
*Fax:* (619) 471-9473  
*After Hours Phone:* (619)  
543-2218  
*Provider Gender:* Male  
*License number:* A105882  
*NPI:* 1457546244  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HUANG, BRADY K**

*Provider ID:* 110528  
*Board Certified Specialty:* No  
UCSD RADIOLOGY AT LA  
JOLLA  
8929 UNIVERSITY CENTER LN  
STE 101  
SAN DIEGO, CA 92122-1007  
*Phone:* (858) 457-4227  
*Fax:* (858) 554-2699  
*After Hours Phone:* (858)  
457-4227  
*Provider Gender:* Male  
*License number:* A108832  
*NPI:* 1407860299  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Scripps Green Hospital,  
Ucsd La Jolla John Sally

Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HUANG, BRADY K**

*Provider ID:* 63969  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # 1505  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A108832  
*NPI:* 1407860299  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Scripps Green Hospital,  
Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HUANG, BRADY K**

*Provider ID:* 64325

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A108832  
*NPI:* 1407860299  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Scripps Green Hospital, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HUGHES, TUDOR H**

*Provider ID:* 63971  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Male  
*License number:* A83748  
*NPI:* 1932187127  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **HUGHES, TUDOR H**

*Provider ID:* 64326  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619) 471-9240  
*Provider Gender:* Male  
*License number:* A83748  
*NPI:* 1932187127  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **IMBESI, STEVEN G**

*Provider ID:* 63978  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Male  
*License number:* G79078  
*NPI:* 1891710554  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Saddleback Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **IMBESI, STEVEN G**

*Provider ID:* 64330  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619) 471-9240  
*Provider Gender:* Male  
*License number:* G79078  
*NPI:* 1891710554  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*Cultural Competency:* No  
*Hospital Affiliation:* Saddleback Memorial Med Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ISHIOKA, KEVIN M**

*Provider ID:* 83629  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A93286  
*NPI:* 1437362498  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ISHIOKA, KEVIN M**

*Provider ID:* 83630  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619) 471-9240  
*Provider Gender:* Male  
*License number:* A93286  
*NPI:* 1437362498  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **JOHNSON, JOHN O**

*Provider ID:* 115880  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL

GROUP INC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005  
*Phone:* (619) 295-9729  
*Fax:* (619) 295-2549  
*After Hours Phone:* (619) 295-9729  
*Provider Gender:* Male  
*License number:* G59632  
*NPI:* 1073565792  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **JOHNSON, JOHN O**

*Provider ID:* 126076  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:* (619) 229-2288  
*After Hours Phone:* (619) 229-2299  
*Provider Gender:* Male  
*License number:* G59632  
*NPI:* 1073565792  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy

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## D. Specialist Provider Directory

Hospital, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **KARIMI, AFSHIN**

Provider ID: 63993

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR # I505

SAN DIEGO, CA 92103-1911

Phone: (619) 543-2218

Fax:

After Hours Phone: (619)

543-2218

Provider Gender: Male

License number: A96518

NPI: 1952511214

Provider English Spoken: Yes

Provider Language(s) Spoken:

Persian

Cultural Competency: No

Hospital Affiliation: Scripps

Green Hospital, Pioneers

Memorial Hospital, Southwest

Healthcare System Wildomar,

Southwest Healthcare System

Murrieta, University Of California

Irvine Med Ctr, Ucsd Medical Ctr,

Ucsd La Jolla John Sally

Thornton, Temecula Valley

Hospital Inc

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **KARIMI, AFSHIN**

Provider ID: 64334

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)

471-9240

Provider Gender: Male

License number: A96518

NPI: 1952511214

Provider English Spoken: Yes

Provider Language(s) Spoken:

Persian

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton, Temecula Valley

Hospital Inc, Scripps Green

Hospital, Pioneers Memorial

Hospital, Southwest Healthcare

System Wildomar, Southwest

Healthcare System Murrieta,

University Of California Irvine

Med Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **KAROW, DAVID S**

Provider ID: 63994

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR # I505

SAN DIEGO, CA 92103-1911

Phone: (619) 543-2218

Fax:

After Hours Phone: (619)

543-2218

Provider Gender: Male

License number: A96935

NPI: 1932490703

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Santa Monica

Ucla Med Ctr, Ucsd Medical Ctr,

Ronald Reagan Ucla Med Ctr,

Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **KAROW, DAVID S**

Provider ID: 64335

Board Certified Specialty: No

UCSD MEDICAL GROUP

330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)

471-9240

Provider Gender: Male

License number: A96935

NPI: 1932490703

Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Santa Monica  
 Ucla Med Ctr, Ucsd Medical Ctr,  
 Ronald Reagan Ucla Med Ctr,  
 Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KHANNA, PARITOSH**

*Provider ID:* 64000  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619)  
 543-2218  
*Provider Gender:* Male  
*License number:* C54827  
*NPI:* 1568572832  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:*  
**KHANNA, PARITOSH**  
*Provider ID:* 64338  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619)  
 471-9240  
*Provider Gender:* Male  
*License number:* C54827  
*NPI:* 1568572832  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KIKOLSKI, STEVEN G**

*Provider ID:* 64005  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619)  
 543-2218

*Provider Gender:* Male  
*License number:* A106307  
*NPI:* 1063647485  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton, Scripps Mercy Hospital  
 Chula Vista, Scripps Memorial  
 Hospital Encinitas, Scripps  
 Green Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KIKOLSKI, STEVEN G**

*Provider ID:* 64339  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619)  
 471-9240  
*Provider Gender:* Male  
*License number:* A106307  
*NPI:* 1063647485  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Memorial Hospital, Scripps  
 Mercy Hospital, Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally

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## D. Specialist Provider Directory

---

Thornton, Scripps Mercy Hospital  
Chula Vista, Scripps Memorial  
Hospital Encinitas, Scripps  
Green Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KINNEY, THOMAS B**

*Provider ID:* 64008

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR # I505

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-2218

*Fax:*

*After Hours Phone:* (619)

543-2218

*Provider Gender:* Male

*License number:* G64176

*NPI:* 1992732671

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KINNEY, THOMAS B**

*Provider ID:* 64340

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108

*Phone:* (619) 471-9240

*Fax:*

*After Hours Phone:* (619)

471-9240

*Provider Gender:* Male

*License number:* G64176

*NPI:* 1992732671

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KINNE, ERICA L**

*Provider ID:* 83292

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)

543-6222

*Provider Gender:* Female

*License number:* A110179

*NPI:* 1487803946

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Loma Linda University Med

Ctr, Scripps Memorial Hospital,

Scripps Mercy Hospital, Ucsd La

Jolla John Sally Thornton,

Scripps Mercy Hospital Chula

Vista, Scripps Memorial Hospital

Encinitas, Scripps Green

Hospital, Loma Linda University

Childrens Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KINNE, ERICA L**

*Provider ID:* 83293

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108

*Phone:* (619) 471-9240

*Fax:*

*After Hours Phone:* (619)

471-9240

*Provider Gender:* Female

*License number:* A110179

*NPI:* 1487803946

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Loma Linda University Med

Ctr, Scripps Memorial Hospital,

Scripps Mercy Hospital, Ucsd La

Jolla John Sally Thornton,

Scripps Mercy Hospital Chula

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Vista, Scripps Memorial Hospital  
Encinitas, Scripps Green  
Hospital, Loma Linda University  
Childrens Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KRUK, PETER G**

*Provider ID:* 64021

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR # I505

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Male

*License number:* A96070

*NPI:* 1366480634

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Sharp

Coronado Hosp And Healthcare

Ctr, Rady Childrens Hospital San

Diego, Grossmont Hospital,

Sharp Memorial Hospital, Ucsd

Medical Ctr, Sharp Chula Vista

Med Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KRUK, PETER G**

*Provider ID:* 64342

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108

*Phone:* (619) 471-9240

*Fax:*

*After Hours Phone:* (619)  
471-9240

*Provider Gender:* Male

*License number:* A96070

*NPI:* 1366480634

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont

Hospital, Sharp Memorial

Hospital, Ucsd Medical Ctr,

Sharp Chula Vista Med Ctr, Ucsd

La Jolla John Sally Thornton,

Sharp Coronado Hosp And

Healthcare Ctr, Rady Childrens

Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KUNIYOSHI, JEREMY K**

*Provider ID:* 121392

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)  
543-6222

*Provider Gender:* Male

*License number:* A76172

*NPI:* 1124212667

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **KUNIYOSHI, JEREMY K**

*Provider ID:* 121392

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-2218

*Fax:*

*After Hours Phone:* (619)  
543-2218

*Provider Gender:* Male

*License number:* A76172

*NPI:* 1124212667

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **KUNIYOSHI, JEREMY K**

Provider ID: 121392  
 Board Certified Specialty: No  
 UCSD RADIOLOGY AT LA JOLLA  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619) 543-2218  
 Provider Gender: Male  
 License number: A76172  
 NPI: 1124212667  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **KUNIYOSHI, JEREMY K**

Provider ID: 121392  
 Board Certified Specialty: No  
 UCSD RADIOLOGY AT LA

JOLLA  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A76172  
 NPI: 1124212667  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **LADD, WILLIAM A**

Provider ID: 64024  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # 1505  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619) 543-2218  
 Provider Gender: Male  
 License number: G63024  
 NPI: 1063463230  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps

Memorial Hospital Encinitas, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **LADD, WILLIAM A**

Provider ID: 64343  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619) 471-9240  
 Provider Gender: Male  
 License number: G63024  
 NPI: 1063463230  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### **LECOMTE, MATTHEW D**

*Provider ID:* 283487  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A171824  
*NPI:* 1508210683  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LECOMTE, MATTHEW D**

*Provider ID:* 283489  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A171824  
*NPI:* 1508210683  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **LEE, ROLAND R**

*Provider ID:* 64033  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Male  
*License number:* G57800  
*NPI:* 1639190028  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Chinese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:*

### **LEE, ROLAND R**

*Provider ID:* 64346  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 543-2218  
*Fax:* (619) 471-9473  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Male  
*License number:* G57800  
*NPI:* 1639190028  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Chinese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LIM, VIVIAN**

*Provider ID:* 125928  
*Board Certified Specialty:* No  
 UCSD RADIOLOGY AT LA JOLLA  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

License number: G58509  
 NPI: 1295796753  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Rady Childrens Hospital San Diego, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**LIZERBRAM, ERIC K**  
 Provider ID: 118297  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
 Phone: (619) 295-9729  
 Fax: (619) 295-2549  
 After Hours Phone: (619) 295-9729  
 Provider Gender: Male  
 License number: G74959  
 NPI: 1598718926  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):

No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:  
**LIZERBRAM, ERIC K**  
 Provider ID: 126090  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906  
 Phone: (619) 229-2299  
 Fax: (619) 229-2288  
 After Hours Phone: (619) 229-2299  
 Provider Gender: Male  
 License number: G74959  
 NPI: 1598718926  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**LUBISICH, JOHN P**  
 Provider ID: 115592  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 150 W WASHINGTON ST

SAN DIEGO, CA 92103-2005  
 Phone: (858) 658-6500  
 Fax: (619) 295-2549  
 After Hours Phone: (858) 658-6500  
 Provider Gender: Male  
 License number: G77575  
 NPI: 1194863902  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**LUBISICH, JOHN P**  
 Provider ID: 126096  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906  
 Phone: (619) 229-2299  
 Fax: (619) 229-2288  
 After Hours Phone: (619) 229-2299  
 Provider Gender: Male  
 License number: G77575  
 NPI: 1194863902  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Alvarado Hospital Llc, Scripps Mercy

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## D. Specialist Provider Directory

Hospital, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **MAFEE, MAHMOOD F**

Provider ID: 64055  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-2218  
Fax:  
After Hours Phone: (619)  
543-2218  
Provider Gender: Male  
License number: A31751  
NPI: 1356431373  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MAFEE, MAHMOOD F**

Provider ID: 64351  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (619) 471-9240  
Fax:  
After Hours Phone: (619)  
471-9240  
Provider Gender: Male  
License number: A31751  
NPI: 1356431373  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MAREK BYKOWSKI, JULIE L**

Provider ID: 64063  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-2218  
Fax:  
After Hours Phone: (619)  
543-2218  
Provider Gender: Female  
License number: A96803  
NPI: 1699988667  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **MAREK BYKOWSKI, JULIE L**

Provider ID: 64354  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (619) 471-9240  
Fax:  
After Hours Phone: (619)  
471-9240  
Provider Gender: Female  
License number: A96803  
NPI: 1699988667  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

### **MAREK BYKOWSKI, JULIE L**

*Provider ID:* 89937  
*Board Certified Specialty:* No  
 UCSD RADIOLOGY AT LA JOLLA  
 8929 UNIVERSITY CENTER LN  
 STE 101  
 SAN DIEGO, CA 92122-1007  
*Phone:* (858) 457-4227  
*Fax:* (858) 457-4231  
*After Hours Phone:* (858) 457-4227  
*Provider Gender:* Female  
*License number:* A96803  
*NPI:* 1699988667  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency: No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 Accessibility: W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MEIGS, JASON G**

*Provider ID:* 118450  
*Board Certified Specialty:* No  
 UCSD RADIOLOGY AT LA JOLLA  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619) 471-9240  
*Provider Gender:* Male

*License number:* 20A15523  
*NPI:* 1790047371  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Mountains Community Hosp  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 Accessibility:  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MEISINGER, QUINN C**

*Provider ID:* 118221  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Male  
*License number:* A123683  
*NPI:* 1215222757  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
 Accessibility: W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MEISINGER, QUINN C**

*Provider ID:* 118222  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619) 471-9240  
*Provider Gender:* Male  
*License number:* A123683  
*NPI:* 1215222757  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 Accessibility:  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MEISINGER, QUINN C**

*Provider ID:* 118373  
*Board Certified Specialty:* No  
 UCSD RADIOLOGY AT LA JOLLA  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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## D. Specialist Provider Directory

Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619) 543-2218  
 Provider Gender: Male  
 License number: A123683  
 NPI: 1215222757  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### MEISINGER, QUINN C

Provider ID: 118376  
 Board Certified Specialty: No  
 UCSD RADIOLOGY AT LA JOLLA  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619) 471-9240  
 Provider Gender: Male  
 License number: A123683  
 NPI: 1215222757  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### MINOCHA, JEET

Provider ID: 90536  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A132823  
 NPI: 1548416266  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### MISRA, CHANDAN

Provider ID: 118479  
 Board Certified Specialty: No  
 UCSD RADIOLOGY AT LA

JOLLA  
 200 W ARBOR DR # 1505  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619) 543-2218  
 Provider Gender: Male  
 License number: A146108  
 NPI: 1821356825  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sutter Santa Rosa Regional Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### MISRA, CHANDAN

Provider ID: 118481  
 Board Certified Specialty: No  
 UCSD RADIOLOGY AT LA JOLLA  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619) 471-9240  
 Provider Gender: Male  
 License number: A146108  
 NPI: 1821356825  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sutter Santa Rosa Regional Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MOFFIT, BRIAN J**

*Provider ID:* 115883  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
*Phone:* (619) 295-9729  
*Fax:* (619) 295-2549  
*After Hours Phone:* (619) 295-9729  
*Provider Gender:* Male  
*License number:* G51551  
*NPI:* 1508817305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc  
**MOFFIT, BRIAN J**  
*Provider ID:* 126117  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:* (619) 229-2288  
*After Hours Phone:* (619) 229-2299  
*Provider Gender:* Male  
*License number:* G51551  
*NPI:* 1508817305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

*Provider Gender:* Male  
*License number:* G51551  
*NPI:* 1508817305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **MURPHY, PAUL M**

*Provider ID:* 116425  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Male  
*License number:* A123586  
*NPI:* 1295050946  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Ronald Reagan UCLA Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Santa Monica UCLA Med Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **NAHEEDY, JOHN H**

*Provider ID:* 64102  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # 1505  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Male  
*License number:* A99832  
*NPI:* 1760695761  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Sharp Memorial

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## D. Specialist Provider Directory

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Hospital, Sharp Coronado Hosp  
And Healthcare Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **NAHEEDY, JOHN H**

*Provider ID:* 64360  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619)  
471-9240  
*Provider Gender:* Male  
*License number:* A99832  
*NPI:* 1760695761  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital, Sharp  
Coronado Hosp And Healthcare  
Ctr, Ucsd Medical Ctr, Ucsd La  
Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **NEWTON, ISABEL G**

*Provider ID:* 84298  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Female  
*License number:* A108128  
*NPI:* 1306068697  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **NEWTON, ISABEL G**

*Provider ID:* 84300  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619)  
471-9240  
*Provider Gender:* Female  
*License number:* A108128  
*NPI:* 1306068697

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **NORBASH, ALEXANDER M**

*Provider ID:* 125625  
*Board Certified Specialty:* No  
UCSD RADIOLOGY AT LA  
JOLLA  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619)  
543-2218  
*Provider Gender:* Male  
*License number:* G62865  
*NPI:* 1790752269  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

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## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
*IPA:*

**NORBASH, ALEXANDER M**  
*Provider ID:* 125630  
*Board Certified Specialty:* No  
 UCSD RADIOLOGY AT LA JOLLA  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619) 471-9240  
*Provider Gender:* Male  
*License number:* G62865  
*NPI:* 1790752269  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**OBOYLE, MARY K**  
*Provider ID:* 64114  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222

*Provider Gender:* Female  
*License number:* G73501  
*NPI:* 1568487999  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**OBOYLE, MARY K**  
*Provider ID:* 64362  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 543-3405  
*Fax:*  
*After Hours Phone:* (619) 543-3405  
*Provider Gender:* Female  
*License number:* G73501  
*NPI:* 1568487999  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**OBRZUT, SEBASTIAN**  
*Provider ID:* 64116  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # 1505  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Male  
*License number:* A85028  
*NPI:* 1083714398  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**OBRZUT, SEBASTIAN**  
*Provider ID:* 64363  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619) 471-9240

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## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* A85028  
*NPI:* 1083714398  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **OJEDA-FOURNIER, HAYDEE**

*Provider ID:* 64118  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Female  
*License number:* A99462  
*NPI:* 1871537191  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **OJEDA-FOURNIER, HAYDEE**

*Provider ID:* 64364  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619) 471-9240  
*Provider Gender:* Female  
*License number:* A99462  
*NPI:* 1871537191  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **OLOUGHLIN, BRIAN J**

*Provider ID:* 115593  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005

*Phone:* (858) 658-6500  
*Fax:*  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* A120064  
*NPI:* 1972709087  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Santa Monica Ucla Med Ctr, Alvarado Hospital Llc, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **OLOUGHLIN, BRIAN J**

*Provider ID:* 126123  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:*  
*After Hours Phone:* (619) 229-2299  
*Provider Gender:* Male  
*License number:* A120064  
*NPI:* 1972709087  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital, Santa Monica Ucla Med Ctr, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **OSHAUGHNESSY, LOUISE S**

*Provider ID:* 115594  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005  
*Phone:* (858) 658-6500  
*Fax:* (619) 295-2549  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Female  
*License number:* G48800  
*NPI:* 1285685925  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital Llc, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **OSHAUGHNESSY, LOUISE S**

*Provider ID:* 126129  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL GROUP INC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:* (619) 229-2288  
*After Hours Phone:* (619) 229-2299  
*Provider Gender:* Female  
*License number:* G48800  
*NPI:* 1285685925  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital Llc, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PAKBAZ, RAMIN S**

*Provider ID:* 64125  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619) 543-2218

*Provider Gender:* Male  
*License number:* A73947  
*NPI:* 1811072457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Sutter Roseville Medical Center, Mercy General Hospital, Mercy San Juan Hospital, Scripps Green Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital Encinitas, Ucsd Medical Ctr, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PAKBAZ, RAMIN S**

*Provider ID:* 64367  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619) 471-9240  
*Provider Gender:* Male  
*License number:* A73947  
*NPI:* 1811072457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Hospital Affiliation:* Sutter  
Roseville Medical Center, Mercy  
General Hospital, Mercy San  
Juan Hospital, Scripps Green  
Hospital, Scripps Memorial  
Hospital, Scripps Mercy Hospital,  
Scripps Memorial Hospital  
Encinitas, Ucsd Medical Ctr,  
Paradise Valley Hospital, Scripps  
Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PATHRIA, MINI N**

*Provider ID:* 64133  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A43771  
*NPI:* 1699739318  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Green Hospital, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PATHRIA, MINI N**

*Provider ID:* 64368  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A43771  
*NPI:* 1699739318  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Green Hospital, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PATIL, AMOL A**

*Provider ID:* 98852  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505

SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619)  
543-2218  
*Provider Gender:* Male  
*License number:* A133973  
*NPI:* 1225355720  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French, Hindi  
*Cultural Competency:* No  
*Hospital Affiliation:* Sierra Vista  
Regional Med Ctr, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Goleta Valley Cottage  
Hosp  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **PATIL, AMOL A**

*Provider ID:* 98853  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619)  
471-9240  
*Provider Gender:* Male  
*License number:* A133973  
*NPI:* 1225355720  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French, Hindi  
*Cultural Competency:* No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Sierra Vista  
Regional Med Ctr, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Goleta Valley Cottage  
Hosp

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **PRETORIUS, DOLORES H**

*Provider ID:* 64147

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)  
543-6222

*Provider Gender:* Female

*License number:* C39102

*NPI:* 1902839418

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **PRETORIUS, DOLORES H**

*Provider ID:* 64370

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108

*Phone:* (619) 471-9420

*Fax:*

*After Hours Phone:* (619)  
471-9420

*Provider Gender:* Female

*License number:* C39102

*NPI:* 1902839418

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **RAKOW-PENNER, REBECCA A**

*Provider ID:* 118624

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR # I505

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-2218

*Fax:*

*After Hours Phone:* (619)  
543-2218

*Provider Gender:* Female

*License number:* A128755

*NPI:* 1558651497

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **RATTNER, ZACHARY G**

*Provider ID:* 35244

*Board Certified Specialty:* No  
SOUTHERN CALIFORNIA  
INTERVENTIONAL ASSOC

995 GATEWAY CENTER WAY  
STE 207

SAN DIEGO, CA 92102-4544

*Phone:* (619) 263-9729

*Fax:* (858) 454-4644

*After Hours Phone:* (619)  
263-9729

*Provider Gender:* Male

*License number:* G86843

*NPI:* 1003867276

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Paradise  
Valley Hospital, Scripps  
Memorial Hospital Encinitas,  
Scripps Mercy Hospital, Scripps  
Mercy Hospital Chula Vista,  
Scripps Memorial Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

☯ Accessibility: W  
 Hours: M,W-F 7:30AM-4PM,  
 TU,SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **RESNICK, DONALD L**

Provider ID: 64157  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619)  
 543-2218  
 Provider Gender: Male  
 License number: G18577  
 NPI: 1164450938  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Scripps Green Hospital,  
 Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **RESNICK, DONALD L**

Provider ID: 64372  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619)  
 471-9240  
 Provider Gender: Male  
 License number: G18577  
 NPI: 1164450938  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Scripps Green Hospital,  
 Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **RIAD, SHAREEF M**

Provider ID: 64158  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619)  
 471-9240  
 Provider Gender: Male  
 License number: A106536  
 NPI: 1417111477  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Doctors  
 Medical Center, West Hills  
 Hospital Medical Center, Salinas  
 Valley Memorial Hosp, Riverside

Community Hosp, Parkview  
 Community Hospital Medical  
 Center, St Bernardine Med Ctr,  
 Community Hosp Of San  
 Bernardino, Kindred Hospital  
 Ontario, Ucsd La Jolla John Sally  
 Thornton, Dameron Hospital  
 Assoc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **RIAD, SHAREEF M**

Provider ID: 64373  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 543-3000  
 Fax:  
 After Hours Phone: (619)  
 543-3000  
 Provider Gender: Male  
 License number: A106536  
 NPI: 1417111477  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Doctors  
 Medical Center, West Hills  
 Hospital Medical Center, Salinas  
 Valley Memorial Hosp, Riverside  
 Community Hosp, Parkview  
 Community Hospital Medical  
 Center, St Bernardine Med Ctr,  
 Community Hosp Of San  
 Bernardino, Kindred Hospital  
 Ontario, Ucsd La Jolla John Sally

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Thornton, Dameron Hospital  
 Assoc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RICHMAN, KATHERINE M**

*Provider ID:* 64159  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619)  
 543-2218  
*Provider Gender:* Female  
*License number:* G80333  
*NPI:* 1992898993  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RICHMAN, KATHERINE M**

*Provider ID:* 64374  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619)  
 471-9240  
*Provider Gender:* Female  
*License number:* G80333  
*NPI:* 1992898993  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ROBERTS, ANNE C**

*Provider ID:* 64162  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Female  
*License number:* G58654  
*NPI:* 1669497996  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ROBERTS, ANNE C**

*Provider ID:* 64376  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619)  
 471-9240  
*Provider Gender:* Female  
*License number:* G58654  
*NPI:* 1669497996  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☞ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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### **ROMINE, LORENE E**

*Provider ID:* 64165  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-2218  
*Fax:*  
*After Hours Phone:* (619) 543-2218  
*Provider Gender:* Female  
*License number:* A87658  
*NPI:* 1720209786  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Cedars Sinai Medical Center, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ROMINE, LORENE E**

*Provider ID:* 64378  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (619) 471-9240  
*Fax:*  
*After Hours Phone:* (619) 471-9240  
*Provider Gender:* Female  
*License number:* A87658  
*NPI:* 1720209786

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr, Cedars Sinai Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ROSSI, CARL J**

*Provider ID:* 81385  
*Board Certified Specialty:* No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
9730 SUMMERS RIDGE RD  
SAN DIEGO, CA 92121-3101  
*Phone:* (858) 549-7458  
*Fax:* (858) 578-1144  
*After Hours Phone:* (858) 549-7458  
*Provider Gender:* Male  
*License number:* G66352  
*NPI:* 1518983055  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Green Hospital, Rady Childrens Hospital San Diego, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SANTILLAN, CYNTHIA S**

*Provider ID:* 103164  
*Board Certified Specialty:* No  
UCSD RADIOLOGY AT LA JOLLA  
8929 UNIVERSITY CENTER LN STE 101  
SAN DIEGO, CA 92122-1007  
*Phone:* (858) 457-4227  
*Fax:*  
*After Hours Phone:* (858) 457-4227  
*Provider Gender:* Female  
*License number:* A90879  
*NPI:* 1932132404  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SANTILLAN, CYNTHIA S**

*Provider ID:* 64179  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911

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## D. Specialist Provider Directory

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A90879  
 NPI: 1932132404  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **SANTILLAN, CYNTHIA S**

Provider ID: 64382  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A90879  
 NPI: 1932132404  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **SCHECHTER, MARK S**

Provider ID: 115894  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
 Phone: (619) 295-9729  
 Fax: (619) 295-2549  
 After Hours Phone: (619) 295-9729  
 Provider Gender: Male  
 License number: G42390  
 NPI: 1942253018  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, El Centro Regional Medical Center, Selma Community Hospital, Adventist Medical Center, Adventist Med Ctr Reedley, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **SCHECHTER, MARK S**

Provider ID: 126135  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906  
 Phone: (619) 229-2299  
 Fax: (619) 229-2288  
 After Hours Phone: (619) 229-2299  
 Provider Gender: Male  
 License number: G42390  
 NPI: 1942253018  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, El Centro Regional Medical Center, Selma Community Hospital, Adventist Medical Center, Adventist Med Ctr Reedley, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **SCHWARTZBERG, ROSS E**

Provider ID: 115895  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
 Phone: (619) 295-9729  
 Fax: (619) 295-2549  
 After Hours Phone: (619) 295-9729

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Provider Gender:* Male  
*License number:* G72997  
*NPI:* 1215976766  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SCHWARTZBERG, ROSS E**

*Provider ID:* 126142  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:* (619) 229-2288  
*After Hours Phone:* (619)  
229-2299  
*Provider Gender:* Male  
*License number:* G72997  
*NPI:* 1215976766  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **SIRLIN, CLAUDE B**

*Provider ID:* 64203  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* G80184  
*NPI:* 1730261793  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Saddleback Memorial Med  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SIRLIN, CLAUDE B**

*Provider ID:* 64387  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
926-8273

*Provider Gender:* Male  
*License number:* G80184  
*NPI:* 1730261793  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Saddleback Memorial Med  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SLATER, JERRY**

*Provider ID:* 283310  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A172254  
*NPI:* 1851746382  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*

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## D. Specialist Provider Directory

Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SLATER, JERRY**

Provider ID: 283312  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A172254  
NPI: 1851746382  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SMITAMAN, EDWARD**

Provider ID: 110530  
Board Certified Specialty: No  
UCSD RADIOLOGY AT LA JOLLA  
8929 UNIVERSITY CENTER LN  
STE 101  
SAN DIEGO, CA 92122-1007

Phone: (858) 457-4227  
Fax: (858) 457-4231  
After Hours Phone: (858) 457-4227  
Provider Gender: Male  
License number: A119696  
NPI: 1477720092  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Thai  
Cultural Competency: No  
Hospital Affiliation: Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SMITAMAN, EDWARD**

Provider ID: 64207  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A119696  
NPI: 1477720092  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Thai  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally

Thornton, Scripps Green Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SMITAMAN, EDWARD**

Provider ID: 64389  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A119696  
NPI: 1477720092  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Thai  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Scripps Green Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **SNYDER, WILLIAM C**

Provider ID: 115896

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* A65059  
*NPI:* 1477505162  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SNYDER, WILLIAM C**

*Provider ID:* 126149  
*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:* (866) 558-4329  
*After Hours Phone:* (619) 229-2299  
*Provider Gender:* Male  
*License number:* A65059  
*NPI:* 1477505162  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No

*Hospital Affiliation:* Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **SPOTO, GARY P**

*Provider ID:* 115595  
*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
*Phone:* (619) 295-9729  
*Fax:* (619) 295-2549  
*After Hours Phone:* (619) 295-9729  
*Provider Gender:* Male  
*License number:* G58131  
*NPI:* 1659332062  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

*IPA:*

### **SPOTO, GARY P**

*Provider ID:* 126155  
*Board Certified Specialty:* No  
**IHS RADIOLOGY MEDICAL GROUP INC**  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:* (619) 229-2288  
*After Hours Phone:* (619) 229-2299  
*Provider Gender:* Male  
*License number:* G58131  
*NPI:* 1659332062  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **STANFILL, JOHN G**

*Provider ID:* 84901  
*Board Certified Specialty:* No  
**UCSD MEDICAL GROUP**  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

*Phone:* (619) 471-9240

*Fax:*

*After Hours Phone:* (619)  
471-9240

*Provider Gender:* Male

*License number:* A124808

*NPI:* 1831364330

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Scripps

Memorial Hospital Encinitas,

Scripps Green Hospital, Ucsd La

Jolla John Sally Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **SUN, ALEX W**

*Provider ID:* 268632

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-2218

*Fax:*

*After Hours Phone:* (619)

543-2218

*Provider Gender:* Male

*License number:* A133334

*NPI:* 1538502331

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr, Scripps Green

Hospital, Scripps Memorial

Hospital, Scripps Mercy Hospital,

Scripps Memorial Hospital

Encinitas, Grossmont Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **SU, TEDDY J**

*Provider ID:* 100417

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)

543-6222

*Provider Gender:* Male

*License number:* A105730

*NPI:* 1003881830

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Italian, Mandarin, Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Sutter Roseville Medical

Center, Sutter Medical Center

Sacramento, Sutter Auburn Faith

Hosp, Sutter Davis Hospital,

Sutter Surgical Hospital North

Valley

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **TADROS, ANTHONY S**

*Provider ID:* 268546

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A128627

*NPI:* 1306112057

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **TAMAYO-MURILLO, DORATHY E**

*Provider ID:* 126827

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 License number: A152645  
 NPI: 1700225711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **TAMAYO-MURILLO, DORATHY E**

Provider ID: 126829  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619) 471-9240  
 Provider Gender: Female  
 License number: A152645  
 NPI: 1700225711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:  
**TAMAYO-MURILLO, DORATHY E**  
 Provider ID: 126831  
 Board Certified Specialty: No  
 UCSD RADIOLOGY AT LA JOLLA  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619) 543-2218  
 Provider Gender: Female  
 License number: A152645  
 NPI: 1700225711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**TAMAYO-MURILLO, DORATHY E**  
 Provider ID: 126833

Board Certified Specialty: No  
 UCSD RADIOLOGY AT LA JOLLA  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619) 471-9240  
 Provider Gender: Female  
 License number: A152645  
 NPI: 1700225711  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **TENA, ROWENA G**

Provider ID: 115897  
 Board Certified Specialty: No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
 Phone: (619) 295-9729  
 Fax: (619) 295-2549  
 After Hours Phone: (619) 295-9729  
 Provider Gender: Female  
 License number: A69607  
 NPI: 1629029335  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **TENA, ROWENA G**

*Provider ID:* 126161  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:* (619) 229-2288  
*After Hours Phone:* (619) 229-2299  
*Provider Gender:* Female  
*License number:* A69607  
*NPI:* 1629029335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Vibra Hospital Of San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **TOBIN, MICHAEL L**

*Provider ID:* 115898  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
*Phone:* (858) 658-6500  
*Fax:* (619) 295-2549  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* A45908  
*NPI:* 1730132150  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **TOBIN, MICHAEL L**

*Provider ID:* 126212  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906

*Phone:* (619) 229-2299  
*Fax:* (619) 229-2288  
*After Hours Phone:* (619) 229-2299  
*Provider Gender:* Male  
*License number:* A45908  
*NPI:* 1730132150  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **TSUKADA, GLENN H**

*Provider ID:* 115596  
*Board Certified Specialty:* No  
 IHS RADIOLOGY MEDICAL GROUP INC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
*Phone:* (619) 295-9729  
*Fax:* (619) 295-2549  
*After Hours Phone:* (619) 295-9729  
*Provider Gender:* Male  
*License number:* A60235  
*NPI:* 1710938394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Grossmont Hospital, Scripps Mercy Hospital, Ucsd Medical Ctr, Scripps Mercy

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Hospital Chula Vista, Scripps  
Memorial Hospital Encinitas,  
Scripps Green Hospital, Alvarado  
Hospital Llc, Pomerado Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No

♿ *Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **TSUKADA, GLENN H**

*Provider ID:* 126199

*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC

6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906

*Phone:* (619) 229-2299

*Fax:* (619) 229-2288

*After Hours Phone:* (619)  
229-2299

*Provider Gender:* Male

*License number:* A60235

*NPI:* 1710938394

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Pomerado  
Hospital, Alvarado Hospital Llc,

Scripps Memorial Hospital,  
Grossmont Hospital, Scripps  
Mercy Hospital, Ucsd Medical

Ctr, Scripps Mercy Hospital  
Chula Vista, Scripps Memorial  
Hospital Encinitas, Scripps  
Green Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **TYAGI, AVISHKAR**

*Provider ID:* 84932

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)  
543-6222

*Provider Gender:* Male

*License number:* A123065

*NPI:* 1740440148

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, San Dimas Community

Hospital, Lakewood Regional  
Med Ctr, Pacific Alliance Medical  
Center, San Antonio Comm

Hosp, Tri City Medical Ctr,  
Palomar Health Downtown  
Campus, Pomerado Hospital,  
Alvarado Hospital Llc

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **TYAGI, AVISHKAR**

*Provider ID:* 84934

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108

*Phone:* (619) 471-9240

*Fax:*

*After Hours Phone:* (619)  
471-9240

*Provider Gender:* Male

*License number:* A123065

*NPI:* 1740440148

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally

Thornton, San Dimas Community  
Hospital, Lakewood Regional  
Med Ctr, Pacific Alliance Medical

Center, San Antonio Comm  
Hosp, Tri City Medical Ctr,

Palomar Health Downtown  
Campus, Pomerado Hospital,  
Alvarado Hospital Llc

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **VINOCUR, DANIEL N**

*Provider ID:* 64243

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR # 1505

SAN DIEGO, CA 92103-1911

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

Phone: (619) 543-2218

Fax:

After Hours Phone: (619)  
543-2218

Provider Gender: Male

License number: A115727

NPI: 1770711830

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **VINOCUR, DANIEL N**

Provider ID: 64394

Board Certified Specialty: No  
UCSD MEDICAL GROUP

330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)  
471-9240

Provider Gender: Male

License number: A115727

NPI: 1770711830

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **WAGNER, THAO N**

Provider ID: 84943

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Female

License number: A123521

NPI: 1821067935

Provider English Spoken: Yes

Provider Language(s) Spoken:

Vietnamese

Cultural Competency: No

Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Mercy Hospital, Scripps Mercy  
Hospital Chula Vista, Scripps  
Memorial Hospital Encinitas,  
Scripps Green Hospital, Ucsd  
Medical Ctr, Ucsd La Jolla John  
Sally Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **WAGNER, THAO N**

Provider ID: 84945

Board Certified Specialty: No  
UCSD MEDICAL GROUP

330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108

Phone: (619) 471-9240

Fax:

After Hours Phone: (619)  
471-9240

Provider Gender: Female

License number: A123521

NPI: 1821067935

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Vietnamese

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton, Scripps Memorial  
Hospital, Scripps Mercy Hospital,  
Scripps Mercy Hospital Chula  
Vista, Scripps Memorial Hospital  
Encinitas, Scripps Green  
Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **WALLACE, DAVID R**

Provider ID: 98888

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR # 1505

SAN DIEGO, CA 92103-1911

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

Phone: (619) 543-2218  
Fax:  
After Hours Phone: (619) 543-2218  
Provider Gender: Male  
License number: A136122  
NPI: 1265743595  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **WALLACE, DAVID R**

Provider ID: 98890  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (619) 471-9240  
Fax:  
After Hours Phone: (619) 471-9240  
Provider Gender: Male  
License number: A136122  
NPI: 1265743595  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical

Ctr, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital Encinitas, Scripps Green Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **WANG, LEE L**

Provider ID: 118160  
Board Certified Specialty: No  
UCSD RADIOLOGY AT LA JOLLA  
200 W ARBOR DR # I505  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-2218  
Fax:  
After Hours Phone: (619) 543-2218  
Provider Gender: Male  
License number: A146921  
NPI: 1003119975  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:

Email:  
Medical Group(s):  
IPA:

### **WANG, LEE L**

Provider ID: 118162  
Board Certified Specialty: No  
UCSD RADIOLOGY AT LA JOLLA  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (691) 471-9240  
Fax:  
After Hours Phone: (691) 471-9240  
Provider Gender: Male  
License number: A146921  
NPI: 1003119975  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Green Hospital, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **WEIHE, ELIZABETH**

Provider ID: 102368  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619) 471-9240  
 Provider Gender: Female  
 License number: A135679  
 NPI: 1386884302  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **WEIHE, ELIZABETH**

Provider ID: 121941  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-2218  
 Fax:  
 After Hours Phone: (619) 543-2218  
 Provider Gender: Female  
 License number: A135679  
 NPI: 1386884302  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **YEN, ANDREW C**

Provider ID: 64263  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR # I505  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A89413  
 NPI: 1942499116  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **YEN, ANDREW C**

Provider ID: 64398  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202

SAN DIEGO, CA 92103-2108  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A89413  
 NPI: 1942499116  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ZAKHARY, MINA M**

Provider ID: 84250  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
 Phone: (619) 471-9240  
 Fax:  
 After Hours Phone: (619) 471-9240  
 Provider Gender: Male  
 License number: A124821  
 NPI: 1114185626  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic, Hebrew  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps

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## D. Specialist Provider Directory

Green Hospital, Ucsd Medical  
Ctr, Scripps Memorial Hospital,  
Scripps Mercy Hospital, Scripps  
Memorial Hospital Encinitas,  
Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ZINK BRODY, GORDON C**

*Provider ID:* 115904  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005  
*Phone:* (619) 295-9729  
*Fax:* (619) 295-2549  
*After Hours Phone:* (619)  
295-9729  
*Provider Gender:* Male  
*License number:* G68636  
*NPI:* 1689610362  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
Hospital Llc, Oak Valley Dist  
Hosp, Scripps Memorial Hospital,  
Scripps Mercy Hospital, Scripps  
Mercy Hospital Chula Vista,  
Scripps Memorial Hospital  
Encinitas, Scripps Green  
Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*

No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ZINK BRODY, GORDON C**

*Provider ID:* 126192  
*Board Certified Specialty:* No  
IHS RADIOLOGY MEDICAL  
GROUP INC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:* (619) 229-2288  
*After Hours Phone:* (619)  
229-2299  
*Provider Gender:* Male  
*License number:* G68636  
*NPI:* 1689610362  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
Hospital Llc, Oak Valley Dist  
Hosp, Scripps Memorial Hospital,  
Scripps Mercy Hospital, Scripps  
Mercy Hospital Chula Vista,  
Scripps Memorial Hospital  
Encinitas, Scripps Green  
Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **RADIOLOGY DIAGNOSTIC**

### **BECKETT, RYAN D**

*Provider ID:* 283216  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A172431  
*NPI:* 1932561347  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BECKETT, RYAN D**

*Provider ID:* 283218  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* A172431  
*NPI:* 1932561347  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**CHENG, KAREN Y**  
*Provider ID:* 283226  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A144517  
*NPI:* 1427430511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**CHENG, KAREN Y**  
*Provider ID:* 283228  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* A144517  
*NPI:* 1427430511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**COVELL, DUSTIN M**  
*Provider ID:* 239900  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A160221  
*NPI:* 1942615893  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

**COVELL, DUSTIN M**  
*Provider ID:* 239902  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A160221  
*NPI:* 1942615893  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **EAJAZI, ALIREZA**

*Provider ID:* 283521  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A171288  
*NPI:* 1669835005  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **EAJAZI, ALIREZA**

*Provider ID:* 283523  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST  
 SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male

*License number:* A171288  
*NPI:* 1669835005  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MORENO, MARIO A**

*Provider ID:* 283315  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A151572  
*NPI:* 1871957308  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MORENO, MARIO A**

*Provider ID:* 283317  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 330 LEWIS ST # 202  
 SAN DIEGO, CA 92103-2108  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A151572  
*NPI:* 1871957308  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SCHULTZ, HEATHER M**

*Provider ID:* 240342  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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## D. Specialist Provider Directory

---

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A139567  
NPI: 1871910810  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SCHULTZ, HEATHER M**

Provider ID: 240344  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A139567  
NPI: 1871910810  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **YORK, VINCENT M**

Provider ID: 283517  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A170712  
NPI: 1790146611  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **YORK, VINCENT M**

Provider ID: 283519  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
330 LEWIS ST # 202  
SAN DIEGO, CA 92103-2108

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A170712  
NPI: 1790146611  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

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### **RADIOLOGY**

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### **ALLEN, DERRICK R , MD**

Provider ID: 269614  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005  
Phone: (619) 295-9729  
Fax: (619) 342-2131  
After Hours Phone: (619) 295-9729  
Provider Gender: Male  
License number: A69840  
NPI: 1215982970  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

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## D. Specialist Provider Directory

---

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ALLEN, DERRICK R , MD**

*Provider ID:* 269615  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123-1804  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* A69840  
*NPI:* 1215982970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **ALLEN, DERRICK R , MD**

*Provider ID:* 269617  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
550 WASHINGTON ST STE 200  
SAN DIEGO, CA 92103-2243

*Phone:* (619) 260-7225  
*Fax:* (866) 558-4329  
*After Hours Phone:* (619) 260-7225  
*Provider Gender:* Male  
*License number:* A69840  
*NPI:* 1215982970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CHOU, ERIC T**

*Provider ID:* 243395  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* A96095  
*NPI:* 1689627838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CHOU, ERIC T**

*Provider ID:* 243396  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
4077 5TH AVE  
SAN DIEGO, CA 92103-2105  
*Phone:* (619) 819-6501  
*Fax:*  
*After Hours Phone:* (619) 819-6501  
*Provider Gender:* Male  
*License number:* A96095  
*NPI:* 1689627838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **CHOU, ERIC T**

*Provider ID:* 243397  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123-1804

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* A96095  
*NPI:* 1689627838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### COOPER, JAMES A

*Provider ID:* 242475  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 4077 5TH AVE  
 SAN DIEGO, CA 92103-2105  
*Phone:* (619) 294-8111  
*Fax:*  
*After Hours Phone:* (619) 294-8111  
*Provider Gender:* Male  
*License number:* A62473  
*NPI:* 1497708622  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* East Los Angeles Doctors Hsp, Memorial Hosp Of Gardena Inc, Riverside Community Hosp, Palmdale Regional Medical Center,

Barstow Community Hospital, Kindred Hospital South Bay, Loma Linda University Med Ctr Murrieta, Coast Plaza Hospital, Community Hospital Of Huntington Park, Foothill Regional Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### DOEMENY, JOHN M

*Provider ID:* 269746  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* G50925  
*NPI:* 1841243912  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### DOEMENY, JOHN M

*Provider ID:* 269747  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3939 RUFFIN RD STE 102  
 SAN DIEGO, CA 92123-1804  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858) 658-6500  
*Provider Gender:* Male  
*License number:* G50925  
*NPI:* 1841243912  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### DOEMENY, JOHN M

*Provider ID:* 269752  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:* (866) 558-4329  
*After Hours Phone:* (619) 229-2299  
*Provider Gender:* Male  
*License number:* G50925

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

NPI: 1841243912  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**DOEMENY, JOHN M**  
 Provider ID: 269753  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1809 NATIONAL AVE # 2104  
 SAN DIEGO, CA 92113-2113  
 Phone: (858) 658-6500  
 Fax: (866) 558-4329  
 After Hours Phone: (858)  
 658-6500  
 Provider Gender: Male  
 License number: G50925  
 NPI: 1841243912  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:

Medical Group(s):  
 IPA: Community Care Ipa Llc  
**DOEMENY, JOHN M**  
 Provider ID: 269756  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 4077 5TH AVE  
 SAN DIEGO, CA 92103-2105  
 Phone: (619) 294-8111  
 Fax: (866) 558-4329  
 After Hours Phone: (619)  
 294-8111  
 Provider Gender: Male  
 License number: G50925  
 NPI: 1841243912  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**DOEMENY, JOHN M**  
 Provider ID: 269757  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 550 WASHINGTON ST STE 200  
 SAN DIEGO, CA 92103-2243  
 Phone: (619) 260-7225  
 Fax: (866) 558-4329  
 After Hours Phone: (619)  
 260-7225  
 Provider Gender: Male  
 License number: G50925

NPI: 1841243912  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**FRANKE, MARK A**  
 Provider ID: 269632  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3939 RUFFIN RD STE 102  
 SAN DIEGO, CA 92123-1804  
 Phone: (858) 658-6500  
 Fax: (866) 558-4329  
 After Hours Phone: (858)  
 658-6500  
 Provider Gender: Male  
 License number: A118792  
 NPI: 1114246329  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Santa Monica  
 Ucla Med Ctr, Ronald Reagan  
 Ucla Med Ctr, Alvarado Hospital  
 Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **FRANKE, MARK A**

Provider ID: 269637  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906  
Phone: (619) 229-2299  
Fax: (866) 558-4329  
After Hours Phone: (619)  
229-2299  
Provider Gender: Male  
License number: A118792  
NPI: 1114246329  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Santa Monica  
Ucla Med Ctr, Ronald Reagan  
Ucla Med Ctr, Alvarado Hospital  
Llc  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **FRANKE, MARK A**

Provider ID: 269638  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1809 NATIONAL AVE # 2104  
SAN DIEGO, CA 92113-2113  
Phone: (858) 658-6500  
Fax: (866) 558-4329  
After Hours Phone: (858)  
658-6500

Provider Gender: Male  
License number: A118792  
NPI: 1114246329  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Santa Monica  
Ucla Med Ctr, Ronald Reagan  
Ucla Med Ctr, Alvarado Hospital  
Llc  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **FRANKE, MARK A**

Provider ID: 269640  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005  
Phone: (858) 658-6500  
Fax: (866) 558-4329  
After Hours Phone: (858)  
658-6500  
Provider Gender: Male  
License number: A118792  
NPI: 1114246329  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Santa Monica  
Ucla Med Ctr, Ronald Reagan  
Ucla Med Ctr, Alvarado Hospital  
Llc  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

Provider Gender: Male  
License number: A118792  
NPI: 1114246329  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Santa Monica  
Ucla Med Ctr, Ronald Reagan  
Ucla Med Ctr, Alvarado Hospital  
Llc  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **FRANKE, MARK A**

Provider ID: 269641  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4077 5TH AVE  
SAN DIEGO, CA 92103-2105  
Phone: (619) 294-8111  
Fax: (866) 558-4329  
After Hours Phone: (619)  
294-8111  
Provider Gender: Male  
License number: A118792  
NPI: 1114246329  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Santa Monica  
Ucla Med Ctr, Ronald Reagan  
Ucla Med Ctr, Alvarado Hospital  
Llc  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **FRANKE, MARK A**

Provider ID: 269642  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
550 WASHINGTON ST STE 200  
SAN DIEGO, CA 92103-2243

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## D. Specialist Provider Directory

---

Phone: (619) 260-7225  
Fax: (866) 558-4329  
After Hours Phone: (619) 260-7225  
Provider Gender: Male  
License number: A118792  
NPI: 1114246329  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Santa Monica  
Ucla Med Ctr, Ronald Reagan  
Ucla Med Ctr, Alvarado Hospital  
Llc  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **LUBISICH, JOHN P**

Provider ID: 244953  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
6655 ALVARADO RD  
SAN DIEGO, CA 92120-5208  
Phone: (866) 558-4320  
Fax:  
After Hours Phone: (866) 558-4320  
Provider Gender: Male  
License number: G77575  
NPI: 1194863902  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc, Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **LUBISICH, JOHN P**

Provider ID: 244954  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123-1804  
Phone: (858) 658-6500  
Fax: (866) 558-4329  
After Hours Phone: (858) 658-6500  
Provider Gender: Male  
License number: G77575  
NPI: 1194863902  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc, Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **MOFFIT, BRIAN J**

Provider ID: 269525  
Board Certified Specialty: No

COMMUNITY CARE IPA LLC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005  
Phone: (858) 658-6500  
Fax: (866) 558-4329  
After Hours Phone: (858) 658-6500  
Provider Gender: Male  
License number: G51551  
NPI: 1508817305  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **MOFFIT, BRIAN J**

Provider ID: 269526  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123-1804  
Phone: (858) 658-6500  
Fax: (866) 558-4329  
After Hours Phone: (858) 658-6500  
Provider Gender: Male  
License number: G51551  
NPI: 1508817305  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **MOFFIT, BRIAN J**

*Provider ID:* 269530

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906

*Phone:* (619) 229-2299

*Fax:* (866) 558-4329

*After Hours Phone:* (619)  
229-2299

*Provider Gender:* Male

*License number:* G51551

*NPI:* 1508817305

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **MOFFIT, BRIAN J**

*Provider ID:* 269531

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1809 NATIONAL AVE # 2104  
SAN DIEGO, CA 92113-2113

*Phone:* (858) 658-6500

*Fax:* (866) 558-4329

*After Hours Phone:* (858)  
658-6500

*Provider Gender:* Male

*License number:* G51551

*NPI:* 1508817305

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **MOFFIT, BRIAN J**

*Provider ID:* 269534

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
550 WASHINGTON ST STE 200  
SAN DIEGO, CA 92103-2243

*Phone:* (619) 260-7225

*Fax:* (866) 558-4329

*After Hours Phone:* (619)  
260-7225

*Provider Gender:* Male

*License number:* G51551

*NPI:* 1508817305

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **MOFFIT, BRIAN J**

*Provider ID:* 269536

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
4077 5TH AVE  
SAN DIEGO, CA 92103-2105

*Phone:* (619) 294-8111

*Fax:* (866) 558-4329

*After Hours Phone:* (619)  
294-8111

*Provider Gender:* Male

*License number:* G51551

*NPI:* 1508817305

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**RATTNER, ZACHARY G , MD**

Provider ID: 269895  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
995 GATEWAY CENTER WAY  
STE 207  
SAN DIEGO, CA 92102-4544  
Phone: (619) 263-9729  
Fax: (619) 263-9730  
After Hours Phone: (619)  
263-9729  
Provider Gender: Male  
License number: G86843  
NPI: 1003867276  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Paradise  
Valley Hospital, Scripps  
Memorial Hospital Encinitas,  
Scripps Mercy Hospital, Scripps  
Mercy Hospital Chula Vista,  
Scripps Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**SABIR, SHARJEEL H**

Provider ID: 269857  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4077 5TH AVE  
SAN DIEGO, CA 92103-2105

Phone: (619) 862-6500  
Fax:  
After Hours Phone: (619)  
862-6500  
Provider Gender: Male  
License number: C158962  
NPI: 1154599314  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**SCHWARTZBERG, ROSS E**

Provider ID: 245624  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
150 W WASHINGTON ST  
SAN DIEGO, CA 92103-2005  
Phone: (619) 295-9729  
Fax: (619) 295-2549  
After Hours Phone: (619)  
295-9729  
Provider Gender: Male  
License number: G72997  
NPI: 1215976766  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**SCHWARTZBERG, ROSS E**

Provider ID: 245625  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123-1804  
Phone: (858) 658-6500  
Fax:  
After Hours Phone: (858)  
658-6500  
Provider Gender: Male  
License number: G72997  
NPI: 1215976766  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**SCHWARTZBERG, ROSS E**

Provider ID: 245626  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
4077 5TH AVE  
SAN DIEGO, CA 92103-2105

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

Phone: (619) 294-8111

Fax:

After Hours Phone: (619)  
294-8111

Provider Gender: Male

License number: G72997

NPI: 1215976766

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Alvarado  
Hospital Llc

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SCHWARTZBERG, ROSS E**

Provider ID: 245631

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
6386 ALVARADO CT STE 121  
SAN DIEGO, CA 92120-4906

Phone: (619) 229-2299

Fax:

After Hours Phone: (619)  
229-2299

Provider Gender: Male

License number: G72997

NPI: 1215976766

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Alvarado  
Hospital Llc

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **SCHWARTZBERG, ROSS E**

Provider ID: 245632

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
550 WASHINGTON ST STE 200  
SAN DIEGO, CA 92103-2243  
Phone: (619) 260-7225

Fax:

After Hours Phone: (619)  
260-7225

Provider Gender: Male

License number: G72997

NPI: 1215976766

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Alvarado  
Hospital Llc

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **STRAKA, CHRISTOPHER A**

Provider ID: 276875

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
16918 DOVE CANYON RD STE  
103  
SAN DIEGO, CA 92127-3455

Phone: (858) 649-5100

Fax: (858) 649-5099

After Hours Phone: (858)  
649-5100

Provider Gender: Male

License number: A145989

NPI: 1801281399

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 17/120

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **TENA, ROWENA G , MD**

Provider ID: 265583

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1809 NATIONAL AVE # 2104  
SAN DIEGO, CA 92113-2113

Phone: (858) 658-6500

Fax: (866) 558-4329

After Hours Phone: (858)  
658-6500

Provider Gender: Female

License number: A69607

NPI: 1629029335

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency: No

Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista, Vibra Hospital Of

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **TENA, ROWENA G , MD**

*Provider ID:* 269822  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 150 W WASHINGTON ST  
 SAN DIEGO, CA 92103-2005  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858)  
 658-6500  
*Provider Gender:* Female  
*License number:* A69607  
*NPI:* 1629029335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Vibra Hospital Of  
 San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **TENA, ROWENA G , MD**

*Provider ID:* 269827  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 3939 RUFFIN RD STE 102  
 SAN DIEGO, CA 92123-1804  
*Phone:* (858) 658-6500  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858)  
 658-6500  
*Provider Gender:* Female  
*License number:* A69607  
*NPI:* 1629029335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Vibra Hospital Of  
 San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **TENA, ROWENA G , MD**

*Provider ID:* 269828  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6386 ALVARADO CT STE 121  
 SAN DIEGO, CA 92120-4906  
*Phone:* (619) 229-2299  
*Fax:* (866) 558-4329  
*After Hours Phone:* (619)  
 229-2299  
*Provider Gender:* Female  
*License number:* A69607  
*NPI:* 1629029335  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Vibra Hospital Of  
 San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **TENA, ROWENA G , MD**

*Provider ID:* 269830  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 4077 5TH AVE  
 SAN DIEGO, CA 92103-2105  
*Phone:* (619) 294-8111  
*Fax:* (866) 558-4329  
*After Hours Phone:* (619)  
 294-8111  
*Provider Gender:* Female  
*License number:* A69607  
*NPI:* 1629029335  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Vibra Hospital Of  
 San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **TENA, ROWENA G , MD**

Provider ID: 269832  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
550 WASHINGTON ST STE 200  
SAN DIEGO, CA 92103-2243  
Phone: (619) 260-7225  
Fax: (866) 558-4329  
After Hours Phone: (619)  
260-7225  
Provider Gender: Female  
License number: A69607  
NPI: 1629029335  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista, Vibra Hospital Of  
San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **VAKILIAN, SIAVOSH**

Provider ID: 283205  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3366 5TH AVE  
SAN DIEGO, CA 92103-5713

Phone: (619) 230-0400  
Fax: (858) 429-7936  
After Hours Phone: (619)  
230-0400  
Provider Gender: Male  
License number: A133482  
NPI: 1427456151  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Pioneers  
Memorial Hospital, El Centro  
Regional Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **VAKILIAN, SIAVOSH**

Provider ID: 283207  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123-1338  
Phone: (858) 505-4100  
Fax: (858) 429-7939  
After Hours Phone: (858)  
505-4100  
Provider Gender: Male  
License number: A133482  
NPI: 1427456151  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Pioneers  
Memorial Hospital, El Centro  
Regional Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

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### **REGISTERED DIETITIAN / NUTRITIONIST**

---

### **CALLAWAY, MALLORY R**

Provider ID: 287926  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4303 LA JOLLA VILLAGE DR  
STE 2110  
SAN DIEGO, CA 92122-1396  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: 86005489  
NPI: 1477207611  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **FISHER, JENNIFER J**

Provider ID: 286339  
Board Certified Specialty: No

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## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 471-0438  
Fax: (619) 543-3763  
After Hours Phone: (619) 471-0438  
Provider Gender: Female  
License number: 962434  
NPI: 1538312657  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**FISHER, JENNIFER J**  
Provider ID: 286340  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4303 LA JOLLA VILLAGE DR  
STE 2110  
SAN DIEGO, CA 92122-1396  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: 962434  
NPI: 1538312657  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**ROBERTS, TRACI L**  
Provider ID: 268240  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: 86084895  
NPI: 1003385691  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**SIEVERING, DENISE**  
Provider ID: 268250  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4168 FRONT ST  
SAN DIEGO, CA 92103-2030

Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: 86061948  
NPI: 1356478929  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

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### REGISTERED PHYSICAL THERAPIST

---

**AGRIMIS, JESSICA E**  
Provider ID: 206957  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8929 UNIVERSITY CENTER LN  
STE 200  
SAN DIEGO, CA 92122-1008  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PT295027  
NPI: 1790203388  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes

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## D. Specialist Provider Directory

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*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **AGUERO, PETER D**

*Provider ID:* 258298

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

8929 UNIVERSITY CENTER LN  
STE 200

SAN DIEGO, CA 92122-1008

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* PT43257

*NPI:* 1982120861

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **AGUERO, PETER D**

*Provider ID:* 258299

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

9333 GENESEE AVE # 310

SAN DIEGO, CA 92121-2111

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* PT43257

*NPI:* 1982120861

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **BARTZ, BRYAN M**

*Provider ID:* 273380

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* PT40270

*NPI:* 1669818993

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **BARTZ, BRYAN M**

*Provider ID:* 273381

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

8929 UNIVERSITY CENTER LN

STE 200

SAN DIEGO, CA 92122-1008

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* PT40270

*NPI:* 1669818993

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **BECHERER, KELLEY D**

*Provider ID:* 270969

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

3760 CONVOY ST STE 101

SAN DIEGO, CA 92111-3743

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

Phone: (855) 543-0333  
 Fax:  
 After Hours Phone: (855) 543-0333  
 Provider Gender: Female  
 License number: PT43240  
 NPI: 1306219472  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Ucsd Medical Group

**BERGERON, PATRICK R**  
 Provider ID: 206534  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: PT41083  
 NPI: 1285061390  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:

Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**BLOCKER, NIRIT S**  
 Provider ID: 76189  
 Board Certified Specialty: No  
 LOGAN HEIGHTS FAMILY HEALTH CENTER  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Provider Gender: Female  
 License number: PT30272  
 NPI: 1457689309  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hebrew  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): Logan Heights Family Health Center  
 IPA:

**BUNOSKY, ABIGAIL S**  
 Provider ID: 246022  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: PT40519  
 NPI: 1780018416  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**BUNOSKY, ABIGAIL S**  
 Provider ID: 258304  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: PT40519  
 NPI: 1780018416  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

---

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BURGESS, CATHERINE E**

*Provider ID:* 258347  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PT35850  
*NPI:* 1205287687  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CORTEZ, AARON J**

*Provider ID:* 279194  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male

*License number:* PT293439  
*NPI:* 1639693187  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DAHMS, MADELYNN**

*Provider ID:* 129949  
*Board Certified Specialty:* No  
LOGAN HEIGHTS FAMILY HEALTH CENTER  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Provider Gender:* Female  
*License number:* PT295463  
*NPI:* 1245712702  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Sign Language  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* ME  
*Hours:* M-SA 9AM-5PM  
*Website:* www.fhcsd.org

*Email:*  
*Medical Group(s):* Logan Heights Family Health Center  
*IPA:*

### **DANG, ERIC A**

*Provider ID:* 258363  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
8929 UNIVERSITY CENTER LN  
STE 200  
SAN DIEGO, CA 92122-1008  
*Phone:* (858) 543-3333  
*Fax:* (858) 657-1809  
*After Hours Phone:* (858) 543-3333  
*Provider Gender:* Male  
*License number:* PT292174  
*NPI:* 1891237756  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DANG, KAYLEE T**

*Provider ID:* 279261  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*License number:* PT295178  
*NPI:* 1316426356  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DELASANTOS, CAMERON J**

*Provider ID:* 269849  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 295 G ST  
 SAN DIEGO, CA 92101-6808  
*Phone:* (619) 238-4318  
*Fax:* (619) 238-4320  
*After Hours Phone:* (619)  
 238-4318  
*Provider Gender:* Male  
*License number:* PT293413  
*NPI:* 1689199192  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Community Care Ipa Llc  
**ELANDT, EMILY**  
*Provider ID:* 285183  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* PT298134  
*NPI:* 1942818505  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HARRAH, WILLIAM A**

*Provider ID:* 269689  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 9333 GENESEE AVE # 350B  
 SAN DIEGO, CA 92121-2111  
*Phone:* (858) 455-8584  
*Fax:* (858) 455-7302  
*After Hours Phone:* (858)  
 455-8584  
*Provider Gender:* Male  
*License number:* PT9919  
*NPI:* 1831297027

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HEIM, JESSICA L**

*Provider ID:* 124037  
*Board Certified Specialty:* No  
 SAN DIEGO SPINE AND  
 SPORT INC  
 3760 CONVOY ST STE 100  
 SAN DIEGO, CA 92111-3743  
*Phone:* (858) 573-9368  
*Fax:*  
*After Hours Phone:* (858)  
 573-9368  
*Provider Gender:* Female  
*License number:* PT294241  
*NPI:* 1295241537  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:* W  
*Hours:* M-F 7AM-6PM, SA  
 7AM-2PM  
*Website:*  
 www.spineandsport.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

### **HEIM, JESSICA L**

*Provider ID:* 269760  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
3760 CONVOY ST STE 100  
SAN DIEGO, CA 92111-3743  
*Phone:* (858) 573-9368  
*Fax:* (858) 874-0582  
*After Hours Phone:* (858) 573-9368  
*Provider Gender:* Female  
*License number:* PT294241  
*NPI:* 1295241537  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Cultural Competency: No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **JUNG, CALVIN D**

*Provider ID:* 271605  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
9909 MIRA MESA BLVD STE 120  
SAN DIEGO, CA 92131-1060  
*Phone:* (858) 693-0436  
*Fax:* (858) 693-0437  
*After Hours Phone:* (858) 693-0436  
*Provider Gender:* Male  
*License number:* PT42181  
*NPI:* 1972997690  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **KAMPH, ALEXANDRA D**

*Provider ID:* 271606  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
9909 MIRA MESA BLVD STE 120  
SAN DIEGO, CA 92131-1060  
*Phone:* (619) 448-4860  
*Fax:*  
*After Hours Phone:* (619) 448-4860  
*Provider Gender:* Female  
*License number:* PT41577  
*NPI:* 1801298112  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Cultural Competency: No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **LLOYD, CHRISTOPHER J**

*Provider ID:* 117122

*Board Certified Specialty:* No  
SAN DIEGO SPINE AND  
SPORT INC  
3760 CONVOY ST STE 100  
SAN DIEGO, CA 92111-3743  
*Phone:* (858) 573-9368  
*Fax:*  
*After Hours Phone:* (858) 573-9368  
*Provider Gender:* Male  
*License number:* PT43591  
*NPI:* 1205292356  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic, Portuguese, Spanish  
Cultural Competency: No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 7AM-6PM, SA 7AM-2PM  
*Website:*  
www.spineandsport.com  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **LLOYD, CHRISTOPHER J**

*Provider ID:* 271014  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
295 G ST  
SAN DIEGO, CA 92101-6808  
*Phone:* (888) 208-8526  
*Fax:*  
*After Hours Phone:* (888) 208-8526  
*Provider Gender:* Male  
*License number:* PT43591  
*NPI:* 1205292356  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

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Arabic, Portuguese, Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **MC ELROY, CARTER J**

*Provider ID:* 206522

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

8929 UNIVERSITY CENTER LN  
STE 200

SAN DIEGO, CA 92122-1008

*Phone:* (855) 543-0333

*Fax:* (858) 657-6873

*After Hours Phone:* (855)

543-0333

*Provider Gender:* Male

*License number:* PT26005

*NPI:* 1114472230

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Thai

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MC ELROY, CARTER J**

*Provider ID:* 206523

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* PT26005

*NPI:* 1114472230

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Thai

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MITCHELL, JEFFREY A**

*Provider ID:* 127532

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR # 1

SAN DIEGO, CA 92121-3018

*Phone:* (858) 657-8200

*Fax:*

*After Hours Phone:* (858)

657-8200

*Provider Gender:* Male

*License number:* PT37484

*NPI:* 1497827638

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **MOELLER, LISA K**

*Provider ID:* 258405

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6530

*Fax:* (619) 543-7864

*After Hours Phone:* (619)

543-6530

*Provider Gender:* Female

*License number:* PT18807

*NPI:* 1033664677

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

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## D. Specialist Provider Directory

---

### **NALBANDIAN, SARAH**

*Provider ID:* 210313  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
8929 UNIVERSITY CENTER LN  
STE 200  
SAN DIEGO, CA 92122-1008  
*Phone:* (855) 540-3333  
*Fax:* (858) 657-1809  
*After Hours Phone:* (855) 540-3333  
*Provider Gender:* Female  
*License number:* PT295291  
*NPI:* 1871069922  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NALBANDIAN, SARAH**

*Provider ID:* 210314  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:* (858) 657-1809  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PT295291  
*NPI:* 1871069922

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NEGRETE, KRISTINE C**

*Provider ID:* 201316  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
8929 UNIVERSITY CENTER LN  
STE 200  
SAN DIEGO, CA 92122-1008  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Female  
*License number:* PT295226  
*NPI:* 1528536638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NGUYEN, HARRY D**

*Provider ID:* 271871  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* PT294903  
*NPI:* 1629558499  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NUTHALL, KAITLIN M**

*Provider ID:* 202326  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
8929 UNIVERSITY CENTER LN  
STE 200  
SAN DIEGO, CA 92122-1008  
*Phone:* (858) 249-0832  
*Fax:* (858) 657-1809  
*After Hours Phone:* (858) 249-0832  
*Provider Gender:* Female  
*License number:* PT291757  
*NPI:* 1992210090  
*Provider English Spoken:* Yes

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## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **OWENS, JADRIANE C**

*Provider ID:* 269738  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 585 SATURN BLVD STE A  
 SAN DIEGO, CA 92154-4721  
*Phone:* (619) 591-1190  
*Fax:* (619) 565-1656  
*After Hours Phone:* (619)  
 591-1190  
*Provider Gender:* Female  
*License number:* PT292222  
*NPI:* 1689112179  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **RICKERTS, MATTHEW M**

*Provider ID:* 287652  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* PT42905  
*NPI:* 1063882579  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RUDD, CHRISTOPHER D**

*Provider ID:* 207560  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* PT291997  
*NPI:* 1831539337  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd

Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **RUTKOWSKI, KENNETH T**

*Provider ID:* 258432  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* PT40227  
*NPI:* 1629121488  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **SANO, NISHIKI**

*Provider ID:* 276718  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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SAN DIEGO, CA 92127-1607  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PT296276  
NPI: 1497399091  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SHAH, ZALAK**

Provider ID: 269676  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
295 G ST  
SAN DIEGO, CA 92101-6808  
Phone: (619) 238-4318  
Fax:  
After Hours Phone: (619) 238-4318  
Provider Gender: Female  
License number: PT296627  
NPI: 1952855975  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Gujarati, Hindi  
Cultural Competency: No  
Hospital Affiliation: Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL): No  
♿ Accessibility: Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SKINNER, NICOLE J**

Provider ID: 206547  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: PT18043  
NPI: 1386964997  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **STREM, BRENDAN S**

Provider ID: 117197  
Board Certified Specialty: No  
SAN DIEGO SPINE AND SPORT INC  
3760 CONVOY ST STE 100

SAN DIEGO, CA 92111-3743  
Phone: (858) 573-9368  
Fax: (858) 874-0582  
After Hours Phone: (858) 573-9368  
Provider Gender: Male  
License number: PT38107  
NPI: 1033498084  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 7AM-6PM, SA 7AM-2PM  
Website: www.spineandsport.com  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **STREM, BRENDAN S**

Provider ID: 271424  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3760 CONVOY ST STE 100  
SAN DIEGO, CA 92111-3743  
Phone: (858) 573-9368  
Fax: (858) 874-0582  
After Hours Phone: (858) 573-9368  
Provider Gender: Male  
License number: PT38107  
NPI: 1033498084  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Medi-Cal Open Panel: Yes

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## D. Specialist Provider Directory

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### THOMASON, ERICA M

Provider ID: 271593  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9909 MIRA MESA BLVD  
 SAN DIEGO, CA 92131-1056  
 Phone: (619) 448-4860  
 Fax:  
 After Hours Phone: (619) 448-4860  
 Provider Gender: Female  
 License number: PT296321  
 NPI: 1740747484

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### TROYER, CORY

Provider ID: 206469  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8929 UNIVERSITY CENTER LN  
 STE 200  
 SAN DIEGO, CA 92122-1008

Phone: (858) 543-0333  
 Fax: (888) 539-8781  
 After Hours Phone: (858) 543-0333  
 Provider Gender: Female  
 License number: PT294205  
 NPI: 1124577671  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### UNDERWOOD, KIRA R

Provider ID: 258531  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8929 UNIVERSITY CENTER LN  
 STE 200  
 SAN DIEGO, CA 92122-1008  
 Phone: (858) 543-0333  
 Fax: (858) 657-1809  
 After Hours Phone: (858) 543-0333  
 Provider Gender: Female  
 License number: PT294137  
 NPI: 1023526449

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):

No  
 Accessibility: No  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### VALENTINE, ANN T

Provider ID: 258536  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8929 UNIVERSITY CENTER LN  
 STE 200  
 SAN DIEGO, CA 92122-1008  
 Phone: (855) 543-0333  
 Fax: (858) 657-1809  
 After Hours Phone: (855) 543-0333  
 Provider Gender: Female  
 License number: PT35485  
 NPI: 1649727462

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: No  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### VAN DYKE, JASON P

Provider ID: 76188  
 Board Certified Specialty: No  
 CITY HEIGHTS FAMILY  
 HEALTH CENTERS INC  
 5454 EL CAJON BLVD

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## D. Specialist Provider Directory

SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2400  
 Fax:  
 After Hours Phone: (619) 515-2400  
 Provider Gender: Male  
 License number: PT25155  
 NPI: 1487658720  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, ME  
 Hours: M-SA 9AM-5PM  
 Website: www.fhcsd.org  
 Email:  
 Medical Group(s): City Heights Family Health Centers Inc  
 IPA:

### WALKER, JULIE C

Provider ID: 258489  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 8929 UNIVERSITY CENTER LN  
 STE 200  
 SAN DIEGO, CA 92122-1008  
 Phone: (855) 543-0333  
 Fax: (858) 535-6422  
 After Hours Phone: (855) 543-0333  
 Provider Gender: Female  
 License number: PT292806  
 NPI: 1720489503  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### WILLIAMS, STACY M

Provider ID: 259683  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: PT37862  
 NPI: 1689962169  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### WILLIAMS, STACY M

Provider ID: 259684  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR # 1

SAN DIEGO, CA 92121-3018  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: PT37862  
 NPI: 1689962169  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

## RHEUMATOLOGY

### MIDDLETON, GREGORY D

Provider ID: 64085  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: C54037  
 NPI: 1104891290  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr

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## D. Specialist Provider Directory

Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### PAZIRANDEH, MAHMOOD

Provider ID: 257534  
Board Certified Specialty: Yes  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT  
3633 CAMINO DEL RIO S STE  
300  
SAN DIEGO, CA 92108-4014  
Phone: (619) 287-9730  
Fax: (619) 287-4516  
After Hours Phone: (619)  
287-9730  
Provider Gender: Male  
License number: C52328  
NPI: 1134109390  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Russian, Spanish, Tagalog  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Blue Shield Promise Health  
Plan Direct

### PAZIRANDEH, MAHMOOD

Provider ID: 47863  
Board Certified Specialty: No  
MICHAEL I KELLER MD INC  
3633 CAMINO DEL RIO S STE  
300  
SAN DIEGO, CA 92108-4014  
Phone: (619) 287-9730  
Fax:  
After Hours Phone: (619)  
287-9730  
Provider Gender: Male  
License number: C52328  
NPI: 1134109390  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Russian, Spanish, Tagalog  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8:30AM-4:30PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Blue Shield Promise Health  
Plan Direct

### REDDY, DANA A

Provider ID: 112705  
Board Certified Specialty: No  
DIAMOND NEIGHBORHOODS  
FAMILY HLTH CTRS INC  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2560  
Fax:  
After Hours Phone: (619)  
515-2560  
Provider Gender: Female  
License number: A115598

NPI: 1144538778  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Scripps Mercy  
Hospital, Sharp Memorial  
Hospital, Scripps Memorial  
Hospital, Scripps Memorial  
Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R,  
T, ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Diamond  
Neighborhoods Family Hlth Ctrs  
Inc  
IPA: Imperial Health Holdings  
Medical Group-Sd

## SPEECH PATHOLOGIST

### DE VERA, JONATHAN M

Provider ID: 118426  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
8929 UNIVERSITY CENTER LN  
STE 200  
SAN DIEGO, CA 92122-1008  
Phone: (855) 543-0333  
Fax:  
After Hours Phone: (855)  
543-0333  
Provider Gender: Male  
License number: SP18630  
NPI: 1639470024  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla

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## D. Specialist Provider Directory

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John Sally Thornton, Ucsd  
Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **DE VERA, JONATHAN M**

*Provider ID:* 258345

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

8929 UNIVERSITY CENTER LN  
STE 200

SAN DIEGO, CA 92122-1008

*Phone:* (855) 543-0333

*Fax:* (858) 657-6873

*After Hours Phone:* (855)

543-0333

*Provider Gender:* Male

*License number:* SP18630

*NPI:* 1639470024

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **DOCKTER, ANDI M**

*Provider ID:* 248061

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122-1013

*Phone:* (858) 657-8590

*Fax:*

*After Hours Phone:* (858)

657-8590

*Provider Gender:* Female

*License number:* SP26061

*NPI:* 1073150801

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **DOCKTER, ANDI M**

*Provider ID:* 248063

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (858) 974-9766

*Fax:*

*After Hours Phone:* (858)

974-9766

*Provider Gender:* Female

*License number:* SP26061

*NPI:* 1073150801

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **NEESE, SUSAN Y**

*Provider ID:* 258441

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

8929 UNIVERSITY CENTER LN  
STE 200

SAN DIEGO, CA 92122-1008

*Phone:* (855) 543-0333

*Fax:* (858) 657-6873

*After Hours Phone:* (855)

543-0333

*Provider Gender:* Female

*License number:* SP15489

*NPI:* 1710422134

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **SANTIMAW, LAUREN C**

*Provider ID:* 116483

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

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## D. Specialist Provider Directory

8929 UNIVERSITY CENTER LN  
STE 200  
SAN DIEGO, CA 92122-1008  
Phone: (855) 543-0333

Fax:

After Hours Phone: (855)  
543-0333

Provider Gender: Female

License number: SP22677

NPI: 1568705028

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SANTIMAW, LAUREN C**

Provider ID: 258517

Board Certified Specialty: No

UCSD MEDICAL GROUP

8929 UNIVERSITY CENTER LN  
STE 200

SAN DIEGO, CA 92122-1008

Phone: (855) 543-0333

Fax: (858) 657-6873

After Hours Phone: (855)

543-0333

Provider Gender: Female

License number: SP22677

NPI: 1568705028

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SCHAEFER, LINDSEY A**

Provider ID: 258506

Board Certified Specialty: No

UCSD MEDICAL GROUP

8929 UNIVERSITY CENTER LN  
STE 200

SAN DIEGO, CA 92122-1008

Phone: (855) 543-0333

Fax: (858) 657-6873

After Hours Phone: (855)

543-0333

Provider Gender: Female

License number: SP17349

NPI: 1598200719

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **UNGER, LINDSEY A**

Provider ID: 207202

Board Certified Specialty: No

UCSD MEDICAL GROUP

8929 UNIVERSITY CENTER LN  
STE 200

SAN DIEGO, CA 92122-1008

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: SP20362

NPI: 1972936813

Provider English Spoken: Yes

Provider Language(s) Spoken:

Sign Language

Cultural Competency: No

Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

## **SURGERY CARDIOVASCULAR**

### **COLETTA, JOELLE M**

Provider ID: 206002

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY STE  
202

SAN DIEGO, CA 92123-4227

Phone: (858) 966-8030

Fax:

After Hours Phone: (858)

966-8030

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## D. Specialist Provider Directory

*Provider Gender:* Female  
*License number:* A55001  
*NPI:* 1447222377  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Green Hospital, Sharp Memorial  
 Hospital, Ucsd Medical Ctr, Rady  
 Childrens Hospital San Diego,  
 Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group

### **COLETTA, JOELLE M**

*Provider ID:* 210527  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-7777  
*Fax:*  
*After Hours Phone:* (619)  
 543-7777  
*Provider Gender:* Female  
*License number:* A55001  
*NPI:* 1447222377  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
 Green Hospital, Sharp Memorial  
 Hospital, Ucsd Medical Ctr, Rady  
 Childrens Hospital San Diego,  
 Ucsd La Jolla John Sally

Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group

### **FOX, KENNETH A**

*Provider ID:* 257841  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8030  
*Fax:*  
*After Hours Phone:* (858)  
 966-8030  
*Provider Gender:* Male  
*License number:* G154681  
*NPI:* 1235153552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

Network  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **GOLTS, EUGENE M**

*Provider ID:* 210076  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-7777  
*Fax:*  
*After Hours Phone:* (619)  
 543-7777  
*Provider Gender:* Male  
*License number:* A82530  
*NPI:* 1316000649  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Ukrainian  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Sharp Memorial Hospital, Tri City  
 Medical Ctr, Ucsd Medical Ctr,  
 Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network, Ucsd Medical Group

### **MADANI, MICHAEL M**

*Provider ID:* 210285  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-3759  
*Fax:* (619) 543-2652  
*After Hours Phone:* (619)  
 543-3759  
*Provider Gender:* Male

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*License number:* A67201

*NPI:* 1518999069

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Sharp Memorial Hospital, Tri City  
Medical Ctr, Ucsd Medical Ctr,  
Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **NIGRO, JOHN J**

*Provider ID:* 114832

*Board Certified Specialty:* No

RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5841

*Fax:*

*After Hours Phone:* (858)

966-5841

*Provider Gender:* Male

*License number:* G80887

*NPI:* 1881707818

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **PERRICONE, ANTHONY**

*Provider ID:* 205580

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY STE  
202

SAN DIEGO, CA 92123-4227

*Phone:* (858) 966-8030

*Fax:* (858) 966-8032

*After Hours Phone:* (858)

966-8030

*Provider Gender:* Male

*License number:* G65464

*NPI:* 1104842129

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego,  
Sharp Memorial Hospital, Tri City  
Medical Ctr, Ucsd Medical Ctr,  
Scripps Memorial Hospital  
Encinitas

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **PRETORIUS, GERT D**

*Provider ID:* 210570

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6886

*Fax:*

*After Hours Phone:* (619)

543-6886

*Provider Gender:* Male

*License number:* A113774

*NPI:* 1629385836

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Afrikaans

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego, Tri  
City Medical Ctr, Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **PRETORIUS, GERT D**

*Provider ID:* 217681

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH  
NETWORK

3030 CHILDRENS WAY STE  
202

SAN DIEGO, CA 92123-4227

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## D. Specialist Provider Directory

*Phone:* (858) 966-8030  
*Fax:* (858) 966-8032  
*After Hours Phone:* (858) 966-8030  
*Provider Gender:* Male  
*License number:* A113774  
*NPI:* 1629385836  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Afrikaans  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### THISTLETHWAITE, PATRICIA A

*Provider ID:* 206159  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY STE 202  
 SAN DIEGO, CA 92123-4227  
*Phone:* (858) 966-8030  
*Fax:* (858) 966-8032  
*After Hours Phone:* (858) 966-8030  
*Provider Gender:* Female  
*License number:* G84093  
*NPI:* 1831121789  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### SURGERY COLON SURGERY

### EISENSTEIN, SAMUEL G

*Provider ID:* 286363  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4303 LA JOLLA VILLAGE DR STE 2110  
 SAN DIEGO, CA 92122-1396  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A132251  
*NPI:* 1194983932  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### EISENSTEIN, SAMUEL G

*Provider ID:* 286364  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A132251  
*NPI:* 1194983932

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### EISENSTEIN, SAMUEL G

*Provider ID:* 286384  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121-3018  
*Phone:* (858) 657-7237  
*Fax:*  
*After Hours Phone:* (858) 657-7237  
*Provider Gender:* Male  
*License number:* A132251

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## D. Specialist Provider Directory

**NPI:** 1194983932  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
 No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

**ISHO, MATHEW S , MD**  
**Provider ID:** 245185  
**Board Certified Specialty:** No  
 COMMUNITY CARE IPA LLC  
 4060 4TH AVE STE 510  
 SAN DIEGO, CA 92103-2121  
**Phone:** (619) 686-4011  
**Fax:** (619) 686-4014  
**After Hours Phone:** (619)  
 686-4011  
**Provider Gender:** Male  
**License number:** A93470  
**NPI:** 1841235645  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Arabic, Syriac  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp  
 Memorial Hospital, Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Scripps Mercy Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 18/100  
**American Sign Language (ASL):**  
 No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**

**Medical Group(s):**  
**IPA:** Community Care Ipa Llc  
**LIU, SHANGLEI**  
**Provider ID:** 273363  
**Board Certified Specialty:** No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800)  
 926-8273  
**Provider Gender:** Male  
**License number:** A128073  
**NPI:** 1043558653  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd La Jolla  
 John Sally Thornton, University  
 Hsp Of San Diego Co  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
 No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

**LOPEZ, NICOLE E**  
**Provider ID:** 117760  
**Board Certified Specialty:** No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
**Phone:** (619) 543-6886  
**Fax:**  
**After Hours Phone:** (619)  
 543-6886  
**Provider Gender:** Female  
**License number:** A107945

**NPI:** 1518163005  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
 No  
**♿ Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

**LOPEZ, NICOLE E**  
**Provider ID:** 286366  
**Board Certified Specialty:** No  
 UCSD MEDICAL GROUP  
 4303 LA JOLLA VILLAGE DR  
 STE 2110  
 SAN DIEGO, CA 92122-1396  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800)  
 926-8273  
**Provider Gender:** Female  
**License number:** A107945  
**NPI:** 1518163005  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
 No  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **LOPEZ, NICOLE E**

Provider ID: 286387  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6886  
Fax:  
After Hours Phone: (619)  
543-6886  
Provider Gender: Female  
License number: A107945  
NPI: 1518163005  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **PARRY, LISA A**

Provider ID: 278553  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female

License number: A131297  
NPI: 1235369067  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **PARRY, LISA A**

Provider ID: 286341  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4303 LA JOLLA VILLAGE DR  
STE 2110  
SAN DIEGO, CA 92122-1396  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A131297  
NPI: 1235369067  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM

Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **RAMAMOORTHY, SONIA L**

Provider ID: 286370  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
4303 LA JOLLA VILLAGE DR  
STE 2110  
SAN DIEGO, CA 92122-1396  
Phone: (800) 926-8273  
Fax: (888) 529-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: A65709  
NPI: 1801812656  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

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### **SURGERY CRITICAL CARE**

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### **ADAMS, LAURA M**

Provider ID: 284407  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

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## D. Specialist Provider Directory

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Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A169184  
NPI: 1144616541  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**HIGGINSON, SARA M**  
Provider ID: 243002  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A123464  
NPI: 1578852471  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**KOBAYASHI, LESLIE M**  
Provider ID: 64011  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
License number: A90700  
NPI: 1255501474  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**POTENZA, BRUCE M**  
Provider ID: 277298  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-7200  
Fax:  
After Hours Phone: (619) 543-7200  
Provider Gender: Male  
License number: G77333  
NPI: 1548281496  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No

**LEE, JEANNE G**  
Provider ID: 64031  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
License number: A96295  
NPI: 1649334657  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**POTENZA, BRUCE M**  
Provider ID: 277298  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-7200  
Fax:  
After Hours Phone: (619) 543-7200  
Provider Gender: Male  
License number: G77333  
NPI: 1548281496  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No

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## D. Specialist Provider Directory

---

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **POTENZA, BRUCE M**

Provider ID: 64144

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: G77333

NPI: 1548281496

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **TADLOCK, MATTHEW D**

Provider ID: 272848

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: C54740

NPI: 1881666956

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **VENTRO, GEORGE J**

Provider ID: 284418

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A169299

NPI: 1548604648

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **WEAVER, JESSICA L**

Provider ID: 243239

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)

926-8273

Provider Gender: Female

License number: A163176

NPI: 1396044657

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

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### **SURGERY GENERAL** **VASCULAR**

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### **AL-NOURI, OMAR**

Provider ID: 275349

Board Certified Specialty: No

UCSD MEDICAL GROUP

4510 EXECUTIVE DR STE 215

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

SAN DIEGO, CA 92121-3023  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* 20A16931  
*NPI:* 1770742264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BANDYK, DENNIS F**

*Provider ID:* 275342  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 215  
 SAN DIEGO, CA 92121-3023  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* G89003  
*NPI:* 1649282039  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **BARLEBEN, ANDREW R**

*Provider ID:* 275372  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR STE 215  
 SAN DIEGO, CA 92121-3023  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A99417  
*NPI:* 1497936900  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CAJAS-MONSON, LUIS C**

*Provider ID:* 273147  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP

200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A124195  
*NPI:* 1972821411  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CAJAS-MONSON, LUIS C**

*Provider ID:* 273148  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE 111  
 SAN DIEGO, CA 92121-3019  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A124195  
*NPI:* 1972821411  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### CAJAS-MONSON, LUIS C

Provider ID: 275263  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR STE 215  
SAN DIEGO, CA 92121-3023  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A124195  
NPI: 1972821411  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### SALLOUM, ALEXANDER C ,

**MD**  
Provider ID: 268765  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
6402 EL CAJON BLVD # 100  
SAN DIEGO, CA 92115-2645  
Phone: (619) 582-4490  
Fax: (619) 582-4737  
After Hours Phone: (619)  
582-4490  
Provider Gender: Male  
License number: A89300  
NPI: 1124176151  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital Chula Vista, Scripps  
Mercy Hospital, Paradise Valley  
Hospital, Palomar Medical  
Center, Pomerado Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### SURGERY GENERAL

### AL-NOURI, OMAR

Provider ID: 211903  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273

Provider Gender: Male  
License number: 20A16931  
NPI: 1770742264  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### ALVORD, PAUL B

Provider ID: 63778  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619)  
543-6222  
Provider Gender: Male  
License number: A66670  
NPI: 1447443809  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W

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## D. Specialist Provider Directory

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **ARMANI, AVA**

*Provider ID:* 282141

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (858) 822-6100

*Fax:*

*After Hours Phone:* (858)  
822-6100

*Provider Gender:* Female

*License number:* A118231

*NPI:* 1861759383

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Medical Ctr At

Ucsf, Ucsf Medical Center At

Mission Bay, Ucsf Medical

Center At Mount Zion, Ucsd La

Jolla John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **AVULOV, VADIM**

*Provider ID:* 125019

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS

MEDICAL GROUP-SD

6699 ALVARADO RD STE 2309

SAN DIEGO, CA 92120-5241

*Phone:* (619) 396-6637

*Fax:* (619) 825-3406

*After Hours Phone:* (619)

396-6637

*Provider Gender:* Male

*License number:* 20A13344

*NPI:* 1700121472

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Russian

*Cultural Competency:* No

*Hospital Affiliation:* Alvarado

Hospital Llc, Paradise Valley

Hospital, Sharp Coronado Hosp

And Healthcare Ctr, Grossmont

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Imperial Health Holdings

Medical Group-Sd

### **BANDYK, DENNIS F**

*Provider ID:* 63794

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)

543-6222

*Provider Gender:* Male

*License number:* G89003

*NPI:* 1649282039

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **BARNES, RYAN M**

*Provider ID:* 129062

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

7910 FROST ST STE 250

SAN DIEGO, CA 92123-2752

*Phone:* (858) 565-0104

*Fax:* (858) 565-0194

*After Hours Phone:* (858)

565-0104

*Provider Gender:* Male

*License number:* 20A12870

*NPI:* 1831493501

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **BARNES, RYAN M**

*Provider ID:* 83877

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
SAN DIEGO GEN AND  
VASCULAR SURGEONS MED  
GRP INC

7910 FROST ST STE 250  
SAN DIEGO, CA 92123-2752  
*Phone:* (858) 565-0104

*Fax:*

*After Hours Phone:* (858)  
565-0104

*Provider Gender:* Male

*License number:* 20A12870

*NPI:* 1831493501

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Sharp

Coronado Hosp And Healthcare  
Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*♿ Accessibility:* W

*Hours:* M-TH 9AM-5PM, F

9AM-4PM, SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

IPA: Community Care Ipa Llc

### **BARONE, ROBERT M**

*Provider ID:* 287822

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

7695 CARDINAL CT STE 390

SAN DIEGO, CA 92123-3356

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* G22669

*NPI:* 1528083573

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps

Mercy Hospital, Scripps

Memorial Hospital, Sharp Mary

Birch Hosp For Women And

Newborns, Ucsd La Jolla John

Sally Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

IPA: Ucsd Medical Group

### **BENCH, GARY R**

*Provider ID:* 269682

*Board Certified Specialty:* No

COMMUNITY CARE IPA LLC

7910 FROST ST STE 250

SAN DIEGO, CA 92123-2752

*Phone:* (858) 565-0104

*Fax:* (858) 565-0194

*After Hours Phone:* (858)

565-0104

*Provider Gender:* Male

*License number:* A35873

*NPI:* 1225007974

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

IPA: Community Care Ipa Llc

### **BENCH, SHAWN R , MD**

*Provider ID:* 129060

*Board Certified Specialty:* Yes

COMMUNITY CARE IPA LLC

7910 FROST ST STE 250

SAN DIEGO, CA 92123-2752

*Phone:* (858) 565-0104

*Fax:* (858) 565-0194

*After Hours Phone:* (858)

565-0104

*Provider Gender:* Male

*License number:* A108975

*NPI:* 1669700753

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Sharp

Coronado Hosp And Healthcare

Ctr, Kern Medical Center

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

IPA: Community Care Ipa Llc

### **BERNDTSON, ALLISON E**

*Provider ID:* 110505

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

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## D. Specialist Provider Directory

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Phone: (619) 543-6222

Fax:

After Hours Phone: (619)  
543-6222

Provider Gender: Female

License number: A105854

NPI: 1457518219

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA:

### **BERUMEN, JENNIFER A**

Provider ID: 113474

Board Certified Specialty: No

UCSD MEDICAL GROUP

4510 EXECUTIVE DR # 7

SAN DIEGO, CA 92121-3021

Phone: (858) 657-7729

Fax:

After Hours Phone: (858)

657-7729

Provider Gender: Female

License number: A106782

NPI: 1558566372

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton, Rady Childrens

Hospital San Diego, Childrens

Hosp And Resrch Ctr At Oakland

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **BERUMEN, JENNIFER A**

Provider ID: 260052

Board Certified Specialty: No

RADY CHILDRENS HEALTH

NETWORK

8001 FROST ST

SAN DIEGO, CA 92123-2746

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858)

966-5811

Provider Gender: Female

License number: A106782

NPI: 1558566372

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton, Rady Childrens

Hospital San Diego, Childrens

Hosp And Resrch Ctr At Oakland

Medi-Cal Open Panel: Yes

Min/Max Age: 0/99

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **BERUMEN, JENNIFER A**

Provider ID: 86651

Board Certified Specialty: No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

FNDTN

8001 FROST ST

SAN DIEGO, CA 92123-2746

Phone: (858) 966-5855

Fax: (858) 966-5815

After Hours Phone: (858)

966-5855

Provider Gender: Female

License number: A106782

NPI: 1558566372

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton, Rady Childrens

Hospital San Diego, Childrens

Hosp And Resrch Ctr At Oakland

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **BRODERICK, RYAN C**

Provider ID: 128612

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR STE 111

SAN DIEGO, CA 92121-3019

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## D. Specialist Provider Directory

Phone: (858) 657-8860  
 Fax:  
 After Hours Phone: (858) 657-8860  
 Provider Gender: Male  
 License number: A124721  
 NPI: 1619252418  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BRODERICK, RYAN C**

Provider ID: 201617  
 Board Certified Specialty: Yes  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE 111  
 SAN DIEGO, CA 92121-3019  
 Phone: (858) 657-8860  
 Fax:  
 After Hours Phone: (858) 657-8860  
 Provider Gender: Male  
 License number: A124721  
 NPI: 1619252418  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999

American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BRODERICK, RYAN C**

Provider ID: 247073  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A124721  
 NPI: 1619252418  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BRODERICK, RYAN C**

Provider ID: 286342  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4303 LA JOLLA VILLAGE DR  
 STE 2110

SAN DIEGO, CA 92122-1396  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A124721  
 NPI: 1619252418  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **BROWN, KRISTIAN L , MD**

Provider ID: 97599  
 Board Certified Specialty: No  
 BALBOA NEPHROLOGY MED GRP INC  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284  
 Phone: (858) 637-4800  
 Fax: (858) 637-4801  
 After Hours Phone: (858) 637-4800  
 Provider Gender: Male  
 License number: A124291  
 NPI: 1023272051  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital  
 Medi-Cal Open Panel: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings  
Medical Group-Sd

### **BRUBAKER, ALEAH**

*Provider ID:* 285272  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR # 7  
SAN DIEGO, CA 92121-3021  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A137609  
*NPI:* 1790104305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Stanford  
Health Care, Lucile Salter  
Packard Childrens Hosp, Ucsd  
La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **BRUBAKER, ALEAH**

*Provider ID:* 289164

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
*Phone:* (858) 966-8354  
*Fax:* (858) 966-5815  
*After Hours Phone:* (858)  
966-8354  
*Provider Gender:* Female  
*License number:* A137609  
*NPI:* 1790104305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Stanford  
Health Care, Lucile Salter  
Packard Childrens Hosp, Ucsd  
La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **COIMBRA, RAUL S**

*Provider ID:* 63858  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* A74573  
*NPI:* 1356372791  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **COSMAN, BARD C**

*Provider ID:* 65153  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4168 FRONT ST FL 3  
SAN DIEGO, CA 92103-2030  
*Phone:* (619) 543-3995  
*Fax:*  
*After Hours Phone:* (619)  
543-3995  
*Provider Gender:* Male  
*License number:* G66321  
*NPI:* 1477513810  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

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## D. Specialist Provider Directory

### **COSTANTINI, TODD W**

*Provider ID:* 63865  
*Board Certified Specialty:* Yes  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Male  
*License number:* A95420  
*NPI:* 1396900064  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **CUBAS, ROBERT F**

*Provider ID:* 127315  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE 111  
 SAN DIEGO, CA 92121-3019  
*Phone:* (858) 657-8860  
*Fax:*  
*After Hours Phone:* (858)  
 657-8860  
*Provider Gender:* Male  
*License number:* A133442  
*NPI:* 1407114382  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **DIERKSHEIDE, JULIE E**

*Provider ID:* 101276  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Female  
*License number:* A128857  
*NPI:* 1346465168  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Kern Medical  
 Center, Glendale Memorial Hosp  
 And Health Ctr, Ucsd Medical  
 Ctr, Long Beach Memorial Med  
 Ctr, Earl And Lorraine Miller  
 Childrens Hsp, Ucsd La Jolla  
 John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **DOUCET, JAY J**

*Provider ID:* 63882  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Male  
*License number:* A69243  
*NPI:* 1205993813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ☯ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **FAIRBANKS, TIMOTHY J**

*Provider ID:* 260842  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-7711  
*Fax:* (858) 966-7712  
*After Hours Phone:* (858)  
 966-7711  
*Provider Gender:* Male

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

License number: A80244  
 NPI: 1407010556  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Sharp  
 Memorial Hospital, Scripps  
 Memorial Hospital, Childrens  
 Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **GANTA, SRUJAN**

Provider ID: 256383  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5855  
 Fax:  
 After Hours Phone: (858)  
 966-5855  
 Provider Gender: Male  
 License number: A166273  
 NPI: 1265071005  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady  
 Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):

No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **GENZ, MICHAEL H**

Provider ID: 285779  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121-3018  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A172108  
 NPI: 1457715609  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GIESEMANN, LESLIE A**

Provider ID: 215127  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY

SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-7711  
 Fax: (858) 966-7712  
 After Hours Phone: (858)  
 966-7711  
 Provider Gender: Female  
 License number: A62713  
 NPI: 1710901590  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Desert  
 Regional Med Ctr, Alvarado  
 Hospital Llc, Paradise Valley  
 Hospital, Rady Childrens  
 Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health  
 Network

### **GIESEMANN, LESLIE A**

Provider ID: 215128  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 8110 BIRMINGHAM WAY FL 2  
 SAN DIEGO, CA 92123-2758  
 Phone: (858) 966-7711  
 Fax: (858) 966-7712  
 After Hours Phone: (858)  
 966-7711  
 Provider Gender: Female  
 License number: A62713  
 NPI: 1710901590  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

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## D. Specialist Provider Directory

*Hospital Affiliation:* Desert Regional Med Ctr, Alvarado Hospital Llc, Paradise Valley Hospital, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **GODAT, LAURA N**

*Provider ID:* 110346  
*Board Certified Specialty:* Yes  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:* (619) 543-6832  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* A120673  
*NPI:* 1548440100  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **GOLTS, EUGENE M**

*Provider ID:* 63922  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A82530  
*NPI:* 1316000649  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Ukrainian  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **HALLDORSON, JEFFREY B**

*Provider ID:* 120709  
*Board Certified Specialty:* No  
 BALBOA NEPHROLOGY MED GRP INC  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284

*Phone:* (858) 637-4700  
*Fax:*  
*After Hours Phone:* (858) 637-4700  
*Provider Gender:* Male  
*License number:* G86089  
*NPI:* 1558446351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:* bnmg.org  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **HALLDORSON, JEFFREY B , MD**

*Provider ID:* 270147  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4800  
*Fax:* (858) 637-4801  
*After Hours Phone:* (858) 637-4800  
*Provider Gender:* Male  
*License number:* G86089  
*NPI:* 1558446351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No

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## D. Specialist Provider Directory

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*Hospital Affiliation:* Sharp  
Coronado Hosp And Healthcare  
Ctr, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **HART, MARQUIS E**

*Provider ID:* 279694  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
8010 FROST ST STE 510  
SAN DIEGO, CA 92123-4284  
*Phone:* (858) 637-4700  
*Fax:* (858) 637-4701  
*After Hours Phone:* (858)  
637-4700  
*Provider Gender:* Male  
*License number:* A42694  
*NPI:* 1356401442  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/120  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HORGAN, SANTIAGO**

*Provider ID:* 286367  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4303 LA JOLLA VILLAGE DR  
STE 2110  
SAN DIEGO, CA 92122-1396  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*License number:* F11  
*NPI:* 1932297231  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HORGAN, SANTIAGO**

*Provider ID:* 286379  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-0700  
*Fax:*  
*After Hours Phone:* (619)  
471-0700  
*Provider Gender:* Male  
*License number:* F11

*NPI:* 1932297231  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HORGAN, SANTIAGO**

*Provider ID:* 63962  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-0701  
*Fax:* (619) 543-3763  
*After Hours Phone:* (619)  
471-0701  
*Provider Gender:* Male  
*License number:* F11  
*NPI:* 1932297231  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM

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## D. Specialist Provider Directory

Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **IGNACIO, ROMEO C**

Provider ID: 217053  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
8110 BIRMINGHAM WAY FL 2  
SAN DIEGO, CA 92123-2758  
Phone: (858) 966-7711  
Fax:  
After Hours Phone: (858) 966-7711  
Provider Gender: Male  
License number: A110729  
NPI: 1538147145  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **JACOBSEN, GARTH R**

Provider ID: 128247  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121-3019

Phone: (858) 657-8860  
Fax:  
After Hours Phone: (858) 657-8860  
Provider Gender: Male  
License number: A99668  
NPI: 1265649966  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **JACOBSEN, GARTH R**

Provider ID: 201729  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE 111  
SAN DIEGO, CA 92121-3019  
Phone: (858) 657-8860  
Fax:  
After Hours Phone: (858) 657-8860  
Provider Gender: Male  
License number: A99668  
NPI: 1265649966  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **JACOBSEN, GARTH R**

Provider ID: 286355  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4303 LA JOLLA VILLAGE DR  
STE 2110  
SAN DIEGO, CA 92122-1396  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A99668  
NPI: 1265649966  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **JACOBSEN, GARTH R**

Provider ID: 286356  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

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## D. Specialist Provider Directory

SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A99668  
 NPI: 1265649966  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **KOSOY, DANIEL H , MD**

Provider ID: 82513  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123-4284  
 Phone: (858) 499-1900  
 Fax: (858) 637-4801  
 After Hours Phone: (858) 499-1900  
 Provider Gender: Male  
 License number: A60375  
 NPI: 1770627259  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital  
 Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **LANGENBERG, BRET J**

Provider ID: 43656  
 Board Certified Specialty: No  
 PACIFIC COAST SURGICAL GROUP  
 4033 3RD AVE STE 204  
 SAN DIEGO, CA 92103-2130  
 Phone: (619) 295-8677  
 Fax: (619) 295-7935  
 After Hours Phone: (619) 295-8677  
 Provider Gender: Male  
 License number: 20A9381  
 NPI: 1720014038  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **LAZAR, DAVID A**

Provider ID: 108403  
 Board Certified Specialty: No

RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 8110 BIRMINGHAM WAY  
 SAN DIEGO, CA 92123-2758  
 Phone: (858) 966-8550  
 Fax:  
 After Hours Phone: (858) 966-8550  
 Provider Gender: Male  
 License number: A105968  
 NPI: 1538365002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **MADANI, MICHAEL M**

Provider ID: 64053  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A67201  
 NPI: 1518999069  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital, Tri City  
Medical Ctr, Ucsd Medical Ctr,  
Ucsd La Jolla John Sally  
Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network, Ucsd Medical Group

### **MEKEEL, KRISTIN L**

*Provider ID:* 64078

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)  
543-6222

*Provider Gender:* Female

*License number:* C54096

*NPI:* 1104861947

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Rady Childrens Hospital San  
Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **MEKEEL, KRISTIN L**

*Provider ID:* 80609

*Board Certified Specialty:* No

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED  
FNDTN

8001 FROST ST

SAN DIEGO, CA 92123-2746

*Phone:* (858) 966-5855

*Fax:*

*After Hours Phone:* (858)

966-5855

*Provider Gender:* Female

*License number:* C54096

*NPI:* 1104861947

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical  
Ctr, Rady Childrens Hospital San  
Diego

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network

### **MUELLER, GEORGE A**

*Provider ID:* 54298

*Board Certified Specialty:* No

SAN DIEGO GEN AND

VASCULAR SURGEONS MED  
GRP INC

7910 FROST ST STE 250

SAN DIEGO, CA 92123-2752

*Phone:* (858) 565-0104

*Fax:*

*After Hours Phone:* (858)  
565-0104

*Provider Gender:* Male

*License number:* A41127

*NPI:* 1629179684

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Sharp  
Memorial Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* W

*Hours:* M-TH 9AM-5PM, F  
9AM-4PM, SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **MUELLER, GEORGE A , MD**

*Provider ID:* 54298

*Board Certified Specialty:* No

SAN DIEGO GEN AND

VASCULAR SURGEONS MED  
GRP INC

7910 FROST ST STE 250

SAN DIEGO, CA 92123-2752

*Phone:* (858) 565-0104

*Fax:* (858) 565-0097

*After Hours Phone:* (858)  
565-0104

*Provider Gender:* Male

*License number:* A41127

*NPI:* 1629179684

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### NGUYEN, TRI T

*Provider ID:* 257595  
*Board Certified Specialty:* No  
 BLUE SHIELD PROMISE  
 HEALTH PLAN DIRECT  
 7345 LINDA VISTA RD STE A  
 SAN DIEGO, CA 92111-5800  
*Phone:* (858) 277-5463  
*Fax:* (858) 279-8296  
*After Hours Phone:* (858)  
 277-5463  
*Provider Gender:* Male  
*License number:* G79496  
*NPI:* 1962598425  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Chinese, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital, Scripps Mercy Hospital  
 Chula Vista, Sharp Memorial  
 Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health  
 Plan Direct, Community Care Ipa

Llc, Imperial Health Holdings  
 Medical Group-Sd

### OWENS, ERIK L

*Provider ID:* 64123  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Male  
*License number:* G84727  
*NPI:* 1578506523  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### PAREKH, JUSTIN R

*Provider ID:* 127150  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4510 EXECUTIVE DR # 7  
 SAN DIEGO, CA 92121-3021  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A98665  
*NPI:* 1780866574  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Medical Ctr At  
 Ucsf, Ucsd Medical Ctr, Ucsd La  
 Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### POLLACK, LARRY H , MD

*Provider ID:* 54346  
*Board Certified Specialty:* Yes  
 SAN DIEGO GEN AND  
 VASCULAR SURGEONS MED  
 GRP INC  
 7910 FROST ST STE 250  
 SAN DIEGO, CA 92123-2752  
*Phone:* (858) 565-0104  
*Fax:* (858) 565-0194  
*After Hours Phone:* (858)  
 565-0104  
*Provider Gender:* Male  
*License number:* A41696  
*NPI:* 1104998400  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

*Medical Group(s):*  
IPA: Community Care Ipa Llc

### **RASCHKE, ERIC T**

*Provider ID:* 270297  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* 20A17495  
*NPI:* 1316386659  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Ucsd Medical Group

### **SAENZ, NICHOLAS C**

*Provider ID:* 52842  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
8110 BIRMINGHAM WAY  
SAN DIEGO, CA 92123-2758  
*Phone:* (858) 966-7711  
*Fax:*  
*After Hours Phone:* (858) 966-7711

*Provider Gender:* Male  
*License number:* G84775  
*NPI:* 1447321203  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health Network

### **SALLOUM, ALEXANDER C**

*Provider ID:* 104108  
*Board Certified Specialty:* No  
BALBOA NEPHROLOGY MED  
GRP INC  
6402 EL CAJON BLVD # 100  
SAN DIEGO, CA 92115-2645  
*Phone:* (619) 582-4490  
*Fax:* (619) 582-4737  
*After Hours Phone:* (619) 582-4490  
*Provider Gender:* Male  
*License number:* A89300  
*NPI:* 1124176151  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Paradise Valley Hospital, Palomar Medical Center, Pomerado Hospital

*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-F 7:30AM-4PM, SA 9AM-5PM  
*Website:* bnmg.org  
*Email:*  
*Medical Group(s):*  
IPA: Community Care Ipa Llc

### **SANDLER, BRYAN J**

*Provider ID:* 286357  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4303 LA JOLLA VILLAGE DR  
STE 2110  
SAN DIEGO, CA 92122-1396  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A99837  
*NPI:* 1043410186  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Ucsd Medical Group

### **SANDLER, BRYAN J**

*Provider ID:* 286383  
*Board Certified Specialty:* No

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## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A99837  
NPI: 1043410186  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SANDLER, BRYAN J**

Provider ID: 64178  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Male  
License number: A99837  
NPI: 1043410186  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No

Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SANTORELLI, JARRETT E**

Provider ID: 272303  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A161482  
NPI: 1033529201  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SCHNICKEL, GABRIEL T**

Provider ID: 119527  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4510 EXECUTIVE DR # 7

SAN DIEGO, CA 92121-3021  
Phone: (858) 657-6487  
Fax:  
After Hours Phone: (858) 657-6487  
Provider Gender: Male  
License number: A83329  
NPI: 1619111440  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **SCHNICKEL, GABRIEL T**

Provider ID: 125421  
Board Certified Specialty: No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
Phone: (858) 966-8354  
Fax:  
After Hours Phone: (858) 966-8354  
Provider Gender: Male  
License number: A83329  
NPI: 1619111440  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **SEDRAK, MICHAEL F**

*Provider ID:* 84774  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 471-0701  
*Fax:* (619) 543-7785  
*After Hours Phone:* (619) 471-0701  
*Provider Gender:* Male  
*License number:* A82582  
*NPI:* 1750464111  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **TALAMINI, MARK A**

*Provider ID:* 64217  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* C51961  
*NPI:* 1588694673  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **THANGARAJAH, HARIHARAN**

*Provider ID:* 102551  
*Board Certified Specialty:* No  
 RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN  
 8110 BIRMINGHAM WAY  
 SAN DIEGO, CA 92123-2758  
*Phone:* (858) 966-5840  
*Fax:*  
*After Hours Phone:* (858) 966-5840  
*Provider Gender:* Male  
*License number:* A94137  
*NPI:* 1598979593  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **WALLACE, ANNE M**

*Provider ID:* 64249  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Female  
*License number:* G73000  
*NPI:* 1699732941  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

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## D. Specialist Provider Directory

### **WOODWARD, STEPHANIE M**

Provider ID: 63697

Board Certified Specialty: No

SAN DIEGO GEN AND

VASCULAR SURGEONS MED  
GRP INC

7910 FROST ST STE 250

SAN DIEGO, CA 92123-2752

Phone: (858) 565-0104

Fax:

After Hours Phone: (858)

565-0104

Provider Gender: Female

License number: A103828

NPI: 1053435099

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-TH 9AM-5PM, F

9AM-4PM, SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **WOODWARD, STEPHANIE M , MD**

Provider ID: 63697

Board Certified Specialty: Yes

SAN DIEGO GEN AND

VASCULAR SURGEONS MED  
GRP INC

7910 FROST ST STE 250

SAN DIEGO, CA 92123-2752

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858)

565-0104

Provider Gender: Female

License number: A103828

NPI: 1053435099

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: No

Hospital Affiliation: Sharp

Memorial Hospital

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc

### **YANG, GENE**

Provider ID: 280567

Board Certified Specialty: No

UCSD MEDICAL GROUP

4520 EXECUTIVE DR

SAN DIEGO, CA 92121-3018

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A169156

NPI: 1568807089

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

---

### **SURGERY HAND ORTHOPEDIC**

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### **STEPHENSON, SAMUEL K**

Provider ID: 284934

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

License number: A154951

NPI: 1578058665

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

---

### **SURGERY HAND**

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### **ABRAMS, REID**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider ID:* 63766  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Male  
*License number:* G59829  
*NPI:* 1548202245  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### SURGERY HEAD

#### COFFEY, CHARLES S

*Provider ID:* 63857  
*Board Certified Specialty:* No  
 UCSD OTOLARYNGOLOGY  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (858) 657-8590  
*Fax:*  
*After Hours Phone:* (858)  
 657-8590  
*Provider Gender:* Male  
*License number:* A116621  
*NPI:* 1932297330  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Scripps Green Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### SURGERY NEUROLOGICAL

#### BARBA, DAVID

*Provider ID:* 244087  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-5720  
*Fax:*  
*After Hours Phone:* (619)  
 543-5720  
*Provider Gender:* Male  
*License number:* G42092  
*NPI:* 1093730251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton, Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

#### BARBA, DAVID

*Provider ID:* 63798  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Male  
*License number:* G42092  
*NPI:* 1093730251  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Ucsd Medical Ctr, Ucsd La Jolla  
 John Sally Thornton, Scripps  
 Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

#### BELVERUD, SHAWN A

*Provider ID:* 202333  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: 20A13471  
 NPI: 1073817268  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **GONDA, DAVID D**

Provider ID: 101200  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
 Phone: (858) 966-6710  
 Fax:  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Male  
 License number: A107984  
 NPI: 1427254937  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr

At Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **KHALESSI, ALEXANDER A**

Provider ID: 206141  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 120  
 SAN DIEGO, CA 92123-2776  
 Phone: (858) 966-8574  
 Fax:  
 After Hours Phone: (858) 966-8574  
 Provider Gender: Male  
 License number: A95850  
 NPI: 1073786661  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health

Network, Ucsd Medical Group

### **KHALESSI, ALEXANDER A**

Provider ID: 244035  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-5540  
 Fax:  
 After Hours Phone: (619) 543-5540  
 Provider Gender: Male  
 License number: A95850  
 NPI: 1073786661  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network, Ucsd Medical Group

### **KHALESSI, ALEXANDER A**

Provider ID: 63997  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (858) 657-7000  
 Fax:  
 After Hours Phone: (858) 657-7000

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## D. Specialist Provider Directory

*Provider Gender:* Male  
*License number:* A95850  
*NPI:* 1073786661  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**KHALESSI, ALEXANDER A**  
*Provider ID:* 81383  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-8574  
*Fax:*  
*After Hours Phone:* (858) 966-8574  
*Provider Gender:* Male  
*License number:* A95850  
*NPI:* 1073786661  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens

Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**LEVY, MICHAEL L**  
*Provider ID:* 262600  
*Board Certified Specialty:* Yes  
 RADY CHILDRENS HEALTH NETWORK  
 7910 FROST ST STE 120  
 SAN DIEGO, CA 92123-2776  
*Phone:* (858) 966-8574  
*Fax:* (858) 966-7930  
*After Hours Phone:* (858) 966-8574  
*Provider Gender:* Male  
*License number:* G62556  
*NPI:* 1164593927  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp Of Los Angeles  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**LEVY, MICHAEL L**  
*Provider ID:* 52607  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123-2795  
*Phone:* (858) 966-6710  
*Fax:*  
*After Hours Phone:* (858) 966-6710  
*Provider Gender:* Male  
*License number:* G62556  
*NPI:* 1164593927  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Childrens Hosp Of Los Angeles  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

**MARSHALL, LAWRENCE F**  
*Provider ID:* 244150  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273

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## D. Specialist Provider Directory

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*Provider Gender:* Male  
*License number:* C36547  
*NPI:* 1750306171  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **MARSHALL, LAWRENCE F**

*Provider ID:* 64064  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* C36547  
*NPI:* 1750306171  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* German, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Ucsd Medical Group  
**MELTZER, HAL**  
*Provider ID:* 205339  
*Board Certified Specialty:* Yes  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST STE 120  
SAN DIEGO, CA 92123-2776  
*Phone:* (858) 966-8574  
*Fax:* (858) 966-7930  
*After Hours Phone:* (858) 966-8574

*Provider Gender:* Male  
*License number:* G70636  
*NPI:* 1588735344  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital, Tri City Medical Ctr, Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **NGUYEN, ANDREW D**

*Provider ID:* 244135  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A91563  
*NPI:* 1720216542  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Ucsd Medical Ctr, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **NGUYEN, ANDREW D**

*Provider ID:* 244137  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
*Phone:* (800) 962-8273  
*Fax:*  
*After Hours Phone:* (800) 962-8273  
*Provider Gender:* Male  
*License number:* A91563  
*NPI:* 1720216542  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Spanish, Vietnamese  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Health Downtown Campus, Ucsd

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## D. Specialist Provider Directory

Medical Ctr, Palomar Medical Center

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **NGUYEN, ANDREW D**

*Provider ID:* 64107

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800) 926-8273

*Provider Gender:* Male

*License number:* A91563

*NPI:* 1720216542

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

French, Spanish, Vietnamese

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Palomar Medical Center

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **OLSON, SCOTT E**

*Provider ID:* 244053

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A83715

*NPI:* 1376568659

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Tri City

Medical Ctr, Palomar Health

Downtown Campus, Ucsd

Medical Ctr, Pomerado Hospital,

Palomar Medical Center, Scripps

Green Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **OSORIO, JOSEPH A**

*Provider ID:* 242007

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A128616

*NPI:* 1437416591

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **PHAM, MARTIN H**

*Provider ID:* 244158

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

16950 VIA TAZON

SAN DIEGO, CA 92127-1607

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A121590

*NPI:* 1609130921

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

John Sally Thornton, Ucsd

Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IPA: Ucsd Medical Group

### **RAVINDRA, VIJAY M**

Provider ID: 277176

Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK

7910 FROST ST STE 120

SAN DIEGO, CA 92123-2776

Phone: (858) 966-8574

Fax: (858) 966-7930

After Hours Phone: (858)

966-8574

Provider Gender: Male

License number: A161999

NPI: 1982995841

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Scripps

Memorial Hospital, Scripps

Mercy Hospital, Scripps Mercy

Hospital Chula Vista, Naval

Medical Ctr Sd Rbe, Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **SCHWARTZ, MARC S**

Provider ID: 121885

Board Certified Specialty: No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222

Fax:

After Hours Phone: (619)

543-6222

Provider Gender: Male

License number: G86573

NPI: 1508960188

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Good

Samaritan Hospital Los Angeles,

Valley Presbyterian Hosp, Martin

Luther King Jr Community

Hospital, Huntington Memorial

Hospital, Providence Saint Johns

Health Center, Ucsd Medical Ctr,

Ucsd La Jolla John Sally

Thornton

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Ucsd Medical Group

### **SOUMEKH, MASSOUD**

#### **HERTZEL**

Provider ID: 257468

Board Certified Specialty: Yes

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

8008 FROST ST STE 401

SAN DIEGO, CA 92123-4209

Phone: (858) 560-8544

Fax: (858) 560-8546

After Hours Phone: (858)

560-8544

Provider Gender: Male

License number: A37843

NPI: 1265495014

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Sharp Memorial

Hospital, Sharp Chula Vista Med

Ctr, Alvarado Hosp Med Ctr,

Alvarado Hospital Llc

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Blue Shield Promise Health

Plan Direct, Community Care Ipa

Llc

### **SOUMEKH, MASSOUD**

#### **HERTZEL, MD**

Provider ID: 54178

Board Certified Specialty: Yes

MOUNTAIN HLTH & COMM

SERVICES

8008 FROST ST STE 401

SAN DIEGO, CA 92123-4209

Phone: (858) 560-8544

Fax: (858) 560-8546

After Hours Phone: (858)

560-8544

Provider Gender: Male

License number: A37843

NPI: 1265495014

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Sharp Memorial

Hospital, Sharp Chula Vista Med

Ctr, Alvarado Hosp Med Ctr,

Alvarado Hospital Llc

Medi-Cal Open Panel: Yes

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## D. Specialist Provider Directory

Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc

### **TOMLIN, JEFFREY M**

Provider ID: 272950  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR FL 1  
 SAN DIEGO, CA 92103-1911  
 Phone: (858) 657-8540  
 Fax:  
 After Hours Phone: (858)  
 657-8540  
 Provider Gender: Male  
 License number: C161473  
 NPI: 1366530321  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **U, HOI S**

Provider ID: 244132  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: G27898  
 NPI: 1164468146  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **U, HOI S**

Provider ID: 64233  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: G27898  
 NPI: 1164468146  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No

Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

## **SURGERY ORTHOPEDIC**

### **ALLEN, RICHARD T**

Provider ID: 63777  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6312  
 Fax: (619) 543-7480  
 After Hours Phone: (619)  
 543-6312  
 Provider Gender: Male  
 License number: A83513  
 NPI: 1962660175  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **ANDERSON, JUSTIN**

Provider ID: 289121  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### NETWORK

3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-6789  
Fax: (858) 966-6706  
After Hours Phone: (858) 966-6789  
Provider Gender: Male  
License number: PA60229  
NPI: 1366105074  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hosp Med Ctr, Rady Childrens  
Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### ATTENELLO, JOHN D

Provider ID: 271082  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A166979  
NPI: 1629456553  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla

John Sally Thornton, Ucsd  
Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### BAGHERI, ALI

Provider ID: 262208  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
9333 GENESEE AVE STE 350  
SAN DIEGO, CA 92121-2103  
Phone: (858) 455-6460  
Fax: (858) 455-7197  
After Hours Phone: (858) 455-6460  
Provider Gender: Male  
License number: A123272  
NPI: 1760632947  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital, Scripps  
Mercy Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings  
Medical Group-Sd

### BALLARD, BROOKE L

Provider ID: 262204  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
5555 RESERVOIR DR STE 104  
SAN DIEGO, CA 92120-5198  
Phone: (619) 286-9480  
Fax: (619) 286-4568  
After Hours Phone: (619) 286-9480  
Provider Gender: Female  
License number: A104161  
NPI: 1841447950  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish  
Cultural Competency: No  
Hospital Affiliation: Alvarado  
Hospital Llc, Sharp Coronado  
Hosp And Healthcare Ctr, Sharp  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-F 9AM-5PM, SA  
9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings  
Medical Group-Sd

### BALL, SCOTT T

Provider ID: 63792  
Board Certified Specialty: Yes  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Male  
License number: A75221  
NPI: 1952325318  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

**BATES, JAMES E**  
Provider ID: 262140  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
5555 RESERVOIR DR STE 104  
SAN DIEGO, CA 92120-5198  
Phone: (619) 286-9480  
Fax: (619) 286-4568  
After Hours Phone: (619) 286-9480  
Provider Gender: Male  
License number: G73930  
NPI: 1174692206  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings Medical Group-Sd

**BUI, CHRISTOPHER N**  
Provider ID: 241162  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A127139  
NPI: 1619231537

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**BUKATA, SUSAN V**  
Provider ID: 277948  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: C55109  
NPI: 1932140639  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

**BURNIKEL, DAVID J**  
Provider ID: 111158  
Board Certified Specialty: No  
SAN DIEGO SPORTS MEDICINE AND ORTHOPAEDIC CENTER INC  
6719 ALVARADO RD STE 200  
SAN DIEGO, CA 92120-5256  
Phone: (619) 229-3932  
Fax:  
After Hours Phone: (619) 229-3932  
Provider Gender: Male  
License number: A138043  
NPI: 1457541369  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Ctr, Grossmont Hospital, Scripps  
 Mercy Hospital, Alvarado  
 Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:* www.sdsdm.net  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**BURNIKEL, DAVID J , MD**  
*Provider ID:* 205079  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6719 ALVARADO RD STE 200  
 SAN DIEGO, CA 92120-5256  
*Phone:* (619) 229-3932  
*Fax:* (619) 582-2860  
*After Hours Phone:* (619)  
 229-3932  
*Provider Gender:* Male  
*License number:* A138043  
*NPI:* 1457541369  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
 Hospital Chula Vista, Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Grossmont Hospital, Scripps  
 Mercy Hospital, Alvarado  
 Hospital Llc  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**CHANG, DOUGLAS G**  
*Provider ID:* 63839  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (858) 657-8200  
*Fax:*  
*After Hours Phone:* (858)  
 657-8200  
*Provider Gender:* Male  
*License number:* A77281  
*NPI:* 1962450031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 German  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**CHENG, YU TSUN**  
*Provider ID:* 205788  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223

*Phone:* (858) 966-5999  
*Fax:* (858) 966-8519  
*After Hours Phone:* (858)  
 966-5999  
*Provider Gender:* Male  
*License number:* A98564  
*NPI:* 1992982854  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego,  
 Southwest Healthcare System  
 Wildomar, Southwest Healthcare  
 System Murrieta  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

**CHIARAPPA, FRANK E**  
*Provider ID:* 244459  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A164466  
*NPI:* 1932536828  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd

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## D. Specialist Provider Directory

Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CHOI, JIHOON**

*Provider ID:* 284788  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A151613  
*NPI:* 1285097741  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CIDAMBI, EMILY O**

*Provider ID:* 246466  
*Board Certified Specialty:* No

RADY CHILDRENS HEALTH  
 NETWORK  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6789  
*Fax:* (858) 966-6706  
*After Hours Phone:* (858)  
 966-6789  
*Provider Gender:* Female  
*License number:* A127390  
*NPI:* 1659634699  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
 Network

### **CIDAMBI, KRISHNA R**

*Provider ID:* 118283  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6312  
*Fax:*  
*After Hours Phone:* (619)  
 543-6312  
*Provider Gender:* Male  
*License number:* A118350  
*NPI:* 1275836959  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Tamil  
*Cultural Competency:* No  
*Hospital Affiliation:* Providence St

Joseph Hospital, Hoag  
 Orthopedic Institute, Ucsd  
 Medical Ctr, Ucsd La Jolla John  
 Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **COVEY, DANA C**

*Provider ID:* 104615  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Male  
*License number:* G89432  
*NPI:* 1780651794  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **COVEY, DANA C**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**Provider ID:** 104618  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**8899 UNIVERSITY CENTER LN**  
**STE 230**  
**SAN DIEGO, CA 92122-1010**  
**Phone:** (858) 657-7726  
**Fax:**  
**After Hours Phone:** (858)  
**657-7726**  
**Provider Gender:** Male  
**License number:** G89432  
**NPI:** 1780651794  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical  
**Ctr**  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
**No**  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

### **FINKENBERG, JOHN G**

**Provider ID:** 262199  
**Board Certified Specialty:** Yes  
**IMPERIAL HEALTH HOLDINGS**  
**MEDICAL GROUP-SD**  
**5555 RESERVOIR DR STE 104**  
**SAN DIEGO, CA 92120-5198**  
**Phone:** (619) 286-9480  
**Fax:** (619) 286-4568  
**After Hours Phone:** (619)  
**286-9480**  
**Provider Gender:** Male  
**License number:** G56283  
**NPI:** 1285703413  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**

**Spanish**  
**Cultural Competency:** No  
**Hospital Affiliation:** Grossmont  
**Hospital, Alvarado Hospital Llc,**  
**Scripps Mercy Hospital, Sharp**  
**Coronado Hosp And Healthcare**  
**Ctr**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
**No**  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Imperial Health Holdings  
**Medical Group-Sd**

### **FLINT, JAMES H**

**Provider ID:** 203178  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**200 W ARBOR DR**  
**SAN DIEGO, CA 92103-1911**  
**Phone:** (858) 657-8200  
**Fax:**  
**After Hours Phone:** (858)  
**657-8200**  
**Provider Gender:** Male  
**License number:** A156864  
**NPI:** 1629239140  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd La Jolla  
**John Sally Thornton, Ucsd**  
**Medical Ctr**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):**  
**No**  
**♿ Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**

**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

### **GARFIN, STEVEN R**

**Provider ID:** 123782  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**200 W ARBOR DR**  
**SAN DIEGO, CA 92103-1911**  
**Phone:** (619) 543-6222  
**Fax:** (858) 657-8235  
**After Hours Phone:** (619)  
**543-6222**  
**Provider Gender:** Male  
**License number:** G29309  
**NPI:** 1679515829  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical  
**Ctr, Ucsd La Jolla John Sally**  
**Thornton**  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):**  
**No**  
**♿ Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

### **GIRARD, PAUL J**

**Provider ID:** 63919  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
**200 W ARBOR DR**  
**SAN DIEGO, CA 92103-1911**  
**Phone:** (619) 543-6312  
**Fax:** (619) 543-7480  
**After Hours Phone:** (619)  
**543-6312**  
**Provider Gender:** Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

License number: A78346  
 NPI: 1356319891  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **GOEB, YANNICK L**

Provider ID: 284794  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A170529  
 NPI: 1730542747  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: German, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:

Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**HENTZEN, ERIC R**  
 Provider ID: 63954  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6312  
 Fax: (619) 543-7480  
 After Hours Phone: (619) 543-6312  
 Provider Gender: Male  
 License number: A83117  
 NPI: 1245411180  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: German, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**HOLLNAGEL, KATHARINE F**  
 Provider ID: 284171  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 966-5999  
 Fax: (858) 966-8519  
 After Hours Phone: (858) 966-5999

**HOLLNAGEL, KATHARINE F**  
 Provider ID: 284172  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Female  
 License number: A172578  
 NPI: 1295180289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

Provider Gender: Female  
 License number: A172578  
 NPI: 1295180289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **HOLLNAGEL, KATHARINE F**

Provider ID: 284172  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123-4232  
 Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Female  
 License number: A172578  
 NPI: 1295180289  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **JACOBSON, MARK D**

*Provider ID:* 262260  
*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
5555 RESERVOIR DR STE 104  
SAN DIEGO, CA 92120-5198  
*Phone:* (619) 286-9480  
*Fax:* (619) 286-4568  
*After Hours Phone:* (619) 286-9480  
*Provider Gender:* Male  
*License number:* G71151  
*NPI:* 1760551915  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Alvarado Hospital Llc, Sharp Coronado Hosp And Healthcare Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Imperial Health Holdings Medical Group-Sd

### **KENT, WILLIAM T**

*Provider ID:* 110385  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Phone:* (858) 657-8200  
*Fax:*  
*After Hours Phone:* (858) 657-8200  
*Provider Gender:* Male  
*License number:* A122546  
*NPI:* 1962794198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **KIMBALL, MICHAEL P , MD**

*Provider ID:* 38205  
*Board Certified Specialty:* No  
GIRARD ORTHOPAEDIC SURGEONS MED GRP  
9333 GENESEE AVE STE 350  
SAN DIEGO, CA 92121-2103  
*Phone:* (858) 455-6460  
*Fax:* (858) 455-7197  
*After Hours Phone:* (858) 455-6460  
*Provider Gender:* Male  
*License number:* G76060  
*NPI:* 1588648653  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,

*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **KIMBALL, MICHAEL P**

*Provider ID:* 38205  
*Board Certified Specialty:* No  
GIRARD ORTHOPAEDIC SURGEONS MED GRP  
9333 GENESEE AVE STE 350  
SAN DIEGO, CA 92121-2103  
*Phone:* (858) 455-6460  
*Fax:* (858) 455-7197  
*After Hours Phone:* (858) 455-6460  
*Provider Gender:* Male  
*License number:* G76060  
*NPI:* 1588648653  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc,

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## D. Specialist Provider Directory

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Imperial Health Holdings Medical  
Group-Sd

### **KULIDJIAN, ANNA A**

*Provider ID:* 64022  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Female  
*License number:* A97060  
*NPI:* 1215183066  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **LEE, SCOTT I**

*Provider ID:* 102032  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* A121741  
*NPI:* 1760790349

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Glendale  
Adventist Med Ctr, Adventist  
Health White Memorial  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MEUNIER, MATTHEW J**

*Provider ID:* 64082  
*Board Certified Specialty:* Yes  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* A72975  
*NPI:* 1265470553  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **MEYER, ROBERT S**

*Provider ID:* 64084  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6312  
*Fax:* (619) 543-7480  
*After Hours Phone:* (619)  
543-6312  
*Provider Gender:* Male  
*License number:* G76677  
*NPI:* 1316997646  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **ORNER, CAITLIN A**

*Provider ID:* 284169  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-8519  
*After Hours Phone:* (858)  
966-5999  
*Provider Gender:* Female  
*License number:* A172799  
*NPI:* 1124481254  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **ORNER, CAITLIN A**

*Provider ID:* 284170  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-6789  
*Fax:* (858) 966-6706  
*After Hours Phone:* (858)  
966-6789  
*Provider Gender:* Female  
*License number:* A172799  
*NPI:* 1124481254  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **PAGE, ALEXANDRA E**

*Provider ID:* 109720  
*Board Certified Specialty:* No  
SAN DIEGO SPORTS  
MEDICINE AND  
ORTHOPAEDIC CENTER INC  
6719 ALVARADO RD STE 200  
SAN DIEGO, CA 92120-5256  
*Phone:* (619) 229-3932  
*Fax:*  
*After Hours Phone:* (619)  
229-3932  
*Provider Gender:* Female  
*License number:* G84448  
*NPI:* 1275681157  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
Memorial Hospital, Grossmont  
Hospital, Sharp Coronado Hosp  
And Healthcare Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:* www.sdsdm.net  
*Email:*  
*Medical Group(s):*  
*IPA:*

### **POMERANTZ, MICHAEL L**

*Provider ID:* 203072  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (858) 657-8200  
*Fax:*  
*After Hours Phone:* (858)  
657-8200

*Provider Gender:* Male  
*License number:* A109105  
*NPI:* 1356505705  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Paradise  
Valley Hospital, Scripps Mercy  
Hospital, Sharp Memorial  
Hospital, Sharp Chula Vista Med  
Ctr, Sharp Coronado Hosp And  
Healthcare Ctr, Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **POURTAHERI, SINA**

*Provider ID:* 119044  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6312  
*Fax:*  
*After Hours Phone:* (619)  
543-6312  
*Provider Gender:* Male  
*License number:* A136713  
*NPI:* 1306153572  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr

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## D. Specialist Provider Directory

Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **PRING, MAYA E**

Provider ID: 52689  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
 Phone: (858) 576-5999  
 Fax:  
 After Hours Phone: (858) 576-5999  
 Provider Gender: Female  
 License number: A77003  
 NPI: 1104997964  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### **RAISZADEH, RAMIN**

Provider ID: 54392

Board Certified Specialty: No  
 LA JOLLA SPINE INSTITUTE  
 MED GRP INC  
 6719 ALVARADO RD STE 308  
 SAN DIEGO, CA 92120-5268  
 Phone: (619) 265-7912  
 Fax: (619) 265-7922  
 After Hours Phone: (619) 265-7912  
 Provider Gender: Male  
 License number: A88341  
 NPI: 1518021369  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Memorial Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility: W  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 Website: www.siosd.com  
 Email:  
 Medical Group(s):  
 IPA:

### **RICKARDS, ENASS N , MD**

Provider ID: 268909  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9333 GENESEE AVE STE 350  
 SAN DIEGO, CA 92121-2103  
 Phone: (858) 455-6460  
 Fax: (858) 455-7197  
 After Hours Phone: (858) 455-6460  
 Provider Gender: Female  
 License number: G79785  
 NPI: 1609850080  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Arabic  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **RICKARDS, ENASS N**

Provider ID: 65531  
 Board Certified Specialty: No  
 GIRARD ORTHOPAEDIC SURGEONS MED GRP  
 9333 GENESEE AVE STE 350  
 SAN DIEGO, CA 92121-2103  
 Phone: (858) 455-6460  
 Fax: (858) 455-7197  
 After Hours Phone: (858) 455-6460  
 Provider Gender: Female  
 License number: G79785  
 NPI: 1609850080  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Memorial Hospital, Scripps Mercy Hospital Chula Vista  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b> Community Care Ipa Llc,<br>Imperial Health Holdings Medical<br>Group-Sd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Phone:</b> (619) 543-6222<br><b>Fax:</b><br><b>After Hours Phone:</b> (619)<br>543-6222<br><b>Provider Gender:</b> Female<br><b>License number:</b> A87544<br><b>NPI:</b> 1952565780<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br>Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Ucsd Medical<br>Ctr<br><b>Medi-Cal Open Panel:</b> No<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b><br>No<br><b>Accessibility:</b> W<br><b>Hours:</b> M-SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b>                                                    | Vista Med Ctr, Scripps Mercy<br>Hospital<br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/999<br><b>American Sign Language (ASL):</b><br>No<br><b>Accessibility:</b><br><b>Hours:</b> M-SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b> Community Care Ipa Llc,<br>Imperial Health Holdings Medical<br>Group-Sd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>RICKERT, KATHLEEN D</b><br><b>Provider ID:</b> 108390<br><b>Board Certified Specialty:</b> No<br><b>RADY CHILDRENS</b><br><b>SPECIALISTS SAN DIEGO MED</b><br><b>FNDTN</b><br>3030 CHILDRENS WAY FL 2<br>SAN DIEGO, CA 92123-4232<br><b>Phone:</b> (858) 966-4003<br><b>Fax:</b><br><b>After Hours Phone:</b> (858)<br>966-4003<br><b>Provider Gender:</b> Female<br><b>License number:</b> A140439<br><b>NPI:</b> 1023308921<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Rady<br>Childrens Hospital San Diego<br><b>Medi-Cal Open Panel:</b> No<br><b>Min/Max Age:</b> None<br><b>American Sign Language (ASL):</b><br>No<br><b>Accessibility:</b> W<br><b>Hours:</b> M-SA 9AM-5PM<br><b>Website:</b><br><b>Email:</b><br><b>Medical Group(s):</b><br><b>IPA:</b> Rady Childrens Health<br>Network | <b>ROSENFELD, ALAN L , MD</b><br><b>Provider ID:</b> 242938<br><b>Board Certified Specialty:</b> No<br><b>COMMUNITY CARE IPA LLC</b><br>9333 GENESEE AVE STE 350<br>SAN DIEGO, CA 92121-2103<br><b>Phone:</b> (858) 455-6460<br><b>Fax:</b> (858) 455-7197<br><b>After Hours Phone:</b> (858)<br>455-6460<br><b>Provider Gender:</b> Male<br><b>License number:</b> G75293<br><b>NPI:</b> 1588648968<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br>Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Mercy<br>Hospital Chula Vista, Scripps<br>Memorial Hospital, Paradise<br>Valley Hospital, Sharp Chula | <b>ROSENFELD, ALAN L</b><br><b>Provider ID:</b> 262177<br><b>Board Certified Specialty:</b> No<br><b>IMPERIAL HEALTH HOLDINGS</b><br><b>MEDICAL GROUP-SD</b><br>9333 GENESEE AVE STE 350<br>SAN DIEGO, CA 92121-2103<br><b>Phone:</b> (858) 455-6460<br><b>Fax:</b> (858) 455-7197<br><b>After Hours Phone:</b> (858)<br>455-6460<br><b>Provider Gender:</b> Male<br><b>License number:</b> G75293<br><b>NPI:</b> 1588648968<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br>Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Mercy<br>Hospital Chula Vista, Scripps<br>Memorial Hospital, Paradise<br>Valley Hospital, Sharp Chula<br>Vista Med Ctr, Scripps Mercy<br>Hospital<br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/999<br><b>American Sign Language (ASL):</b><br>No<br><b>Accessibility:</b><br><b>Hours:</b> M-SA 9AM-5PM |
| <b>ROBERTSON, CATHERINE M</b><br><b>Provider ID:</b> 64163<br><b>Board Certified Specialty:</b> Yes<br><b>UCSD MEDICAL GROUP</b><br>200 W ARBOR DR<br>SAN DIEGO, CA 92103-1911                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>ROSENFELD, ALAN L , MD</b><br><b>Provider ID:</b> 242938<br><b>Board Certified Specialty:</b> No<br><b>COMMUNITY CARE IPA LLC</b><br>9333 GENESEE AVE STE 350<br>SAN DIEGO, CA 92121-2103<br><b>Phone:</b> (858) 455-6460<br><b>Fax:</b> (858) 455-7197<br><b>After Hours Phone:</b> (858)<br>455-6460<br><b>Provider Gender:</b> Male<br><b>License number:</b> G75293<br><b>NPI:</b> 1588648968<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br>Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Mercy<br>Hospital Chula Vista, Scripps<br>Memorial Hospital, Paradise<br>Valley Hospital, Sharp Chula | <b>ROSENFELD, ALAN L</b><br><b>Provider ID:</b> 262177<br><b>Board Certified Specialty:</b> No<br><b>IMPERIAL HEALTH HOLDINGS</b><br><b>MEDICAL GROUP-SD</b><br>9333 GENESEE AVE STE 350<br>SAN DIEGO, CA 92121-2103<br><b>Phone:</b> (858) 455-6460<br><b>Fax:</b> (858) 455-7197<br><b>After Hours Phone:</b> (858)<br>455-6460<br><b>Provider Gender:</b> Male<br><b>License number:</b> G75293<br><b>NPI:</b> 1588648968<br><b>Provider English Spoken:</b> Yes<br><b>Provider Language(s) Spoken:</b><br>Spanish<br><b>Cultural Competency:</b> No<br><b>Hospital Affiliation:</b> Scripps Mercy<br>Hospital Chula Vista, Scripps<br>Memorial Hospital, Paradise<br>Valley Hospital, Sharp Chula<br>Vista Med Ctr, Scripps Mercy<br>Hospital<br><b>Medi-Cal Open Panel:</b> Yes<br><b>Min/Max Age:</b> 0/999<br><b>American Sign Language (ASL):</b><br>No<br><b>Accessibility:</b><br><b>Hours:</b> M-SA 9AM-5PM |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc,  
 Imperial Health Holdings Medical  
 Group-Sd

### **RYNNING, RALPH E**

*Provider ID:* 262195  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 5555 RESERVOIR DR STE 104  
 SAN DIEGO, CA 92120-5198  
*Phone:* (619) 286-9480  
*Fax:* (619) 286-4568  
*After Hours Phone:* (619)  
 286-9480  
*Provider Gender:* Male  
*License number:* A103946  
*NPI:* 1952595316  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 French, German, Norwegian,  
 Spanish

*Cultural Competency:* No  
*Hospital Affiliation:* Alvarado  
 Hospital Llc, Sharp Coronado  
 Hosp And Healthcare Ctr,  
 Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
 IPA: Imperial Health Holdings  
 Medical Group-Sd

### **SCHWARTZ, ALEXANDRA K**

*Provider ID:* 64188  
*Board Certified Specialty:* No

UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:* (858) 966-6706  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Female  
*License number:* A60259  
*NPI:* 1740206747  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 German  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA:

### **SHILLITO, MATTHEW C , MD**

*Provider ID:* 247893  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 6719 ALVARADO RD STE 200  
 SAN DIEGO, CA 92120-5256  
*Phone:* (619) 229-3932  
*Fax:* (619) 582-2860  
*After Hours Phone:* (619)  
 229-3932  
*Provider Gender:* Male  
*License number:* A109569  
*NPI:* 1538318548  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Alvarado Hospital Llc,

Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/120  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

### **SIROTA, MICHAEL A**

*Provider ID:* 84579  
*Board Certified Specialty:* No  
 SAN DIEGO SPORTS  
 MEDICINE AND  
 ORTHOPAEDIC CENTER INC  
 6719 ALVARADO RD STE 200  
 SAN DIEGO, CA 92120-5256  
*Phone:* (619) 229-3932  
*Fax:* (619) 582-2860  
*After Hours Phone:* (619)  
 229-3932  
*Provider Gender:* Male  
*License number:* A129445  
*NPI:* 1558542423  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Sharp Memorial  
 Hospital, Alvarado Hospital Llc  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
 9AM-5PM  
*Website:* www.sdsm.net  
*Email:*  
*Medical Group(s):*  
 IPA: Community Care Ipa Llc

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## D. Specialist Provider Directory

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### **SIROTA, MICHAEL A , MD**

*Provider ID:* 84579

*Board Certified Specialty:* No

*SAN DIEGO SPORTS*

*MEDICINE AND*

*ORTHOPAEDIC CENTER INC*

*6719 ALVARADO RD STE 200*

*SAN DIEGO, CA 92120-5256*

*Phone:* (619) 229-3932

*Fax:* (619) 582-2860

*After Hours Phone:* (619)

*229-3932*

*Provider Gender:* Male

*License number:* A129445

*NPI:* 1558542423

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Spanish*

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont

*Hospital, Sharp Memorial*

*Hospital, Alvarado Hospital Llc*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

*No*

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **SPEIRS, JOSHUA N**

*Provider ID:* 284217

*Board Certified Specialty:* No

*RADY CHILDRENS HEALTH*

*NETWORK*

*3020 CHILDRENS WAY*

*SAN DIEGO, CA 92123-4223*

*Phone:* (858) 966-5999

*Fax:* (858) 966-8519

*After Hours Phone:* (858)

*966-5999*

*Provider Gender:* Male

*License number:* A151041

*NPI:* 1164876918

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

*Childrens Hospital San Diego*

*Medi-Cal Open Panel:* No

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

*Network*

### **SPEIRS, JOSHUA N**

*Provider ID:* 284218

*Board Certified Specialty:* No

*RADY CHILDRENS HEALTH*

*NETWORK*

*3030 CHILDRENS WAY # 3*

*SAN DIEGO, CA 92123-4232*

*Phone:* (858) 966-6789

*Fax:* (858) 966-6706

*After Hours Phone:* (858)

*966-6789*

*Provider Gender:* Male

*License number:* A151041

*NPI:* 1164876918

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

*Childrens Hospital San Diego*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

*Network*

### **SULLIVAN, THOMAS B**

*Provider ID:* 285247

*Board Certified Specialty:* No

*UCSD MEDICAL GROUP*

*200 W ARBOR DR*

*SAN DIEGO, CA 92103-1911*

*Phone:* (800) 926-8273

*Fax:* (888) 539-8781

*After Hours Phone:* (800)

*926-8273*

*Provider Gender:* Male

*License number:* A138132

*NPI:* 1437565488

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd La Jolla

*John Sally Thornton, Ucsd*

*Medical Ctr*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **TASTO, JAMES P , MD**

*Provider ID:* 218096

*Board Certified Specialty:* Yes

*COMMUNITY CARE IPA LLC*

*6719 ALVARADO RD STE 200*

*SAN DIEGO, CA 92120-5256*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

Phone: (619) 229-3932  
Fax: (619) 582-2860  
After Hours Phone: (619) 229-3932  
Provider Gender: Male  
License number: G14672  
NPI: 1124021936  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**TASTO, JAMES P**  
Provider ID: 44083  
Board Certified Specialty: No  
SAN DIEGO SPORTS MEDICINE AND ORTHOPAEDIC CENTER INC  
6719 ALVARADO RD STE 200  
SAN DIEGO, CA 92120-5256  
Phone: (619) 229-3932  
Fax: (619) 582-2860  
After Hours Phone: (619) 229-3932  
Provider Gender: Male  
License number: G14672  
NPI: 1124021936  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc, Sharp Memorial Hospital

Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 8AM-5PM, SA 9AM-5PM  
Website: www.sdsm.net  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**TAYYAB, NEIL A , MD**  
Provider ID: 268617  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
9333 GENESEE AVE # 350A  
SAN DIEGO, CA 92121-2111  
Phone: (858) 455-6460  
Fax: (858) 455-7197  
After Hours Phone: (858) 455-6460  
Provider Gender: Male  
License number: A94408  
NPI: 1831149970  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TAYYAB, NEIL A**  
Provider ID: 35361  
Board Certified Specialty: No  
GIRARD ORTHOPAEDIC SURGEONS MED GRP  
9333 GENESEE AVE STE 350  
SAN DIEGO, CA 92121-2103  
Phone: (858) 455-6460  
Fax: (858) 455-7197  
After Hours Phone: (858) 455-6460  
Provider Gender: Male  
License number: A94408  
NPI: 1831149970  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Memorial Hospital, Sharp Memorial Hospital, Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**TRETIKOV, MIKHAIL**  
Provider ID: 284222  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

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## D. Specialist Provider Directory

---

Phone: (858) 966-5999  
Fax: (858) 966-8519  
After Hours Phone: (858) 966-5999  
Provider Gender: Male  
License number: A171934  
NPI: 1912353772  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **TRETIAKOV, MIKHAIL**

Provider ID: 284223  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY # 3  
SAN DIEGO, CA 92123-4232  
Phone: (858) 966-6789  
Fax: (858) 966-6706  
After Hours Phone: (858) 966-6789  
Provider Gender: Male  
License number: A171934  
NPI: 1912353772  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **VITALE, KENNETH C**

Provider ID: 104655  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (858) 657-8200  
Fax:  
After Hours Phone: (858) 657-8200  
Provider Gender: Male  
License number: C132964  
NPI: 1730176868  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **YASZAY, BURT**

Provider ID: 206303  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY

SAN DIEGO, CA 92123-4223  
Phone: (858) 576-5999  
Fax: (858) 576-8412  
After Hours Phone: (858) 576-5999  
Provider Gender: Male  
License number: A100336  
NPI: 1770798647  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **YASZAY, BURT**

Provider ID: 206305  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY STE  
410  
SAN DIEGO, CA 92123-4228  
Phone: (858) 966-6789  
Fax: (858) 966-6706  
After Hours Phone: (858) 966-6789  
Provider Gender: Male  
License number: A100336  
NPI: 1770798647  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Rady

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

---

Childrens Hospital San Diego,  
Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **YASZAY, BURT**

*Provider ID:* 206307  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
7910 FROST ST STE 190  
SAN DIEGO, CA 92123-2731  
*Phone:* (858) 966-9360  
*Fax:* (858) 966-8519  
*After Hours Phone:* (858)  
966-9360  
*Provider Gender:* Male  
*License number:* A100336  
*NPI:* 1770798647  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **ZLOMISLIC, VINKO**

*Provider ID:* 78122  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:* (858) 657-8235  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* A112819  
*NPI:* 1346351509  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Serbo-Croatian, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

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### **SURGERY PEDIATRIC**

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### **BICKLER, STEPHEN W**

*Provider ID:* 270090  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-7711  
*Fax:* (858) 966-7712  
*After Hours Phone:* (858)  
966-7711

*Provider Gender:* Male  
*License number:* G58535  
*NPI:* 1891866653  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/25  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **GOLLIN, GERALD**

*Provider ID:* 109561  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
8110 BIRMINGHAM WAY  
SAN DIEGO, CA 92123-2758  
*Phone:* (858) 966-5840  
*Fax:*  
*After Hours Phone:* (858)  
966-5840  
*Provider Gender:* Male  
*License number:* G84953  
*NPI:* 1477598662  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

---

*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **GOLLIN, GERALD**

*Provider ID:* 205905  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
8110 BIRMINGHAM WAY # 2  
SAN DIEGO, CA 92123-2758  
*Phone:* (858) 966-7711  
*Fax:*  
*After Hours Phone:* (858) 966-7711  
*Provider Gender:* Male  
*License number:* G84953  
*NPI:* 1477598662  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **GOLTS, EUGENE M**

*Provider ID:* 217715

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY STE 202  
SAN DIEGO, CA 92123-4227  
*Phone:* (858) 966-8030  
*Fax:*  
*After Hours Phone:* (858) 966-8030  
*Provider Gender:* Male  
*License number:* A82530  
*NPI:* 1316000649  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Ukrainian  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **GONDA, DAVID D**

*Provider ID:* 205821  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
7910 FROST ST STE 120  
SAN DIEGO, CA 92123-2776

*Phone:* (858) 966-8574  
*Fax:* (858) 966-7930  
*After Hours Phone:* (858) 966-8574  
*Provider Gender:* Male  
*License number:* A107984  
*NPI:* 1427254937  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **GOSMAN, AMANDA A**

*Provider ID:* 205841  
*Board Certified Specialty:* Yes  
RADY CHILDRENS HEALTH NETWORK  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-4064  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Female  
*License number:* A96153  
*NPI:* 1164436291  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Childrens Hospital San Diego,  
Ucsd Medical Ctr, Ucsd La Jolla  
John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**KELLER, BENJAMIN A**  
*Provider ID:* 272196  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-4064  
*After Hours Phone:* (858)  
966-5999  
*Provider Gender:* Male  
*License number:* A118158  
*NPI:* 1285953364  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**KELLER, BENJAMIN A**  
*Provider ID:* 285941  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-7711  
*Fax:* (858) 966-7712  
*After Hours Phone:* (858)  
966-7711  
*Provider Gender:* Male  
*License number:* A118158  
*NPI:* 1285953364  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**KLING, KAREN M**  
*Provider ID:* 205340  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
8110 BIRMINGHAM WAY FL 2  
SAN DIEGO, CA 92123-2758  
*Phone:* (858) 966-7711  
*Fax:* (858) 966-7712  
*After Hours Phone:* (858)  
966-7711  
*Provider Gender:* Female  
*License number:* A53583

*NPI:* 1982775144  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Sharp Mary  
Birch Hosp For Women And  
Newborns, National Naval Med  
Ctr, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

**KLING, KAREN M**  
*Provider ID:* 283380  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-7711  
*Fax:* (858) 966-7712  
*After Hours Phone:* (858)  
966-7711  
*Provider Gender:* Female  
*License number:* A53583  
*NPI:* 1982775144  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Sharp Mary  
Birch Hosp For Women And  
Newborns, National Naval Med  
Ctr, Sharp Memorial Hospital

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## D. Specialist Provider Directory

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*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **LAZAR, DAVID A**

*Provider ID:* 205606  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
8110 BIRMINGHAM WAY FL 2  
SAN DIEGO, CA 92123-2758  
*Phone:* (858) 966-7711  
*Fax:* (858) 966-7712  
*After Hours Phone:* (858) 966-7711  
*Provider Gender:* Male  
*License number:* A105968  
*NPI:* 1538365002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **LAZAR, DAVID A**

*Provider ID:* 283140

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232  
*Phone:* (858) 966-7711  
*Fax:* (858) 966-7712  
*After Hours Phone:* (858) 966-7711  
*Provider Gender:* Male  
*License number:* A105968  
*NPI:* 1538365002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network

### **MADANI, MICHAEL M**

*Provider ID:* 206267  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-3759  
*Fax:* (619) 543-2652  
*After Hours Phone:* (619) 543-3759  
*Provider Gender:* Male  
*License number:* A67201  
*NPI:* 1518999069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital, Tri City Medical Ctr, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **SAENZ, NICHOLAS C**

*Provider ID:* 206176  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
8110 BIRMINGHAM WAY FL 2  
SAN DIEGO, CA 92123-2758  
*Phone:* (858) 966-7711  
*Fax:* (858) 966-7712  
*After Hours Phone:* (858) 966-7711  
*Provider Gender:* Male  
*License number:* G84775  
*NPI:* 1447321203  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*

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## D. Specialist Provider Directory

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **SAENZ, NICHOLAS C**

*Provider ID:* 283170

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-7711

*Fax:* (858) 966-7712

*After Hours Phone:* (858)  
966-7711

*Provider Gender:* Male

*License number:* G84775

*NPI:* 1447321203

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Sharp Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **THANGARAJAH, HARIHARAN**

*Provider ID:* 206172

*Board Certified Specialty:* Yes  
RADY CHILDRENS HEALTH NETWORK

8110 BIRMINGHAM WAY FL 2  
SAN DIEGO, CA 92123-2758

*Phone:* (858) 966-7711

*Fax:* (858) 966-7712

*After Hours Phone:* (858)  
966-7711

*Provider Gender:* Male

*License number:* A94137

*NPI:* 1598979593

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

### **THANGARAJAH, HARIHARAN**

*Provider ID:* 256194

*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123-4232

*Phone:* (858) 966-7711

*Fax:*

*After Hours Phone:* (858)  
966-7711

*Provider Gender:* Male

*License number:* A94137

*NPI:* 1598979593

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*  
No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health Network

## **SURGERY PLASTIC**

### **GOSMAN, AMANDA A**

*Provider ID:* 52812

*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN

7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289

*Phone:* (858) 966-7484

*Fax:*

*After Hours Phone:* (858)  
966-7484

*Provider Gender:* Female

*License number:* A96153

*NPI:* 1164436291

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Ucsd Medical Ctr, Ucsd La Jolla  
John Sally Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, R,  
T, W

*Hours:* M-SA 9AM-5PM

*Website:*

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## D. Specialist Provider Directory

Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **GOSMAN, AMANDA A**

Provider ID: 63926  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Female  
License number: A96153  
NPI: 1164436291  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Rady Childrens Hospital San Diego, Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### **GUPTA, DEEPAK**

Provider ID: 110728  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (619) 543-6222  
Fax:  
After Hours Phone: (619) 543-6222  
Provider Gender: Male  
License number: A114745  
NPI: 1043445950  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Santa Clara Valley Med Ctr  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **HINCHCLIFF, KATHARINE**

Provider ID: 277288  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A135631  
NPI: 1346674561  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):

No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network, Ucsd Medical Group

### **HINCHCLIFF, KATHARINE**

Provider ID: 277965  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289  
Phone: (858) 966-5999  
Fax: (858) 966-8394  
After Hours Phone: (858) 966-5999  
Provider Gender: Female  
License number: A135631  
NPI: 1346674561  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network, Ucsd Medical Group

### **HOLMES, RALPH E**

Provider ID: 206105  
Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

### NETWORK

7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289

Phone: (858) 966-5999

Fax: (858) 966-8394

After Hours Phone: (858)  
966-5999

Provider Gender: Male

License number: G24863

NPI: 1104899723

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego,  
Sharp Memorial Hospital, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R, T

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### KIM, ERINN N

Provider ID: 283742

Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK

7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289

Phone: (858) 966-5999

Fax: (858) 966-4064

After Hours Phone: (858)  
966-5999

Provider Gender: Female

License number: A134797

NPI: 1558705061

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation: Rady

Childrens Hospital San Diego

Medi-Cal Open Panel: Yes

Min/Max Age: 18/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

### KOLB, FREDERIC J

Provider ID: 246239

Board Certified Specialty: No  
UCSD MEDICAL GROUP

200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: F39

NPI: 1790341832

Provider English Spoken: Yes

Provider Language(s) Spoken:  
French

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network

Network, Ucsd Medical Group

### KOLB, FREDERIC J

Provider ID: 246240

Board Certified Specialty: No

UCSD MEDICAL GROUP

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223

Phone: (800) 926-8273

Fax:

After Hours Phone: (800)  
926-8273

Provider Gender: Female

License number: F39

NPI: 1790341832

Provider English Spoken: Yes

Provider Language(s) Spoken:  
French

Cultural Competency: No

Hospital Affiliation: Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr

Medi-Cal Open Panel: Yes

Min/Max Age: 0/999

American Sign Language (ASL):  
No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### KOLB, FREDERIC J

Provider ID: 255575

Board Certified Specialty: No  
UCSD MEDICAL GROUP

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121-3018

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

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## D. Specialist Provider Directory

*License number:* F39  
*NPI:* 1790341832  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **KOLB, FREDERIC J**

*Provider ID:* 255576  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-8394  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Female  
*License number:* F39  
*NPI:* 1790341832  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*

No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **LANCE, SAMUEL H**

*Provider ID:* 109469  
*Board Certified Specialty:* No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-8394  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Male  
*License number:* A114551  
*NPI:* 1780811786  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Uc Davis Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No

*Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **LANCE, SAMUEL H**

*Provider ID:* 110708  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A114551  
*NPI:* 1780811786  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady Childrens Hospital San Diego, Uc Davis Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

### **LANCE, SAMUEL H**

*Provider ID:* 205647  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-8394  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Male  
*License number:* A114551  
*NPI:* 1780811786

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## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego, Uc  
 Davis Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **LANCE, SAMUEL H**

*Provider ID:* 256644  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121-3018  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A114551  
*NPI:* 1780811786  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego, Uc  
 Davis Medical Ctr, Ucsd La Jolla  
 John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM

*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **LANCE, SAMUEL H**

*Provider ID:* 256645  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Male  
*License number:* A114551  
*NPI:* 1780811786  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Uc Davis  
 Medical Ctr, Rady Childrens  
 Hospital San Diego, Ucsd La  
 Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **ORTIZ-POMALES, YAN T**

*Provider ID:* 289178  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289

*Phone:* (858) 966-5999  
*Fax:* (858) 966-8394  
*After Hours Phone:* (858)  
 966-5999  
*Provider Gender:* Male  
*License number:* A155358  
*NPI:* 1346448537  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Naval Medical Ctr Sd Rbe,  
 Rady Childrens Hospital San  
 Diego, Sharp Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network

### **POLLACK, LARRY H**

*Provider ID:* 54346  
*Board Certified Specialty:* No  
 SAN DIEGO GEN AND  
 VASCULAR SURGEONS MED  
 GRP INC  
 7910 FROST ST STE 250  
 SAN DIEGO, CA 92123-2752  
*Phone:* (858) 565-0104  
*Fax:*  
*After Hours Phone:* (858)  
 565-0104  
*Provider Gender:* Male  
*License number:* A41696  
*NPI:* 1104998400  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 German, Spanish

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Cultural Competency:* No  
*Hospital Affiliation:* Sharp Memorial Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-TH 9AM-5PM, F 9AM-4PM, SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

**RECHNIC, MARK**  
*Provider ID:* 64155  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* G42815  
*NPI:* 1114060126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital, Sharp Memorial Hospital, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**REID, CHRISTOPHER M**  
*Provider ID:* 224795  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A122947  
*NPI:* 1982964276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**REID, CHRISTOPHER M**  
*Provider ID:* 245523  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH NETWORK  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-8394  
*After Hours Phone:* (858) 966-5999  
*Provider Gender:* Male  
*License number:* A122947

*NPI:* 1982964276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health Network, Ucsd Medical Group

**REID, CHRISTOPHER M**  
*Provider ID:* 255564  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR  
SAN DIEGO, CA 92121-3018  
*Phone:* (800) 926-8273  
*Fax:*  
*After Hours Phone:* (800) 926-8273  
*Provider Gender:* Male  
*License number:* A122947  
*NPI:* 1982964276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

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## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **SULIMAN, AHMED S**

*Provider ID:* 289129  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-5999  
*Fax:* (858) 966-8394  
*After Hours Phone:* (858)  
 966-5999  
*Provider Gender:* Male  
*License number:* A88033  
*NPI:* 1013169085  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
 Ctr, Ronald Reagan UCLA Med  
 Ctr, Ucsd La Jolla John Sally  
 Thornton, Rady Childrens  
 Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
 No

*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network

### **WONG, RYAN K**

*Provider ID:* 64258  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR

SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Male  
*License number:* A106001  
*NPI:* 1912101452  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Southwest  
 Healthcare System Murrieta,  
 Loma Linda University Med Ctr  
 Murrieta, Saddleback Memorial  
 Med Ctr, Hoag Memorial Hospital  
 Presbyterian, Temecula Valley  
 Hospital Inc, Ucsd Medical Ctr,  
 Stanford Health Care, Southwest  
 Healthcare System Wildomar  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA:

### **SURGERY THORACIC**

### **ARTRIP, JOHN H**

*Provider ID:* 243973  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8030  
*Fax:* (858) 966-8032  
*After Hours Phone:* (858)  
 966-8030  
*Provider Gender:* Male  
*License number:* C160728

*NPI:* 1831141084  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Rady Childrens Health  
 Network, Ucsd Medical Group

### **ARTRIP, JOHN H**

*Provider ID:* 260597  
*Board Certified Specialty:* No  
 RADY CHILDRENS HEALTH  
 NETWORK  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-8030  
*Fax:* (858) 966-8032  
*After Hours Phone:* (858)  
 966-8030  
*Provider Gender:* Male  
*License number:* C160728  
*NPI:* 1831141084  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
 Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/99  
*American Sign Language (ASL):*  
 No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

---

*Medical Group(s):*  
IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### **COLETTA, JOELLE M**

*Provider ID:* 63860  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Female  
*License number:* A55001  
*NPI:* 1447222377  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Green Hospital, Sharp Memorial  
Hospital, Ucsd Medical Ctr, Rady  
Childrens Hospital San Diego,  
Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### **COPELAND, JACK G**

*Provider ID:* 63861  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619)  
543-6222  
*Provider Gender:* Male  
*License number:* G19547  
*NPI:* 1730152786  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA:

### **GANTA, SRUJAN**

*Provider ID:* 275611  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 966-5855  
*Fax:*  
*After Hours Phone:* (858)  
966-5855  
*Provider Gender:* Male  
*License number:* A166273  
*NPI:* 1265071005  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*

No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health  
Network, Ucsd Medical Group

### **MONTESA, CHRISTINE M**

*Provider ID:* 215266  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
3030 CHILDRENS WAY STE  
202  
SAN DIEGO, CA 92123-4227  
*Phone:* (858) 966-8030  
*Fax:*  
*After Hours Phone:* (858)  
966-8030  
*Provider Gender:* Female  
*License number:* A110356  
*NPI:* 1467616581  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* San Antonio  
Comm Hosp, Ucsd La Jolla John  
Sally Thornton, Ucsd Medical  
Ctr, Rady Childrens Hospital San  
Diego, Pomona Valley Hosp Med  
Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
IPA: Rady Childrens Health  
Network, Ucsd Medical Group

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## D. Specialist Provider Directory

### **MONTESA, CHRISTINE M**

*Provider ID:* 239170

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

3030 CHILDRENS WAY STE 202

SAN DIEGO, CA 92123-4227

*Phone:* (858) 966-8030

*Fax:*

*After Hours Phone:* (858)

966-8030

*Provider Gender:* Female

*License number:* A110356

*NPI:* 1467616581

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* San Antonio

Comm Hosp, Ucsd La Jolla John

Sally Thornton, Ucsd Medical

Ctr, Rady Childrens Hospital San

Diego, Pomona Valley Hosp Med

Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network, Ucsd Medical Group

### **NIGRO, JOHN J**

*Provider ID:* 205367

*Board Certified Specialty:* No

RADY CHILDRENS HEALTH

NETWORK

3030 CHILDRENS WAY STE

202

SAN DIEGO, CA 92123-4227

*Phone:* (858) 966-8030

*Fax:* (858) 966-8032

*After Hours Phone:* (858)

966-8030

*Provider Gender:* Male

*License number:* G80887

*NPI:* 1881707818

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network

### **PRETORIUS, GERT D**

*Provider ID:* 64148

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-7777

*Fax:*

*After Hours Phone:* (619)

543-7777

*Provider Gender:* Male

*License number:* A113774

*NPI:* 1629385836

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Afrikaans

*Cultural Competency:* No

*Hospital Affiliation:* Rady

Childrens Hospital San Diego, Tri

City Medical Ctr, Ucsd Medical

Ctr, Ucsd La Jolla John Sally

Thornton

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Rady Childrens Health

Network, Ucsd Medical Group

### **SAKAKIBARA, NAOHIDE**

*Provider ID:* 64171

*Board Certified Specialty:* No

UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)

543-6222

*Provider Gender:* Male

*License number:* A67153

*NPI:* 1588697916

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical

Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **SIDERIS, ANTONIOS**

*Provider ID:* 285655

*Board Certified Specialty:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
License number: A173526  
NPI: 1134495336  
Provider English Spoken: Yes  
Provider Language(s) Spoken: French, Greek, Spanish  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility: Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### SURGICAL ONCOLOGY

**RACE, ALICE J**  
Provider ID: 271830  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR  
SAN DIEGO, CA 92121-3018  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A169163  
NPI: 1982086922  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Mandarin  
Cultural Competency: No  
Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
Accessibility: Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### TRANSPLANT SURGERY

**MEKEEL, KRISTIN L**  
Provider ID: 262109  
Board Certified Specialty: Yes  
RADY CHILDRENS HEALTH NETWORK  
3020 CHILDRENS WAY # 107  
SAN DIEGO, CA 92123-4223  
Phone: (858) 966-7711  
Fax:  
After Hours Phone: (858) 966-7711  
Provider Gender: Female  
License number: C54096  
NPI: 1104861947  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
Accessibility: Accessibility:  
Hours: M-SA 9AM-5PM  
Website:

Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

**SCHNICKEL, GABRIEL T**  
Provider ID: 262192  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH NETWORK  
8001 FROST ST  
SAN DIEGO, CA 92123-2746  
Phone: (858) 966-8354  
Fax: (858) 966-5815  
After Hours Phone: (858) 966-8354

Provider Gender: Male  
License number: A83329  
NPI: 1619111440  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Rady Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
Accessibility: Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health Network

### UROLOGY

**ALAGIRI, MADHU**  
Provider ID: 52903  
Board Certified Specialty: No  
RADY CHILDRENS SPECIALISTS SAN DIEGO MED

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**FNDTN**  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
 Phone: (858) 966-7484  
 Fax:  
 After Hours Phone: (858) 966-7484  
 Provider Gender: Male  
 License number: G83089  
 NPI: 1619083961  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

**BECHIS, SETH K**  
 Provider ID: 110165  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A139139  
 NPI: 1376863746  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd Medical Ctr  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:*

**BOSCH, PHILIP C**  
 Provider ID: 115863  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: G46782  
 NPI: 1508845983  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**BUCKLEY, JILL C**

*Provider ID:* 83249  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE 111  
 SAN DIEGO, CA 92121-3019  
 Phone: (858) 657-8860  
 Fax: (858) 228-1740  
 After Hours Phone: (858) 657-8860  
 Provider Gender: Female  
 License number: A77631  
 NPI: 1730198128  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Medical Ctr At Ucsf, Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**CHEN, TONY T**  
 Provider ID: 283960  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A171188  
 NPI: 1245684497  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Ucsd La Jolla  
John Sally Thornton, Ucsd  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **CHIANG, GEORGE**

*Provider ID:* 205945  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-7484  
*Fax:* (858) 966-4064  
*After Hours Phone:* (858)  
966-7484  
*Provider Gender:* Male  
*License number:* A98687  
*NPI:* 1093773954  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Parkview Community Hospital  
Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*

*IPA:* Rady Childrens Health  
Network  
**CHIANG, GEORGE**  
*Provider ID:* 52893  
*Board Certified Specialty:* No  
RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN  
7920 FROST ST STE 200  
SAN DIEGO, CA 92123-4289  
*Phone:* (858) 966-7484  
*Fax:*  
*After Hours Phone:* (858)  
966-7484

*Provider Gender:* Male  
*License number:* A98687  
*NPI:* 1093773954  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Parkview Community Hospital  
Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* P, EB, IB, E, R,  
T, W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **COHEN, EDWARD S**

*Provider ID:* 120293  
*Board Certified Specialty:* No  
GENESIS HEALTHCARE  
PARTNERS PC

3444 KEARNY VILLA RD STE  
201  
SAN DIEGO, CA 92123-1960  
*Phone:* (858) 430-1101  
*Fax:*  
*After Hours Phone:* (858)  
430-1101  
*Provider Gender:* Male  
*License number:* G56844  
*NPI:* 1093756827  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps  
Memorial Hospital Encinitas,  
Scripps Memorial Hospital, Ucsd  
Medical Ctr, Scripps Mercy  
Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA  
9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DATO, PAUL E , MD**

*Provider ID:* 269141  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
3444 KEARNY VILLA RD STE  
201  
SAN DIEGO, CA 92123-1960  
*Phone:* (858) 430-1101  
*Fax:* (858) 430-1106  
*After Hours Phone:* (858)  
430-1101  
*Provider Gender:* Male  
*License number:* A43540  
*NPI:* 1588632715  
*Provider English Spoken:* Yes

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## D. Specialist Provider Directory

*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DATO, PAUL E**

*Provider ID:* 42443  
*Board Certified Specialty:* Yes  
GENESIS HEALTHCARE  
PARTNERS PC  
3444 KEARNY VILLA RD STE 201  
SAN DIEGO, CA 92123-1960  
*Phone:* (858) 430-1101  
*Fax:*  
*After Hours Phone:* (858) 430-1101  
*Provider Gender:* Male  
*License number:* A43540  
*NPI:* 1588632715  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital, Sharp Grossmont Hospital  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA

9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DICKS, BRIAN M**

*Provider ID:* 57668  
*Board Certified Specialty:* No  
GENESIS HEALTHCARE  
PARTNERS PC  
4060 4TH AVE STE 310  
SAN DIEGO, CA 92103-2120  
*Phone:* (619) 297-4707  
*Fax:* (858) 429-7927  
*After Hours Phone:* (619) 297-4707  
*Provider Gender:* Male  
*License number:* A100413  
*NPI:* 1144425687  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital, Kaiser Foundation Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

*♿ Accessibility:* W  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DICKS, BRIAN M , MD**

*Provider ID:* 57668  
*Board Certified Specialty:* No

GENESIS HEALTHCARE  
PARTNERS PC  
4060 4TH AVE STE 310  
SAN DIEGO, CA 92103-2120  
*Phone:* (619) 297-4707  
*Fax:* (858) 429-7927  
*After Hours Phone:* (619) 297-4707  
*Provider Gender:* Male  
*License number:* A100413  
*NPI:* 1144425687  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital, Kaiser Foundation Hospital San Diego  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DICKS, BRIAN M**

*Provider ID:* 63876  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222  
*Fax:*  
*After Hours Phone:* (619) 543-6222  
*Provider Gender:* Male  
*License number:* A100413  
*NPI:* 1144425687

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## D. Specialist Provider Directory

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*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital, Ucsd Medical Ctr, Sharp Memorial Hospital, Kaiser Foundation Hospital San Diego  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **GAYLIS, FRANKLIN D , MD**

*Provider ID:* 119549  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
5395 RUFFIN RD STE 202  
SAN DIEGO, CA 92123-1338  
*Phone:* (858) 569-7800  
*Fax:* (858) 429-7930  
*After Hours Phone:* (858) 569-7800  
*Provider Gender:* Male  
*License number:* A46251  
*NPI:* 1750360806  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
♿ *Accessibility:*

*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **GODEBU, ELANA**

*Provider ID:* 127348  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911  
*Phone:* (858) 657-7876  
*Fax:*  
*After Hours Phone:* (858) 657-7876  
*Provider Gender:* Female  
*License number:* A119468  
*NPI:* 1609189224  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **GODEBU, ELANA**

*Provider ID:* 203511  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

*Phone:* (858) 657-7876  
*Fax:*  
*After Hours Phone:* (858) 657-7876  
*Provider Gender:* Female  
*License number:* A119468  
*NPI:* 1609189224  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **HOLDEN, MARC M**

*Provider ID:* 269620  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
4060 4TH AVE STE 310  
SAN DIEGO, CA 92103-2120  
*Phone:* (619) 297-4707  
*Fax:* (858) 429-7927  
*After Hours Phone:* (619) 297-4707  
*Provider Gender:* Male  
*License number:* A129770  
*NPI:* 1861747396  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*

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## D. Specialist Provider Directory

No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **HSIEH, TUNG CHIN**

Provider ID: 277238  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121-3018  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A120604  
 NPI: 1073758652  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HSIEH, TUNG CHIN**

Provider ID: 277240  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 11515 EL CAMINO REAL STE  
 110  
 SAN DIEGO, CA 92130-3034

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 License number: A120604  
 NPI: 1073758652  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HSIEH, TUNG CHIN**

Provider ID: 63967  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE 111  
 SAN DIEGO, CA 92121-3019  
 Phone: (858) 657-8860  
 Fax: (858) 228-1740  
 After Hours Phone: (858)  
 657-8860  
 Provider Gender: Male  
 License number: A120604  
 NPI: 1073758652  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla  
 John Sally Thornton, Ucsd  
 Medical Ctr  
 Medi-Cal Open Panel: No  
 Min/Max Age: None

American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **KANE, CHRISTOPHER J**

Provider ID: 63988  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619)  
 543-6222  
 Provider Gender: Male  
 License number: G69249  
 NPI: 1083636294  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical  
 Ctr, Ucsd La Jolla John Sally  
 Thornton  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### **KEILLER, DANNY L , MD**

Provider ID: 243958  
 Board Certified Specialty: Yes  
 COMMUNITY CARE IPA LLC  
 3444 KEARNY VILLA RD STE  
 202

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

SAN DIEGO, CA 92123-1960  
 Phone: (619) 299-0670  
 Fax: (858) 221-5049  
 After Hours Phone: (619) 299-0670  
 Provider Gender: Male  
 License number: C32092  
 NPI: 1346356961  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 18/999  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### LAHEY, SUSAN

Provider ID: 128623  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: C137247  
 NPI: 1366578031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### MARIETTI SHEPHERD, SARAH R

Provider ID: 265122  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
 Phone: (858) 966-7484  
 Fax: (858) 966-4064  
 After Hours Phone: (858) 966-7484  
 Provider Gender: Female  
 License number: A106447  
 NPI: 1801094115  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/18  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### MONGA, MANOJ

Provider ID: 256847  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: G81273  
 NPI: 1174609127  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### MONGA, MANOJ

Provider ID: 274480  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127-1607  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: G81273  
 NPI: 1174609127  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **MOSELEY, WILLIAM G**

*Provider ID:* 265104

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD

3969 4TH AVE STE 202

SAN DIEGO, CA 92103-3165

*Phone:* (619) 260-0060

*Fax:* (619) 260-0460

*After Hours Phone:* (619)

260-0060

*Provider Gender:* Male

*License number:* G20196

*NPI:* 1568564276

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Imperial Health Holdings

Medical Group-Sd

### **PARSONS, LOWELL C**

*Provider ID:* 64129

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (619) 543-6222

*Fax:*

*After Hours Phone:* (619)

543-6222

*Provider Gender:* Male

*License number:* G33834

*NPI:* 1588677124

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:*

### **PATEL, DEVIN N**

*Provider ID:* 246094

*Board Certified Specialty:* No  
UCSD MEDICAL GROUP

200 W ARBOR DR

SAN DIEGO, CA 92103-1911

*Phone:* (800) 926-8273

*Fax:*

*After Hours Phone:* (800)

926-8273

*Provider Gender:* Male

*License number:* A144629

*NPI:* 1437505559

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Cedars Sinai Medical Center

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **PE, MARK- RALLY L**

*Provider ID:* 55252

*Board Certified Specialty:* No  
GENESIS HEALTHCARE  
PARTNERS PC

4060 4TH AVE STE 310

SAN DIEGO, CA 92103-2120

*Phone:* (619) 297-4707

*Fax:*

*After Hours Phone:* (619)

297-4707

*Provider Gender:* Male

*License number:* A112013

*NPI:* 1801003694

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Scripps

Mercy Hospital Chula Vista,

Scripps Mercy Hospital

*Medi-Cal Open Panel:* No

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* W

*Hours:* M-F 8AM-5PM, SA  
9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **PE, MARK- RALLY L , MD**

Provider ID: 55252  
Board Certified Specialty: No  
GENESIS HEALTHCARE PARTNERS PC  
4060 4TH AVE STE 310  
SAN DIEGO, CA 92103-2120  
Phone: (619) 297-4707  
Fax: (858) 429-7927  
After Hours Phone: (619) 297-4707  
Provider Gender: Male  
License number: A112013  
NPI: 1801003694  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **REDDY, MADHUMITHA C**

Provider ID: 117539  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
200 W ARBOR DR  
SAN DIEGO, CA 92103-1911

Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: 20A15373  
NPI: 1568724417  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Hindi, Spanish, Telugu  
Cultural Competency: No  
Hospital Affiliation: Loma Linda University Med Ctr Murrieta, Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **ROBERTS, JAMES L**

Provider ID: 113321  
Board Certified Specialty: No  
GENESIS HEALTHCARE PARTNERS PC  
3444 KEARNY VILLA RD STE 202  
SAN DIEGO, CA 92123-1960  
Phone: (619) 299-0670  
Fax:  
After Hours Phone: (619) 299-0670  
Provider Gender: Male  
License number: G59945  
NPI: 1508972191  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

Hospital Affiliation: Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Blue Shield Promise Health Plan Direct, Community Care Ipa Llc

### **ROBERTS, JAMES L , MD**

Provider ID: 270010  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
3444 KEARNY VILLA RD STE 201  
SAN DIEGO, CA 92123-1960  
Phone: (858) 430-1101  
Fax: (858) 221-5049  
After Hours Phone: (858) 430-1101  
Provider Gender: Male  
License number: G59945  
NPI: 1508972191  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital, Sharp Coronado Hosp And Healthcare Ctr, Scripps Mercy Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Email:*  
*Medical Group(s):*  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc

### **ROBERTS, JAMES L , MD**

*Provider ID:* 65495  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 4033 3RD AVE STE 400  
 SAN DIEGO, CA 92103-2140  
*Phone:* (619) 299-0670  
*Fax:* (858) 429-7929  
*After Hours Phone:* (619)  
 299-0670  
*Provider Gender:* Male  
*License number:* G59945  
*NPI:* 1508972191  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Sharp  
 Memorial Hospital, Sharp  
 Coronado Hosp And Healthcare  
 Ctr, Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

*Medical Group(s):*  
 IPA: Blue Shield Promise Health  
 Plan Direct, Community Care Ipa  
 Llc

### **ROCHESTER, MARIANNE G**

*Provider ID:* 265134  
*Board Certified Specialty:* No  
 IMPERIAL HEALTH HOLDINGS  
 MEDICAL GROUP-SD  
 3969 4TH AVE STE 202

SAN DIEGO, CA 92103-3165  
*Phone:* (619) 260-0060  
*Fax:* (619) 260-0460  
*After Hours Phone:* (619)  
 260-0060  
*Provider Gender:* Female  
*License number:* A45939  
*NPI:* 1386746097  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Grossmont  
 Hospital, Sharp Chula Vista Med  
 Ctr, Sharp Memorial Hospital,  
 Scripps Mercy Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Imperial Health Holdings  
 Medical Group-Sd

### **SAIDIAN, AVA**

*Provider ID:* 284831  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
 926-8273  
*Provider Gender:* Female  
*License number:* A172741  
*NPI:* 1205281912

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd La Jolla  
 John Sally Thornton, Ucsd

Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA: Ucsd Medical Group

### **SAKAMOTO, KYOKO**

*Provider ID:* 64172  
*Board Certified Specialty:* No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
*Phone:* (619) 543-6222

*Fax:*  
*After Hours Phone:* (619)  
 543-6222  
*Provider Gender:* Female  
*License number:* A80808  
*NPI:* 1740223619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Japanese  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
 No

♿ *Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
 IPA:

### **SALEM, CAROL E**

*Provider ID:* 56016  
*Board Certified Specialty:* No  
 GENESIS HEALTHCARE

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## D. Specialist Provider Directory

**PARTNERS PC**  
 4060 4TH AVE STE 310  
 SAN DIEGO, CA 92103-2120  
 Phone: (619) 297-4707  
 Fax: (619) 297-2448  
 After Hours Phone: (619) 297-4707  
 Provider Gender: Female  
 License number: G75788  
 NPI: 1336152982  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-F 8AM-5PM, SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**SALEM, CAROL E , MD**  
 Provider ID: 56016  
 Board Certified Specialty: No  
 GENESIS HEALTHCARE  
 PARTNERS PC  
 4060 4TH AVE STE 310  
 SAN DIEGO, CA 92103-2120  
 Phone: (619) 297-4707  
 Fax: (858) 429-7927  
 After Hours Phone: (619) 297-4707  
 Provider Gender: Female  
 License number: G75788  
 NPI: 1336152982  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**SALMASI, AMIRALI**  
 Provider ID: 203122  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (800) 926-8273  
 Fax:  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 License number: A135118  
 NPI: 1609187962  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Farsi

Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton, Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):

IPA: Community Care Ipa Llc, Ucsd Medical Group

**SANTIAGO-LASTRA, YAHIR A**  
 Provider ID: 110337  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 4520 EXECUTIVE DR STE 111  
 SAN DIEGO, CA 92121-3019  
 Phone: (858) 657-7876  
 Fax:  
 After Hours Phone: (858) 657-7876  
 Provider Gender: Female  
 License number: A143504  
 NPI: 1699936609  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

**SEVILLA, CLAUDIA**  
 Provider ID: 283158  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 3444 KEARNY VILLA RD STE 202  
 SAN DIEGO, CA 92123-1960  
 Phone: (858) 429-7646  
 Fax: (858) 429-7929  
 After Hours Phone: (858) 429-7646  
 Provider Gender: Female  
 License number: A131270

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## D. Specialist Provider Directory

NPI: 1689081275  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Sharp Chula Vista Med Ctr, Alvarado Hospital Llc, Grossmont Hospital, Paradise Valley Hospital, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 16/105  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### SPARKS, STEPHEN S

Provider ID: 119391  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: A103568  
 NPI: 1962609925  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Hollywood Presbyterian Med Ctr, Childrens Hosp Of Los Angeles, Childrens Hospital National Medical Center, Fairfax Hospital, Medstar Georgetown Medical Center Inc  
 Medi-Cal Open Panel: No

Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### SUR, ROGER L

Provider ID: 64214  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 Fax:  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Male  
 License number: G80585  
 NPI: 1932208022

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA:

### SWORDS, KELLY

Provider ID: 101215  
 Board Certified Specialty: No  
 RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN  
 7920 FROST ST STE 200

SAN DIEGO, CA 92123-4289  
 Phone: (858) 966-7484  
 Fax:  
 After Hours Phone: (858) 966-7484  
 Provider Gender: Female  
 License number: A136481  
 NPI: 1316101256  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Rady Childrens Hospital San Diego, Childrens Hosp And Resrch Ctr At Oakland  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: Accessibility: P, EB, IB, E, R, T, W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Rady Childrens Health Network

### SWORDS, KELLY

Provider ID: 206183  
 Board Certified Specialty: No  
 RADY CHILDRENS HEALTH NETWORK  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123-4289  
 Phone: (858) 966-7484  
 Fax: (858) 966-4064  
 After Hours Phone: (858) 966-7484  
 Provider Gender: Female  
 License number: A136481  
 NPI: 1316101256  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*Hospital Affiliation:* Rady  
Childrens Hospital San Diego,  
Childrens Hosp And Resrch Ctr  
At Oakland  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **ULOKO, MARIA I**

*Provider ID:* 284961  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
16950 VIA TAZON  
SAN DIEGO, CA 92127-1607  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A166093  
*NPI:* 1326426016  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **ULOKO, MARIA I**

*Provider ID:* 284962  
*Board Certified Specialty:* No  
UCSD MEDICAL GROUP  
4520 EXECUTIVE DR STE 360  
SAN DIEGO, CA 92121-3020  
*Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
*After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Female  
*License number:* A166093  
*NPI:* 1326426016  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Ucsd Medical Group

### **UNTERBERG, STEPHEN H**

*Provider ID:* 284664  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
4060 4TH AVE STE 310  
SAN DIEGO, CA 92103-2120  
*Phone:* (619) 297-4707  
*Fax:* (858) 429-7933  
*After Hours Phone:* (619)  
297-4707  
*Provider Gender:* Male  
*License number:* A133758  
*NPI:* 1215374210  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/110  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **UNTERBERG, STEPHEN H**

*Provider ID:* 284665  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
11770 BERNARDO PLAZA CT  
STE 270  
SAN DIEGO, CA 92128-2425  
*Phone:* (858) 485-0554  
*Fax:* (858) 429-7993  
*After Hours Phone:* (858)  
485-0554  
*Provider Gender:* Male  
*License number:* A133758  
*NPI:* 1215374210  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 16/110  
*American Sign Language (ASL):*  
No  
♿ *Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

### **VAPNEK, EVAN M**

**Provider ID:** 114201  
**Board Certified Specialty:** No  
**GENESIS HEALTHCARE PARTNERS PC**  
 3444 KEARNY VILLA RD STE 202  
 SAN DIEGO, CA 92123-1960  
**Phone:** (858) 429-7646  
**Fax:**  
**After Hours Phone:** (858) 429-7646  
**Provider Gender:** Male  
**License number:** G75357  
**NPI:** 1811003411  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **VAPNEK, EVAN M , MD**

**Provider ID:** 270006  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
 3444 KEARNY VILLA RD STE 201  
 SAN DIEGO, CA 92123-1960

**Phone:** (858) 430-1101  
**Fax:** (858) 221-5049  
**After Hours Phone:** (858) 430-1101  
**Provider Gender:** Male  
**License number:** G75357  
**NPI:** 1811003411  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Coronado Hosp And Healthcare Ctr, Sharp Memorial Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **VAPNEK, EVAN M , MD**

**Provider ID:** 65497  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
 4033 3RD AVE STE 400  
 SAN DIEGO, CA 92103-2140  
**Phone:** (619) 299-0670  
**Fax:** (858) 429-7929  
**After Hours Phone:** (619) 299-0670  
**Provider Gender:** Male  
**License number:** G75357  
**NPI:** 1811003411  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Coronado

Hosp And Healthcare Ctr, Sharp Memorial Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### **WITTHAUS, MICHAEL W**

**Provider ID:** 285494  
**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
**Phone:** (800) 926-8273  
**Fax:** (888) 539-8781  
**After Hours Phone:** (800) 926-8273  
**Provider Gender:** Male  
**License number:** A174216  
**NPI:** 1871987180  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Ucsd Medical Group

### **WOO, JASON R**

**Provider ID:** 98954

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**Board Certified Specialty:** No  
**UCSD MEDICAL GROUP**  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
**Phone:** (619) 543-3572  
**Fax:** (619) 543-3475  
**After Hours Phone:** (619) 543-3572  
**Provider Gender:** Male  
**License number:** A114634  
**NPI:** 1437380086  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** None  
**American Sign Language (ASL):** No  
**Accessibility:** W  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:**

### SAN MARCOS

### CARDIOLOGY

#### MOHAMEDALI, BURHAN, MD

**Provider ID:** 245578  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
 955 BOARDWALK STE 100  
 SAN MARCOS, CA 92078-2659  
**Phone:** (760) 798-8855  
**Fax:** (619) 616-2104  
**After Hours Phone:** (760) 798-8855  
**Provider Gender:** Male  
**License number:** A125669  
**NPI:** 1831393289

**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish, Swahili  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Chula Vista Med Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

#### MOUSSAVIAN, MEHRAN, MD

**Provider ID:** 242265  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
 955 BOARDWALK STE 100  
 SAN MARCOS, CA 92078-2659  
**Phone:** (760) 798-8855  
**Fax:** (760) 755-5245  
**After Hours Phone:** (760) 798-8855  
**Provider Gender:** Male  
**License number:** 20A7241  
**NPI:** 1689788234

**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Farsi, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Chula Vista Med Ctr, Tri City Medical Ctr, Sharp Memorial Hospital, Alvarado Hospital Llc, Grossmont Hospital, Scripps Mercy Hospital, Scripps Memorial Hospital  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 16/120  
**American Sign Language (ASL):** No  
**Accessibility:**

**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

#### NARAYANAN, MEENA R , MD

**Provider ID:** 247696  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
 955 BOARDWALK STE 100  
 SAN MARCOS, CA 92078-2659  
**Phone:** (760) 798-8855  
**Fax:** (619) 616-2104  
**After Hours Phone:** (760) 798-8855  
**Provider Gender:** Female  
**License number:** A113448  
**NPI:** 1508170697

**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Farsi, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Memorial Hospital, Sharp Chula Vista Med Ctr  
**Medi-Cal Open Panel:** No  
**Min/Max Age:** 18/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### CERTIFIED BEHAVIORAL ANALYST MASTERS

#### BARMAKIAN, HEATHER

**Provider ID:** 116921  
**Board Certified Specialty:** No  
**CENTER FOR AUTISM AND RELATED DISORDER**

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## D. Specialist Provider Directory

334 VIA VERA CRUZ STE 107  
SAN MARCOS, CA 92078-2637  
Phone: (760) 304-5010  
Fax: (818) 449-0994  
After Hours Phone: (760) 304-5010  
Provider Gender: Female  
License number: BCBA3668  
NPI: 1891950861  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **LOCKE, BREANNA**

Provider ID: 123282  
Board Certified Specialty: No  
CENTER FOR AUTISM AND RELATED DISORDER  
334 VIA VERA CRUZ STE 107  
SAN MARCOS, CA 92078-2637  
Phone: (760) 304-5010  
Fax: (760) 539-9849  
After Hours Phone: (760) 304-5010  
Provider Gender: Female  
License number: BCBA17469  
NPI: 1861887416  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):

No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA:

### **CERTIFIED NURSE PRACTITIONER**

### **ANDREW, SHIRLEY A**

Provider ID: 288497  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 748-8935  
Fax: (760) 466-0078  
After Hours Phone: (760) 748-8935  
Provider Gender: Female  
License number: NP95017459  
NPI: 1528731403  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **BUCKLEY, PATRICIA J**

Provider ID: 280382  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599

Phone: (760) 747-8935  
Fax: (760) 466-0078  
After Hours Phone: (760) 747-8935  
Provider Gender: Female  
License number: NP95015705  
NPI: 1700470200  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **COYLE, JENNIFER M**

Provider ID: 122758  
Board Certified Specialty: No  
CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 747-8935  
Fax:  
After Hours Phone: (760) 747-8935  
Provider Gender: Female  
License number: NP95006591  
NPI: 1538689310  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**COYLE, JENNIFER M , NPA**

Provider ID: 253094  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 748-8935  
Fax: (760) 466-0078  
After Hours Phone: (760)  
748-8935  
Provider Gender: Female  
License number: NP95006591  
NPI: 1538689310  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**FAIQ, JAMILA, NPA**

Provider ID: 254825  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599

Phone: (760) 474-8935  
Fax:  
After Hours Phone: (760)  
474-8935  
Provider Gender: Female  
License number: NP95004759  
NPI: 1518414366  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/120  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

**FAIQ, JAMILA**

Provider ID: 262384  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 474-8935  
Fax:  
After Hours Phone: (760)  
474-8935  
Provider Gender: Female  
License number: NP95004759  
NPI: 1518414366  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):

No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

**FRANZ, CORTNEY D , NPA**

Provider ID: 257616  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 474-8935  
Fax: (760) 466-0078  
After Hours Phone: (760)  
474-8935  
Provider Gender: Female  
License number: NP95004258  
NPI: 1174077507  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

**FRANZ, CORTNEY D**

Provider ID: 262399  
Board Certified Specialty: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 474-8935  
Fax: (760) 466-0078  
After Hours Phone: (760)  
474-8935  
Provider Gender: Female  
License number: NP95004258  
NPI: 1174077507  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

### **KROCHMAL, RACHEL E**

Provider ID: 288905  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
120 CRAVEN RD STE 101  
SAN MARCOS, CA 92078-4236  
Phone: (760) 740-2710  
Fax: (858) 207-0003  
After Hours Phone: (760)  
740-2710  
Provider Gender: Female  
License number: NP457272  
NPI: 1326117920  
Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Palomar Medical  
Center  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **MANCHESTER, KAREN L**

Provider ID: 288906  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
120 CRAVEN RD STE 101  
SAN MARCOS, CA 92078-4236  
Phone: (760) 740-2710  
Fax: (858) 207-0003  
After Hours Phone: (760)  
740-2710  
Provider Gender: Female  
License number: NP20883  
NPI: 1801225941  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health

Network

### **MOGA, CLAIRE S**

Provider ID: 262368  
Board Certified Specialty: No  
IMPERIAL HEALTH HOLDINGS  
MEDICAL GROUP-SD  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 747-8935  
Fax:  
After Hours Phone: (760)  
747-8935  
Provider Gender: Female  
License number: NP95007255  
NPI: 1144748211  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Imperial Health Holdings  
Medical Group-Sd

### **MWAURA, WAIRIMU R , NPA**

Provider ID: 269681  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 747-8935  
Fax:  
After Hours Phone: (760)  
747-8935  
Provider Gender: Female  
License number: NP95009639  
NPI: 1598320996

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **PALEN, BARBARA A**

*Provider ID:* 257459  
*Board Certified Specialty:* No  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT  
150 VALPREDA RD  
SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760)  
736-6767  
*Provider Gender:* Female  
*License number:* NP3108  
*NPI:* 1265447601  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:* P, EB, IB, E, R, T  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health  
Plan Direct

### **RORABAUGH, EMILY N**

*Provider ID:* 263140  
*Board Certified Specialty:* No  
RADY CHILDRENS HEALTH  
NETWORK  
1582 W SAN MARCOS BLVD  
STE 203  
SAN MARCOS, CA 92078-4081  
*Phone:* (760) 744-6710  
*Fax:* (760) 744-6156  
*After Hours Phone:* (760)  
744-6710  
*Provider Gender:* Female  
*License number:* NP95004705  
*NPI:* 1619424959  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Rady Childrens Health  
Network

### **CHIROPRACTOR**

### **MAUSER, JILL ELLEN A**

*Provider ID:* 270661  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1146 SAN MARINO DR  
SAN MARCOS, CA 92078-4649  
*Phone:* (760) 471-2033  
*Fax:* (760) 471-2083  
*After Hours Phone:* (760)  
471-2033  
*Provider Gender:* Female

*License number:* DC17617  
*NPI:* 1033274311  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DERMATOLOGY**

### **KIM, JESSICA Y**

*Provider ID:* 247631  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069-3596  
*Phone:* (760) 738-7600  
*Fax:*  
*After Hours Phone:* (760)  
738-7600  
*Provider Gender:* Female  
*License number:* 20A17031  
*NPI:* 1245663228  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*♿ Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*

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## D. Specialist Provider Directory

Medical Group(s):  
IPA: Community Care Ipa Llc

### **VENKAT, ARUN P , MD**

Provider ID: 269347  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069-3596  
Phone: (760) 738-7600  
Fax: (760) 828-9141  
After Hours Phone: (760)  
738-7600  
Provider Gender: Male  
License number: A125103  
NPI: 1952436354

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **VENKAT, ARUN P**

Provider ID: 72869  
Board Certified Specialty: No  
DERMATOLOGY SPECIALISTS  
INC  
838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069-3596  
Phone: (760) 738-7600  
Fax:  
After Hours Phone: (760)  
738-7600  
Provider Gender: Male  
License number: A125103  
NPI: 1952436354

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **FAMILY PRACTICE**

### **NATH, DEVARSHI**

Provider ID: 51773  
Board Certified Specialty: No  
NORTH COUNTY HEALTH  
SERVICES SAN MARCOS  
150 VALPREDA RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Provider Gender: Male  
License number: C54157  
NPI: 1275630618  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Bengali  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-SA 8AM-5PM  
Website: www.ihpsocal.org  
Email:

Medical Group(s): Truecare  
IPA:

### **NATH, DEVARSHI**

Provider ID: 51773  
Board Certified Specialty: No  
IHP N COUNTY HEALTH SAN  
MARCOS HEALTH CT  
150 VALPREDA RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Provider Gender: Male  
License number: C54157  
NPI: 1275630618

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Bengali  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-SA 8AM-5PM  
Website: www.ihpsocal.org  
Email:  
Medical Group(s): Truecare  
IPA:

### **WALKER, SHAYNA T**

Provider ID: 75271  
Board Certified Specialty: No  
NORTH COUNTY HEALTH  
SERVICES SAN MARCOS  
150 VALPREDA RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Provider Gender:* Female  
*License number:* A107393  
*NPI:* 1760688295  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, R, T, W  
*Hours:* M-SA 8AM-5PM  
*Website:* www.ihsocal.org  
*Email:*  
*Medical Group(s):* Truecare  
*IPA:*

### HEMATOLOGY / ONCOLOGY

**BESSUDO, ALBERTO**  
*Provider ID:* 125411  
*Board Certified Specialty:* No  
 CALIFORNIA CANCER ASSOCS FOR RESEARCH AND EXCELL  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069-3599  
*Phone:* (760) 452-3340  
*Fax:*  
*After Hours Phone:* (760) 452-3340  
*Provider Gender:* Male  
*License number:* A50309  
*NPI:* 1003888074  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Pomerado

Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* No  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**BESSUDO, ALBERTO, MD**  
*Provider ID:* 256963  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069-3599  
*Phone:* (760) 747-8935  
*Fax:* (760) 466-0078  
*After Hours Phone:* (760) 747-8935  
*Provider Gender:* Male  
*License number:* A50309  
*NPI:* 1003888074  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hebrew, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Pomerado Hospital, Palomar Medical Center  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**EISENBERG, STEVEN G**  
*Provider ID:* 242456  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069-3599  
*Phone:* (760) 747-8935  
*Fax:* (760) 747-7951  
*After Hours Phone:* (760) 747-8935  
*Provider Gender:* Male  
*License number:* 20A8293  
*NPI:* 1831162627  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

**KOSMO, MICHAEL A , MD**  
*Provider ID:* 241034  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069-3599

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## D. Specialist Provider Directory

*Phone:* (760) 747-8935  
*Fax:* (760) 747-7951  
*After Hours Phone:* (760) 747-8935  
*Provider Gender:* Male  
*License number:* G54074  
*NPI:* 1891742847  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, German, Spanish, Tagalog  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 18/120  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **LAMON, JOEL M , MD**

*Provider ID:* 241037  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069-3599  
*Phone:* (760) 747-8935  
*Fax:* (760) 466-0078  
*After Hours Phone:* (760) 747-8935  
*Provider Gender:* Male  
*License number:* G28164  
*NPI:* 1699721035  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, German, Spanish, Tagalog

*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SULLIVAN, JESSICA E , MD**

*Provider ID:* 269662  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069-3599  
*Phone:* (760) 747-8935  
*Fax:* (760) 747-7951  
*After Hours Phone:* (760) 747-8935  
*Provider Gender:* Female  
*License number:* 20A16273  
*NPI:* 1942407150  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Temecula Valley Hospital Inc, Scripps Memorial Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*

*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **HOSPICE AND PALLIATIVE MEDICINE**

#### **PASHA, SABIHA**

*Provider ID:* 276669  
*Board Certified Specialty:* No  
 COMMUNITY CARE IPA LLC  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069-3599  
*Phone:* (760) 747-8935  
*Fax:* (760) 466-0078  
*After Hours Phone:* (760) 747-8935  
*Provider Gender:* Female  
*License number:* C50413  
*NPI:* 1871529461  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* German, Spanish, Urdu  
*Cultural Competency:* No  
*Hospital Affiliation:* Palomar Medical Center, Mercy Medical Center Redding, Pomerado Hospital  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):* No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **INTERNAL MEDICINE**

#### **JEFFERIS, LAUREN R**

*Provider ID:* 34915  
*Board Certified Specialty:* No  
 NORTH COUNTY HEALTH

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

SERVICES SAN MARCOS  
150 VALPREDA RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767

Fax:  
After Hours Phone: (760)  
736-6767  
Provider Gender: Female  
License number: A80674  
NPI: 1346354776  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-SA 8AM-5PM  
Website: www.ihpsocal.org  
Email:  
Medical Group(s): Truecare  
IPA:

**MCCLAY, EDWARD F , MD**  
Provider ID: 243932  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 747-8935  
Fax: (760) 747-7951  
After Hours Phone: (760)  
747-8935  
Provider Gender: Male  
License number: G64594  
NPI: 1497727465  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr, Scripps Memorial  
Hospital Encinitas, Palomar

Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Imperial Health Holdings Medical  
Group-Sd

**WITCZAK, IZABELA**  
Provider ID: 24822  
Board Certified Specialty: No  
NORTH COUNTY HEALTH  
SERVICES SAN MARCOS  
150 VALPREDA RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Provider Gender: Female  
License number: A71311  
NPI: 1184735201  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Polish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: P, EB, IB, E, R,  
T, W  
Hours: M-SA 8AM-5PM  
Website: www.ihpsocal.org  
Email:  
Medical Group(s): Truecare  
IPA:

### INTERVENTIONAL CARDIOLOGY

**CARLSON, STEVEN K , MD**  
Provider ID: 244811  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
955 BOARDWALK STE 100  
SAN MARCOS, CA 92078-2659  
Phone: (760) 798-8855  
Fax: (760) 755-5245  
After Hours Phone: (760)  
798-8855  
Provider Gender: Male  
License number: A109957  
NPI: 1467602946  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Garfield  
Medical Center, Santa Monica  
Ucla Med Ctr, Ronald Reagan  
Ucla Med Ctr, Scripps Mercy  
Hospital, Sharp Chula Vista Med  
Ctr, Sharp Memorial Hospital,  
Alvarado Hospital Llc, Grossmont  
Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**MOUSSAVIAN, MEHRAN**  
Provider ID: 121818  
Board Certified Specialty: No  
CARDIOVASCULAR INSTITUTE  
OF SAN DIEGO

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## D. Specialist Provider Directory

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078-2659  
Phone: (760) 798-8855  
Fax:  
After Hours Phone: (760)  
798-8855  
Provider Gender: Male  
License number: 20A7241  
NPI: 1689788234  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Sharp Chula  
Vista Med Ctr, Tri City Medical  
Ctr, Sharp Memorial Hospital,  
Alvarado Hospital Llc, Grossmont  
Hospital, Scripps Mercy Hospital,  
Scripps Memorial Hospital  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### OBSTETRICS / GYNECOLOGY

#### **BABKINA, NATALIA**

Provider ID: 288899  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
120 CRAVEN RD STE 101  
SAN MARCOS, CA 92078-4236  
Phone: (760) 740-2710  
Fax: (858) 207-0003  
After Hours Phone: (760)  
740-2710  
Provider Gender: Female  
License number: A121142

NPI: 1396066635  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Russian, Spanish  
Cultural Competency: No  
Hospital Affiliation: Pioneers  
Memorial Hospital, El Centro  
Regional Medical Center,  
Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

#### **CIZMAR, BRANISLAV**

Provider ID: 288927  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
120 CRAVEN RD STE 101  
SAN MARCOS, CA 92078-4236  
Phone: (760) 740-2710  
Fax: (858) 207-0003  
After Hours Phone: (760)  
740-2710  
Provider Gender: Male  
License number: A80606  
NPI: 1679554372  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Italian, Slovak, Spanish  
Cultural Competency: No  
Hospital Affiliation: Pomerado  
Hospital, Tri City Medical Ctr,  
Palomar Medical Center, Rady  
Childrens Hospital San Diego  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

#### **HINSHAW, PAUL W**

Provider ID: 288907  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
120 CRAVEN RD STE 101  
SAN MARCOS, CA 92078-4236  
Phone: (760) 740-2710  
Fax: (858) 207-0003  
After Hours Phone: (760)  
740-2710  
Provider Gender: Male  
License number: 20A13379  
NPI: 1215170717  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Palomar  
Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc,  
Rady Childrens Health Network

#### **MAZAREI, RAHELE**

Provider ID: 67755  
Board Certified Specialty: No  
IHP N COUNTY HEALTH SAN

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## D. Specialist Provider Directory

MARCOS HEALTH CT  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax: (760) 758-7057  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
License number: 20A7358  
NPI: 1639170459  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City Medical Ctr, Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, W  
Hours: M-SA 8AM-5PM  
Website: www.ihpsocal.org  
Email:  
Medical Group(s): Truecare  
IPA:

**MAZAREI, RAHELE**  
Provider ID: 67755  
Board Certified Specialty: No  
NORTH COUNTY HEALTH SERVICES SAN MARCOS  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax: (760) 758-7057  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
License number: 20A7358  
NPI: 1639170459  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City Medical Ctr, Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, W  
Hours: M-SA 8AM-5PM  
Website: www.ihpsocal.org  
Email:  
Medical Group(s): Truecare  
IPA:

**POUNTNEY, MARLENE E**  
Provider ID: 257452  
Board Certified Specialty: No  
BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Female  
License number: A93248  
NPI: 1174703680  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-SA 9AM-5PM  
Website:  
Email:

Medical Group(s):  
IPA: Blue Shield Promise Health Plan Direct

**POUNTNEY, MARLENE E**  
Provider ID: 78200  
Board Certified Specialty: No  
NORTH COUNTY HEALTH SERVICES SAN MARCOS  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6700  
Fax:  
After Hours Phone: (760) 736-6700  
Provider Gender: Female  
License number: A93248  
NPI: 1174703680  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City Medical Ctr  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T, W  
Hours: M-SA 8AM-5PM  
Website: www.ihpsocal.org  
Email:  
Medical Group(s): Truecare  
IPA: Blue Shield Promise Health Plan Direct

**SCHWEIKERT, SUZANNE M**  
Provider ID: 77220  
Board Certified Specialty: No  
NORTH COUNTY HEALTH SERVICES SAN MARCOS  
150 VALPRED RD  
SAN MARCOS, CA 92069-2973

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## D. Specialist Provider Directory

*Phone:* (760) 736-6700

*Fax:*

*After Hours Phone:* (760) 736-6700

*Provider Gender:* Female

*License number:* A60958

*NPI:* 1477560142

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp Memorial Hospital, Tri City Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* P, EB, IB, E, R, T, W

*Hours:* M-SA 8AM-5PM

*Website:* www.ihpsocal.org

*Email:*

*Medical Group(s):* Truecare

*IPA:*

### **SCHWEIKERT, SUZANNE M**

*Provider ID:* 77220

*Board Certified Specialty:* No  
IHP N COUNTY HEALTH SAN MARCOS HEALTH CT

150 VALPREDA RD  
SAN MARCOS, CA 92069-2973

*Phone:* (760) 736-6700

*Fax:*

*After Hours Phone:* (760) 736-6700

*Provider Gender:* Female

*License number:* A60958

*NPI:* 1477560142

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Sharp

Memorial Hospital, Tri City

Medical Ctr, Sharp Mary Birch Hosp For Women And Newborns

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

*Accessibility:* P, EB, IB, E, R, T, W

*Hours:* M-SA 8AM-5PM

*Website:* www.ihpsocal.org

*Email:*

*Medical Group(s):* Truecare

*IPA:*

### **ONCOLOGY MEDICAL**

### **EISENBERG, STEVEN G**

*Provider ID:* 54040

*Board Certified Specialty:* No  
CA CANCER ASSOC FOR RES & EXCEL-ESCONDID

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599

*Phone:* (760) 747-8935

*Fax:* (760) 747-7951

*After Hours Phone:* (760) 747-8935

*Provider Gender:* Male

*License number:* 20A8293

*NPI:* 1831162627

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Pomerado Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 16/120

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **FRAKES, LAURIE A , MD**

*Provider ID:* 269134

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599

*Phone:* (760) 747-8935

*Fax:* (559) 473-2180

*After Hours Phone:* (760) 747-8935

*Provider Gender:* Female

*License number:* A52663

*NPI:* 1174595144

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **KOSMO, MICHAEL A**

*Provider ID:* 70373

*Board Certified Specialty:* No  
IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 747-8935  
Fax: (760) 747-7951  
After Hours Phone: (760) 747-8935  
Provider Gender: Male  
License number: G54074  
NPI: 1891742847  
Provider English Spoken: Yes  
Provider Language(s) Spoken: French, German, Spanish, Tagalog  
Cultural Competency: No  
Hospital Affiliation: Palomar Medical Center, Pomerado Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/120  
American Sign Language (ASL): No  
♿ Accessibility: Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **MCCLAY, EDWARD F**

Provider ID: 54085  
Board Certified Specialty: No  
CA CANCER ASSOC FOR RES & EXCEL-ESCONDID  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 747-8935  
Fax: (760) 747-7951  
After Hours Phone: (760) 747-8935  
Provider Gender: Male  
License number: G64594  
NPI: 1497727465  
Provider English Spoken: Yes

Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 16/120  
American Sign Language (ASL): No  
♿ Accessibility: Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **SINCLAIR, JAMES M , MD**

Provider ID: 257003  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069-3599  
Phone: (760) 474-8935  
Fax: After Hours Phone: (760) 474-8935  
Provider Gender: Male  
License number: G48926  
NPI: 1356300230  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: No  
Hospital Affiliation: Scripps Memorial Hospital, Scripps Memorial Hospital Encinitas  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: Hours: M-SA 9AM-5PM  
Website:

Email:  
Medical Group(s): IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

## OPHTHALMOLOGY

### **PRESTERA, TORY, MD**

Provider ID: 204707  
Board Certified Specialty: Yes  
COMMUNITY CARE IPA LLC  
100 N RANCHO SANTA FE RD STE 126  
SAN MARCOS, CA 92069-1294  
Phone: (760) 598-0400  
Fax: (760) 290-7044  
After Hours Phone: (760) 598-0400  
Provider Gender: Male  
License number: A62321  
NPI: 1346224557  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish, Thai  
Cultural Competency: No  
Hospital Affiliation: Sharp Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s): IPA: Community Care Ipa Llc

## PEDIATRICS

### **POSADAS, EMERITO D**

Provider ID: 257536  
Board Certified Specialty: No  
BLUE SHIELD PROMISE

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

HEALTH PLAN DIRECT  
150 VALPREDA RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Provider Gender: Male  
License number: A48980  
NPI: 1720093198  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish, Tagalog  
Cultural Competency: No  
Hospital Affiliation: Palomar Health Downtown Campus, Tri City Medical Ctr, Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/18  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, E, R, T  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Blue Shield Promise Health Plan Direct

### PHYSICIANS ASSISTANT

**SERING, MALIA A , NPA**  
Provider ID: 269280  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069-3596  
Phone: (760) 738-7600  
Fax: (760) 828-9141  
After Hours Phone: (760) 738-7600  
Provider Gender: Female  
License number: PA19459  
NPI: 1013198720

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### REGISTERED PHYSICAL THERAPIST

**DUONG, ANDREW Q**  
Provider ID: 269953  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2115 MONTIEL RD STE 103  
SAN MARCOS, CA 92069-3587  
Phone: (760) 839-2905  
Fax: (760) 839-2901  
After Hours Phone: (760) 839-2905  
Provider Gender: Male  
License number: PT40674  
NPI: 1154745404  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL): No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):

IPA: Community Care Ipa Llc  
**JIMENEZ, MONICA C**  
Provider ID: 108896  
Board Certified Specialty: No  
SAN DIEGO SPINE AND SPORT INC  
2115 MONTIEL RD STE 103  
SAN MARCOS, CA 92069-3587  
Phone: (760) 839-2905  
Fax:  
After Hours Phone: (760) 839-2905  
Provider Gender: Female  
License number: PT33505  
NPI: 1952446650  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL): No  
♿ Accessibility: W  
Hours: M-F 7AM-6PM, SA 7AM-2PM  
Website:  
www.spineandsport.com  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**JIMENEZ, MONICA C**  
Provider ID: 269773  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2115 MONTIEL RD STE 103  
SAN MARCOS, CA 92069-3587  
Phone: (760) 839-2905  
Fax: (760) 839-2901  
After Hours Phone: (760) 839-2905  
Provider Gender: Female  
License number: PT33505

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

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*NPI: 1952446650*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: No*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc*

### **KURTZ, BENJAMIN W**

*Provider ID: 270332*

*Board Certified Specialty: No*

*COMMUNITY CARE IPA LLC*

*277 RANCHEROS DR STE 150*

*SAN MARCOS, CA 92069-2976*

*Phone: (951) 696-9353*

*Fax:*

*After Hours Phone: (951)*

*696-9353*

*Provider Gender: Male*

*License number: PT291545*

*NPI: 1437555489*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Spanish*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc*

### **LANE, JENNIFER A**

*Provider ID: 270663*

*Board Certified Specialty: No*

*COMMUNITY CARE IPA LLC*

*2115 MONTIEL RD # 200*

*SAN MARCOS, CA 92069-3587*

*Phone: (760) 839-2905*

*Fax: (760) 839-2901*

*After Hours Phone: (760)*

*839-2905*

*Provider Gender: Female*

*License number: PT37920*

*NPI: 1477849537*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Spanish*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc*

### **MALLINSON, DARREN**

*Provider ID: 271147*

*Board Certified Specialty: No*

*COMMUNITY CARE IPA LLC*

*2115 MONTIEL RD STE 103*

*SAN MARCOS, CA 92069-3587*

*Phone: (760) 839-2905*

*Fax:*

*After Hours Phone: (760)*

*839-2905*

*Provider Gender: Male*

*License number: PT28994*

*NPI: 1871607283*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc*

### **SHANNON, MICHAEL J**

*Provider ID: 269581*

*Board Certified Specialty: No*

*COMMUNITY CARE IPA LLC*

*2115 MONTIEL RD STE 103*

*SAN MARCOS, CA 92069-3587*

*Phone: (760) 839-2905*

*Fax: (760) 839-2901*

*After Hours Phone: (760)*

*839-2905*

*Provider Gender: Male*

*License number: PT27069*

*NPI: 1952577983*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: No*

*Hospital Affiliation:*

*Medi-Cal Open Panel: Yes*

*Min/Max Age: 0/999*

*American Sign Language (ASL):*

*No*

*♿ Accessibility:*

*Hours: M-SA 9AM-5PM*

*Website:*

*Email:*

*Medical Group(s):*

*IPA: Community Care Ipa Llc*

### **SHAO, PAULA J**

*Provider ID: 269785*

*Board Certified Specialty: No*

*COMMUNITY CARE IPA LLC*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

2115 MONTIEL RD STE 103  
SAN MARCOS, CA 92069-3587  
Phone: (760) 839-2905  
Fax: (760) 839-2901  
After Hours Phone: (760)  
839-2905  
Provider Gender: Female  
License number: PT19297  
NPI: 1457649287  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **YAP, AMANDA E**

Provider ID: 270649  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2115 MONTIEL RD STE 103  
SAN MARCOS, CA 92069-3587  
Phone: (760) 839-2905  
Fax: (760) 839-2901  
After Hours Phone: (760)  
839-2905  
Provider Gender: Female  
License number: PT292801  
NPI: 1992224141  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Chinese, Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):

No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **SURGERY NEUROLOGICAL**

### **NGUYEN, ANDREW D**

Provider ID: 244136  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
277 RANCHEROS DR STE 100  
SAN MARCOS, CA 92069-2959  
Phone: (800) 926-8273  
Fax:  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
License number: A91563  
NPI: 1720216542  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French, Spanish, Vietnamese  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Palomar Medical Center  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **SAN YSIDRO**

### **FAMILY PRACTICE**

### **TALAVERA, GREGORY A**

Provider ID: 24808  
Board Certified Specialty: No  
SAN YSIDRO HEALTH CENTER  
4004 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Provider Gender: Male  
License number: A40061  
NPI: 1740337161  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-F 8AM-5:30PM, SA  
8:30AM-2PM  
Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Email:  
Medical Group(s): San Ysidro  
Health San Ysidro Health Center  
IPA:

### **OBSTETRICS / GYNECOLOGY**

### **DOLINSKY, BRAD M**

Provider ID: 287240  
Board Certified Specialty: No  
IHP-SAN YSIDRO HEALTH  
CENTER  
4050 BEYER BLVD  
SAN YSIDRO, CA 92173-2007  
Phone: (619) 662-4100  
Fax: (619) 205-1967  
After Hours Phone: (619)  
662-4100  
Provider Gender: Male  
License number: C149818

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*NPI:* 1942480199

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:* Scripps

Green Hospital, Scripps Mercy

Hospital, Scripps Memorial

Hospital, Scripps Memorial

Hospital Encinitas, Scripps Mercy

Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ihp-San Ysidro Health

Center

### PEDIATRICS

#### BARBADILLO, FERDINAND F

*Provider ID:* 24669

*Board Certified Specialty:* No

SAN YSIDRO HEALTH CENTER

4004 BEYER BLVD

SAN YSIDRO, CA 92173-2007

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Provider Gender:* Male

*License number:* A49307

*NPI:* 1982662193

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Tagalog

*Cultural Competency:* No

*Hospital Affiliation:* Paradise

Valley Hospital, Sharp Chula

Vista Med Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-F 8AM-5:30PM, SA

8:30AM-2PM

*Website:* www.ihpsocal.org

*Email:*

*Medical Group(s):* San Ysidro

Health San Ysidro Health Center

*IPA:*

#### HERMAN, ANDREA M

*Provider ID:* 257603

*Board Certified Specialty:* No

BLUE SHIELD PROMISE

HEALTH PLAN DIRECT

4050 BEYER BLVD

SAN YSIDRO, CA 92173-2007

*Phone:* (619) 662-4100

*Fax:* (619) 205-1967

*After Hours Phone:* (619)

662-4100

*Provider Gender:* Female

*License number:* A72721

*NPI:* 1518970037

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy

Hospital Chula Vista, Sharp

Chula Vista Med Ctr, Scripps

Memorial Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/18

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Blue Shield Promise Health

Plan Direct

### SANTEE

### ALLERGY IMMUNOLOGY

#### REDDY, SUMANA, MD

*Provider ID:* 69230

*Board Certified Specialty:* No

SUMANA AND ANANTHRAM

REDDY MD INC

9456 CUYAMACA ST STE 102

SANTEE, CA 92071-5919

*Phone:* (619) 377-6565

*Fax:* (619) 451-2111

*After Hours Phone:* (619)

377-6565

*Provider Gender:* Female

*License number:* C52581

*NPI:* 1053300251

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Cambodian, Hindi, Spanish,

Telugu

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont

Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

#### REDDY, SUMANA

*Provider ID:* 69230

*Board Certified Specialty:* No

SUMANA AND ANANTHRAM

REDDY MD INC

9456 CUYAMACA ST STE 102

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## D. Specialist Provider Directory

SANTEE, CA 92071-5919

Phone: (619) 588-4074

Fax:

After Hours Phone: (619)

588-4074

Provider Gender: Female

License number: C52581

NPI: 1053300251

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cambodian, Hindi, Spanish,

Telugu

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital

Medi-Cal Open Panel: No

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility: W

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

### **CERTIFIED NURSE PRACTITIONER**

#### **GRIMM, HANA R**

Provider ID: 261036

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

9600 CUYAMACA ST STE 101

SANTEE, CA 92071-2692

Phone: (619) 749-2150

Fax: (619) 456-9744

After Hours Phone: (619)

749-2150

Provider Gender: Female

License number: NP22474

NPI: 1831463751

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

#### **MACCHIARELLA, TAWNYA L**

Provider ID: 261946

Board Certified Specialty: No

RADY CHILDRENS HEALTH  
NETWORK

9600 CUYAMACA ST STE 101

SANTEE, CA 92071-2692

Phone: (619) 749-2150

Fax:

After Hours Phone: (619)

749-2150

Provider Gender: Female

License number: NP7154

NPI: 1194905489

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: No

Hospital Affiliation:

Medi-Cal Open Panel: No

Min/Max Age: 0/18

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Rady Childrens Health

Network

### **GASTROENTEROLOGY**

#### **REDDY, ANANTHRAM P**

Provider ID: 69412

Board Certified Specialty: No

SUMANA AND ANANTHRAM

REDDY MD INC

9456 CUYAMACA ST STE 102

SANTEE, CA 92071-5919

Phone: (619) 588-4074

Fax: (619) 588-4004

After Hours Phone: (619)

588-4074

Provider Gender: Male

License number: C52423

NPI: 1124014923

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cambodian, Hindi, Spanish

Cultural Competency: No

Hospital Affiliation: Grossmont

Hospital, Alvarado Hospital Llc

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

No

♿ Accessibility:

Hours: M-SA 9AM-5PM

Website:

Email:

Medical Group(s):

IPA: Community Care Ipa Llc,

Imperial Health Holdings Medical

Group-Sd

#### **REDDY, ANANTHRAM P**

Provider ID: 69412

Board Certified Specialty: No

SUMANA AND ANANTHRAM

REDDY MD INC

9456 CUYAMACA ST STE 102

SANTEE, CA 92071-5919

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (619) 588-4074  
 Fax: (619) 326-0380  
 After Hours Phone: (619) 588-4074  
 Provider Gender: Male  
 License number: C52423  
 NPI: 1124014923  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cambodian, Hindi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **REDDY, ANANTHRAM P , MD**

Provider ID: 69412  
 Board Certified Specialty: No  
 SUMANA AND ANANTHRAM REDDY MD INC  
 9456 CUYAMACA ST STE 102  
 SANTEE, CA 92071-5919  
 Phone: (619) 588-4074  
 Fax: (619) 588-4004  
 After Hours Phone: (619) 588-4074  
 Provider Gender: Male  
 License number: C52423  
 NPI: 1124014923  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cambodian, Hindi, Spanish  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont

Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc, Imperial Health Holdings Medical Group-Sd

### **REDDY, JOSEPH B**

Provider ID: 69226  
 Board Certified Specialty: No  
 IMPERIAL HEALTH HOLDINGS MEDICAL GROUP-SD  
 9456 CUYAMACA ST STE 102  
 SANTEE, CA 92071-5919  
 Phone: (619) 588-4074  
 Fax: (619) 588-4004  
 After Hours Phone: (619) 588-4074  
 Provider Gender: Male  
 License number: A46472  
 NPI: 1245215391  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Spanish, Telugu  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital, Alvarado Hospital Llc  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 Accessibility: W  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Imperial Health Holdings Medical Group-Sd

## PHYSICIANS ASSISTANT

### **COOL, JAY M , NPA**

Provider ID: 241374  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 120 TOWN CENTER PKWY  
 SANTEE, CA 92071-5801  
 Phone: (619) 662-4100  
 Fax: (619) 873-3746  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 License number: PA53135  
 NPI: 1407887227  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **MERCER, KELLY C**

Provider ID: 257507  
 Board Certified Specialty: No  
 BLUE SHIELD PROMISE HEALTH PLAN DIRECT  
 10538 MISSION GORGE RD  
 STE 100  
 SANTEE, CA 92071-3154  
 Phone: (619) 456-0033  
 Fax:  
 After Hours Phone: (619) 456-0033  
 Provider Gender: Female  
 License number: PA21625

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## D. Specialist Provider Directory

NPI: 1154609790  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: None  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Blue Shield Promise Health Plan Direct

### **RADIOLOGY DIAGNOSTIC X-RAY**

**NAUMANN, MICHAEL T , MD**  
 Provider ID: 269663  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9640 MISSION GORGE RD STE H  
 SANTEE, CA 92071-3854  
 Phone: (619) 258-8552  
 Fax: (619) 258-8553  
 After Hours Phone: (619) 258-8552  
 Provider Gender: Female  
 License number: A116596  
 NPI: 1386821171  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:

Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **RADIOLOGY**

**JACOBSEN, JAMES C , MD**  
 Provider ID: 243976  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9640 MISSION GORGE RD STE H  
 SANTEE, CA 92071-3854  
 Phone: (619) 460-2770  
 Fax: (619) 460-2274  
 After Hours Phone: (619) 460-2770  
 Provider Gender: Male  
 License number: A87878  
 NPI: 1356394811  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**MOORE, BRIAN S , MD**  
 Provider ID: 243961  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9640 MISSION GORGE RD STE H  
 SANTEE, CA 92071-3854

Phone: (619) 460-2770  
 Fax:  
 After Hours Phone: (619) 460-2770  
 Provider Gender: Male  
 License number: G68336  
 NPI: 1831144005  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**VENKATESH, VIJAY B , MD**  
 Provider ID: 269661  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9640 MISSION GORGE RD STE H  
 SANTEE, CA 92071-3854  
 Phone: (619) 460-2770  
 Fax: (619) 460-2774  
 After Hours Phone: (619) 460-2770  
 Provider Gender: Male  
 License number: A94476  
 NPI: 1689627085  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Grossmont Hospital  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):

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## D. Specialist Provider Directory

No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **REGISTERED PHYSICAL THERAPIST**

#### **BOUTELLE, DAVID C**

Provider ID: 248308  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9830 PROSPECT AVE STE A  
 SANTEE, CA 92071-4375  
 Phone: (619) 448-4860  
 Fax: (619) 448-1639  
 After Hours Phone: (760)  
 591-7750  
 Provider Gender: Male  
 License number: PT12422  
 NPI: 1063461101  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **DAHER, NICOLE M**

Provider ID: 270343  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9830 PROSPECT AVE STE A  
 SANTEE, CA 92071-4375

Phone: (619) 448-4860  
 Fax: (619) 448-1639  
 After Hours Phone: (619)  
 448-4860  
 Provider Gender: Female  
 License number: PT42881  
 NPI: 1790155844  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **DANSEY, ASHLEY R**

Provider ID: 270339  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 9830 PROSPECT AVE STE A  
 SANTEE, CA 92071-4375  
 Phone: (619) 448-4860  
 Fax: (619) 448-1639  
 After Hours Phone: (619)  
 448-4860  
 Provider Gender: Female  
 License number: PT36952  
 NPI: 1962716076  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM

Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **GRIEGER, NANCY N**

Provider ID: 270118  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8790 CUYAMACA ST STE A  
 SANTEE, CA 92071-4295  
 Phone: (619) 596-5969  
 Fax: (619) 596-5970  
 After Hours Phone: (619)  
 596-5969  
 Provider Gender: Female  
 License number: PT40167  
 NPI: 1003956798  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ☯ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

#### **MILLER, LAURA C**

Provider ID: 271143  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8790 CUYAMACA ST STE A  
 SANTEE, CA 92071-4295  
 Phone: (619) 596-5969  
 Fax: (619) 596-5970  
 After Hours Phone: (619)  
 596-5969  
 Provider Gender: Female

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## D. Specialist Provider Directory

License number: PT26121  
 NPI: 1265454557  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **MONROE, MAX**

Provider ID: 126576  
 Board Certified Specialty: No  
 SAN DIEGO SPINE AND  
 SPORT INC  
 8790 CUYAMACA ST STE A  
 SANTEE, CA 92071-4295  
 Phone: (619) 596-5969  
 Fax:  
 After Hours Phone: (619)  
 596-5969  
 Provider Gender: Male  
 License number: PT294368  
 NPI: 1295234433  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: No  
 Min/Max Age: None  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility: W  
 Hours: M-F 7AM-6PM, SA  
 7AM-2PM  
 Website:  
 www.spineandsport.com  
 Email:

Medical Group(s):  
 IPA: Community Care Ipa Llc

### **MONROE, MAX**

Provider ID: 269925  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8790 CUYAMACA ST STE A  
 SANTEE, CA 92071-4295  
 Phone: (619) 596-5969  
 Fax: (619) 596-5970  
 After Hours Phone: (619)  
 596-5969  
 Provider Gender: Male  
 License number: PT294368  
 NPI: 1295234433  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **ROUILLARD, NORMA K**

Provider ID: 269600  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 8790 CUYAMACA ST STE A  
 SANTEE, CA 92071-4295  
 Phone: (619) 596-5969  
 Fax: (619) 596-5970  
 After Hours Phone: (619)  
 596-5969  
 Provider Gender: Female  
 License number: PT29262  
 NPI: 1194727305  
 Provider English Spoken: Yes

Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

## **SOLANA BEACH**

### **DERMATOLOGY**

### **GILBOA, RUTH, MD**

Provider ID: 269415  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 530 LOMAS SANTA FE DR STE  
 D  
 SOLANA BEACH, CA  
 92075-1346  
 Phone: (858) 259-0056  
 Fax: (858) 259-0187  
 After Hours Phone: (858)  
 259-0056  
 Provider Gender: Female  
 License number: A46557  
 NPI: 1205873197  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Tri City  
 Hospital West  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):  
 No  
 ♿ Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### ROSS, ANDREW L , MD

Provider ID: 269335  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
530 LOMAS SANTA FE DR STE  
D  
SOLANA BEACH, CA  
92075-1346  
Phone: (858) 259-0056  
Fax: (858) 259-0187  
After Hours Phone: (858)  
259-0056  
Provider Gender: Male  
License number: A140430  
NPI: 1700140738  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### VENKAT, ARUN P , MD

Provider ID: 269346  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
530 LOMAS SANTA FE DR STE  
D  
SOLANA BEACH, CA  
92075-1346

Phone: (858) 259-2256  
Fax: (858) 259-0187  
After Hours Phone: (858)  
259-2256  
Provider Gender: Male  
License number: A125103  
NPI: 1952436354  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### HEARING AID DEALER / SUPPLIER

### DANDURAND, JOHN M , MD

Provider ID: 269779  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
740 LOMAS SANTA FE DR STE  
110  
SOLANA BEACH, CA  
92075-1441  
Phone: (858) 259-4182  
Fax: (805) 530-3989  
After Hours Phone: (858)  
259-4182  
Provider Gender: Male  
License number: HA2056  
NPI: 1497901680  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes

Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### SPRING VALLEY

### FAMILY PRACTICE

### CARDONES, ARTHUR J

Provider ID: 25609  
Board Certified Specialty: No  
GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2555  
Fax:  
After Hours Phone: (619)  
515-2555  
Provider Gender: Male  
License number: A55932  
NPI: 1962436451  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Tagalog  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Grossmont  
Spring Valley Family Hlth Ctrs  
Inc

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## D. Specialist Provider Directory

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>IPA:</p> <p><b>CONSTANTINO, STEPHANIE L</b><br/> <i>Provider ID:</i> 128126<br/> <i>Board Certified Specialty:</i> No<br/> <b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b><br/>             8788 JAMACHA RD<br/>             SPRING VALLEY, CA<br/>             91977-4035<br/> <i>Phone:</i> (619) 515-2555<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2555<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A149063<br/> <i>NPI:</i> 1366824971<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Mandarin<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medical Group(s):</i> Grossmont Spring Valley Family Hlth Ctrs Inc<br/> <i>IPA:</i></p> | <p>SPRING VALLEY, CA<br/>             91977-4035<br/> <i>Phone:</i> (619) 515-2555<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2555<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 20A14919<br/> <i>NPI:</i> 1619397031<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Scripps Mercy Hospital, Grossmont Hospital<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medical Group(s):</i> Grossmont Spring Valley Family Hlth Ctrs Inc<br/> <i>IPA:</i></p> | <p>Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Sharp Memorial Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista, Sharp Mary Birch Hosp For Women And Newborns<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i> No<br/> <i>Accessibility:</i> ME<br/> <i>Hours:</i> M-SA 9AM-5PM<br/> <i>Website:</i> www.fhcsd.org<br/> <i>Email:</i><br/> <i>Medical Group(s):</i> Grossmont Spring Valley Family Hlth Ctrs Inc<br/> <i>IPA:</i></p>                                                                                                                                                                                                                                       |
| <p><b>OBSTETRICS / GYNECOLOGY</b></p> <p><b>ALIMONOS, LYSISTRATI A</b><br/> <i>Provider ID:</i> 114830<br/> <i>Board Certified Specialty:</i> No<br/> <b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b><br/>             8788 JAMACHA RD</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>BUECHNER, CHARLENE A</b><br/> <i>Provider ID:</i> 127438<br/> <i>Board Certified Specialty:</i> No<br/> <b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b><br/>             8788 JAMACHA RD<br/>             SPRING VALLEY, CA<br/>             91977-4035<br/> <i>Phone:</i> (619) 515-2555<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2555<br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A68463<br/> <i>NPI:</i> 1376663831<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i></p>                                                                                                                                                                                                                                           | <p><b>CARTER, KHALIL J</b><br/> <i>Provider ID:</i> 127378<br/> <i>Board Certified Specialty:</i> No<br/> <b>GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC</b><br/>             8788 JAMACHA RD<br/>             SPRING VALLEY, CA<br/>             91977-4035<br/> <i>Phone:</i> (619) 515-2555<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2555<br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A113001<br/> <i>NPI:</i> 1225231582<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> No<br/> <i>Hospital Affiliation:</i> Grossmont Hospital, Scripps Mercy Hospital<br/> <i>Medi-Cal Open Panel:</i> Yes<br/> <i>Min/Max Age:</i> None<br/> <i>American Sign Language (ASL):</i></p> |

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## D. Specialist Provider Directory

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         ♿ Accessibility: ME<br/>         Hours: M-SA 9AM-5PM<br/>         Website: www.fhcsd.org<br/>         Email:<br/>         Medical Group(s): Grossmont<br/>         Spring Valley Family Hlth Ctrs<br/>         Inc<br/>         IPA:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>FOLCH TORRES-AGUIAR,<br/>BEATRIZ M</b><br/>         Provider ID: 120515<br/>         Board Certified Specialty: No<br/>         GROSSMONT SPRING VALLEY<br/>         FAMILY HLTH CTRS INC<br/>         8788 JAMACHA RD<br/>         SPRING VALLEY, CA<br/>         91977-4035<br/>         Phone: (619) 515-2555<br/>         Fax:<br/>         After Hours Phone: (619)<br/>         515-2555<br/>         Provider Gender: Female<br/>         License number: A148014<br/>         NPI: 1457794752<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Spanish, Yue Chinese<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Scripps Mercy<br/>         Hospital, Grossmont Hospital<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: None<br/>         American Sign Language (ASL):<br/>         No<br/>         ♿ Accessibility: ME<br/>         Hours: M-SA 9AM-5PM<br/>         Website: www.fhcsd.org<br/>         Email:<br/>         Medical Group(s): Grossmont<br/>         Spring Valley Family Hlth Ctrs<br/>         Inc<br/>         IPA:</p> | <p>Phone: (619) 515-2555<br/>         Fax:<br/>         After Hours Phone: (619)<br/>         515-2555<br/>         Provider Gender: Female<br/>         License number: A72005<br/>         NPI: 1649208711<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Spanish<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Scripps Mercy<br/>         Hospital, Grossmont Hospital,<br/>         Sharp Coronado Hosp And<br/>         Healthcare Ctr<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: None<br/>         American Sign Language (ASL):<br/>         No<br/>         ♿ Accessibility: ME<br/>         Hours: M-SA 9AM-5PM<br/>         Website: www.fhcsd.org<br/>         Email:<br/>         Medical Group(s): Grossmont<br/>         Spring Valley Family Hlth Ctrs<br/>         Inc<br/>         IPA:</p> |
| <p><b>CERVANTES, SANDRA M</b><br/>         Provider ID: 114873<br/>         Board Certified Specialty: No<br/>         GROSSMONT SPRING VALLEY<br/>         FAMILY HLTH CTRS INC<br/>         8788 JAMACHA RD<br/>         SPRING VALLEY, CA<br/>         91977-4035<br/>         Phone: (619) 515-2555<br/>         Fax:<br/>         After Hours Phone: (619)<br/>         515-2555<br/>         Provider Gender: Female<br/>         License number: A118095<br/>         NPI: 1073701041<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Spanish<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Scripps Mercy<br/>         Hospital, Sharp Coronado Hosp<br/>         And Healthcare Ctr, Grossmont<br/>         Hospital<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: None<br/>         American Sign Language (ASL):<br/>         No<br/>         ♿ Accessibility: ME<br/>         Hours: M-SA 9AM-5PM<br/>         Website: www.fhcsd.org<br/>         Email:<br/>         Medical Group(s): Grossmont<br/>         Spring Valley Family Hlth Ctrs<br/>         Inc<br/>         IPA:</p> | <p><b>LIPSCHITZ, LISA S</b><br/>         Provider ID: 25619<br/>         Board Certified Specialty: No<br/>         GROSSMONT SPRING VALLEY<br/>         FAMILY HLTH CTRS INC<br/>         8788 JAMACHA RD<br/>         SPRING VALLEY, CA<br/>         91977-4035</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p><b>LOEFFLER, ALLISON M</b><br/>         Provider ID: 115547<br/>         Board Certified Specialty: No<br/>         GROSSMONT SPRING VALLEY<br/>         FAMILY HLTH CTRS INC<br/>         8788 JAMACHA RD<br/>         SPRING VALLEY, CA<br/>         91977-4035<br/>         Phone: (619) 515-2555<br/>         Fax:<br/>         After Hours Phone: (619)<br/>         515-2555<br/>         Provider Gender: Female<br/>         License number: A116680<br/>         NPI: 1700073962<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:</p>                                                                                                                                                                                                                                                                                                                          |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## D. Specialist Provider Directory

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Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital, Scripps Mercy Hospital Chula Vista

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

♿ *Accessibility:* ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc

*IPA:*

### **MELLENDEZ BERRIOS, IARA DEL M**

*Provider ID:* 115042

*Board Certified Specialty:* No  
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

8788 JAMACHA RD  
SPRING VALLEY, CA

91977-4035

*Phone:* (619) 515-2555

*Fax:*

*After Hours Phone:* (619)

515-2555

*Provider Gender:* Female

*License number:* A114181

*NPI:* 1740514249

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Grossmont Hospital, Scripps Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):* No

♿ *Accessibility:* ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc

*IPA:*

### **RODRIGUEZ JEREZ, ROBERTO D**

*Provider ID:* 130082

*Board Certified Specialty:* No  
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

8788 JAMACHA RD  
SPRING VALLEY, CA

91977-4035

*Phone:* (619) 515-2555

*Fax:*

*After Hours Phone:* (619)

515-2555

*Provider Gender:* Male

*License number:* A154298

*NPI:* 1710316450

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc

*IPA:*

### **WINESBURG, JENNIFER J**

*Provider ID:* 114807

*Board Certified Specialty:* No  
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

8788 JAMACHA RD  
SPRING VALLEY, CA

91977-4035

*Phone:* (619) 515-2555

*Fax:*

*After Hours Phone:* (619)

515-2555

*Provider Gender:* Female

*License number:* 20A11535

*NPI:* 1811162456

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Mercy Hospital, Sharp Coronado Hosp And Healthcare Ctr, Grossmont Hospital, Desert Regional Med Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* None

*American Sign Language (ASL):*

No

♿ *Accessibility:* ME

*Hours:* M-SA 9AM-5PM

*Website:* www.fhcsd.org

*Email:*

*Medical Group(s):* Grossmont Spring Valley Family Hlth Ctrs Inc

*IPA:*

### **ZIEG, ALAN J**

*Provider ID:* 25637

*Board Certified Specialty:* No  
GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

8788 JAMACHA RD

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2555  
Fax:  
After Hours Phone: (619)  
515-2555  
Provider Gender: Male  
License number: G78814  
NPI: 1699790634  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Grossmont  
Hospital, Scripps Mercy Hospital,  
Sharp Coronado Hosp And  
Healthcare Ctr, Scripps Mercy  
Hospital Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Grossmont  
Spring Valley Family Hlth Ctrs  
Inc  
IPA:

### PHYSICIANS ASSISTANT

**LOPEZ, MARIO A**  
Provider ID: 115102  
Board Certified Specialty: No  
GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2555  
Fax:  
After Hours Phone: (619)  
515-2555  
Provider Gender: Male

License number: PA21385  
NPI: 1932335080  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org  
Email:  
Medical Group(s): Grossmont  
Spring Valley Family Hlth Ctrs  
Inc  
IPA:

**TURNER, ERIC M**  
Provider ID: 122064  
Board Certified Specialty: No  
GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2555  
Fax:  
After Hours Phone: (619)  
515-2555  
Provider Gender: Male  
License number: PA55067  
NPI: 1669756128  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: ME  
Hours: M-SA 9AM-5PM  
Website: www.fhcsd.org

Email:  
Medical Group(s): Grossmont  
Spring Valley Family Hlth Ctrs  
Inc  
IPA:

### VISTA

### ALLERGY IMMUNOLOGY

**ZIERING, ROBERT W**  
Provider ID: 26578  
Board Certified Specialty: No  
ALLERGY AND IMMUNOLOGY  
2067 W VISTA WAY STE 140  
VISTA, CA 92083-6032  
Phone: (760) 941-4444  
Fax: (760) 941-8902  
After Hours Phone: (760)  
941-4444  
Provider Gender: Male  
License number: A30813  
NPI: 1215933148  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Dutch, French, Spanish  
Cultural Competency: No  
Hospital Affiliation: Tri City  
Medical Ctr, Palomar Medical  
Center, Rady Childrens Hospital  
San Diego  
Medi-Cal Open Panel: No  
Min/Max Age: None  
American Sign Language (ASL):  
No  
♿ Accessibility: W  
Hours: M-TH 8:30AM-4PM, F  
7:30AM-4PM, SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

**ZIERING, ROBERT W , MD**  
Provider ID: 269520

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
 2067 W VISTA WAY STE 140  
 VISTA, CA 92083-6032  
**Phone:** (760) 941-4444  
**Fax:** (760) 941-8902  
**After Hours Phone:** (760) 941-4444  
**Provider Gender:** Male  
**License number:** A30813  
**NPI:** 1215933148  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Dutch, French, Spanish  
**Cultural Competency:** No  
**Hospital Affiliation:** Tri City Medical Ctr, Palomar Medical Center, Rady Childrens Hospital San Diego  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### CARDIOLOGY

**KABRA, ASHISH N , MD**  
**Provider ID:** 271714  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
 2067 W VISTA WAY STE 225  
 VISTA, CA 92083-6001  
**Phone:** (760) 224-7766  
**Fax:** (760) 450-9655  
**After Hours Phone:** (760) 224-7766  
**Provider Gender:** Male  
**License number:** A122620  
**NPI:** 1639373798

**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Tri City Medical Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

### CERTIFIED NURSE PRACTITIONER

**ALVAREZ, LISA J**  
**Provider ID:** 278537  
**Board Certified Specialty:** No  
**COMMUNITY CARE IPA LLC**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
**Phone:** (760) 414-3892  
**Fax:** (760) 631-5000  
**After Hours Phone:** (760) 414-3892  
**Provider Gender:** Female  
**License number:** NP19911  
**NPI:** 1417262718  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:** Sharp Chula Vista Med Ctr  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**

**Medical Group(s):**  
**IPA:** Community Care Ipa Llc

**AYELE, MAHOGANY A**  
**Provider ID:** 257586  
**Board Certified Specialty:** No  
**BLUE SHIELD PROMISE HEALTH PLAN DIRECT**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
**Phone:** (760) 631-5000  
**Fax:** (760) 414-3892  
**After Hours Phone:** (760) 631-5000  
**Provider Gender:** Female  
**License number:** NP19570  
**NPI:** 1902120421  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** No  
**Hospital Affiliation:**  
**Medi-Cal Open Panel:** Yes  
**Min/Max Age:** 0/999  
**American Sign Language (ASL):** No  
**Accessibility:**  
**Hours:** M-SA 9AM-5PM  
**Website:**  
**Email:**  
**Medical Group(s):**  
**IPA:** Blue Shield Promise Health Plan Direct

**AYELE, MAHOGANY A**  
**Provider ID:** 257587  
**Board Certified Specialty:** No  
**BLUE SHIELD PROMISE HEALTH PLAN DIRECT**  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
**Phone:** (844) 308-5003  
**Fax:** (760) 414-3763  
**After Hours Phone:** (844) 308-5003  
**Provider Gender:** Female

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## D. Specialist Provider Directory

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*License number:* NP19570

*NPI:* 1902120421

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Blue Shield Promise Health Plan Direct

### **BROMAN, GRETCHEN L**

*Provider ID:* 280191

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Provider Gender:* Female

*License number:* NP95007885

*NPI:* 1922421288

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/0

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **BROMAN, GRETCHEN L**

*Provider ID:* 280193

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC

134 GRAPEVINE RD

VISTA, CA 92083-4004

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Provider Gender:* Female

*License number:* NP95007885

*NPI:* 1922421288

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/0

*American Sign Language (ASL):*

No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **CHAMBERLIN, KALIANA, NPA**

*Provider ID:* 271067

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Provider Gender:* Female

*License number:* NP95013030

*NPI:* 1457995706

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **CLARK, CYNTHIA, NPA**

*Provider ID:* 240000

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC

134 GRAPEVINE RD

VISTA, CA 92083-4004

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Provider Gender:* Female

*License number:* NP16833

*NPI:* 1679698849

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:*

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No

*♿ Accessibility:* W

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **CORY, ALLISON H , NPA**

*Provider ID:* 245207

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC

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## D. Specialist Provider Directory

134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax:  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
License number: NP20497  
NPI: 1194027706  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **DEKKERS-O'HARE, INGRID F , NPA**

Provider ID: 241299  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax:  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
License number: NP8665  
NPI: 1013938968  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Vietnamese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **EKLUND, BONNIE L , NPA**

Provider ID: 243623  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3763  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
License number: NP15285  
NPI: 1811978992  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French

Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **EKLUND, BONNIE L , NPA**

Provider ID: 243624  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004

Phone: (760) 631-5000  
Fax: (760) 414-3763  
After Hours Phone: (760) 631-5000  
Provider Gender: Female  
License number: NP15285  
NPI: 1811978992  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
French  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 18/999  
American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **HALGEDAHL, YI T , NPA**

Provider ID: 241907  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Provider Gender: Male  
License number: NP95006826  
NPI: 1619246907  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Chinese  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **KORMANIK, PATRICIA A**

Provider ID: 282072  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
910 SYCAMORE AVE STE 102  
VISTA, CA 92081-7833  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
License number: NP9707  
NPI: 1093895047  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Ucsd Medical  
Ctr, Ucsd La Jolla John Sally  
Thornton  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Ucsd Medical Group

### **KOUSARI, JHALEH, NPA**

Provider ID: 239793  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: (760) 631-5000  
Fax:  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
License number: NP20893  
NPI: 1811262405  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi, Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps  
Green Hospital, Scripps  
Memorial Hospital  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **METZGER, JULIA**

Provider ID: 262139  
Board Certified Specialty: No  
RADY CHILDRENS HEALTH  
NETWORK  
2067 W VISTA WAY STE 180  
VISTA, CA 92083-6033  
Phone: (760) 945-3434  
Fax: (760) 945-6761  
After Hours Phone: (760)  
945-3434  
Provider Gender: Female  
License number: NP95010547  
NPI: 1982050514  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: No  
Min/Max Age: 0/18

American Sign Language (ASL):  
No  
♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Rady Childrens Health  
Network

### **NICHOLAS, ESTELA M , NPA**

Provider ID: 239866  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax:  
After Hours Phone: (760)  
631-5000  
Provider Gender: Female  
License number: NP11448  
NPI: 1558384792  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No

♿ Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### **PATEMAN, CAROLYN U , NPA**

Provider ID: 239976  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 License number: NP10896  
 NPI: 1205859444  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**PRITZKER, JOELY R , NPA**  
 Provider ID: 239773  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 License number: NP95000955  
 NPI: 1619384351  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 12/999  
 American Sign Language (ASL): No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**SMITH, SHARON T , NPA**  
 Provider ID: 242508  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 License number: NP15444  
 NPI: 1780603597  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**SMITH, SHARON T , NPA**  
 Provider ID: 242508  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 License number: RN428876  
 NPI: 1780603597  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: No  
 Hospital Affiliation:  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

**SRILASAK, MICHELE**  
 Provider ID: 281857  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 910 SYCAMORE AVE STE 102  
 VISTA, CA 92081-7833  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: NP13694  
 NPI: 1265487326  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>No<br/>         ☯ Accessibility:<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Ucsd Medical Group</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>Medical Group(s): Vista<br/>         Community Clinic<br/>         IPA:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>HEMATOLOGY / ONCOLOGY</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>FAMILY PRACTICE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>GYNECOLOGIC ONCOLOGY</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>SIDDIQUI, FAREEHA H</b><br/>         Provider ID: 282173<br/>         Board Certified Specialty: No<br/>         UCSD MEDICAL GROUP<br/>         910 SYCAMORE AVE STE 102<br/>         VISTA, CA 92081-7833<br/>         Phone: (800) 926-8273<br/>         Fax: (888) 539-8781<br/>         After Hours Phone: (800) 926-8273<br/>         Provider Gender: Female<br/>         License number: A108879<br/>         NPI: 1104848720<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken: French, Spanish, Urdu<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: 0/999<br/>         American Sign Language (ASL): No<br/>         ☯ Accessibility: P, EB, IB, E, R, T<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Ucsd Medical Group</p> |
| <p><b>KETCHEL, CLINT</b><br/>         Provider ID: 100838<br/>         Board Certified Specialty: No<br/>         VISTA COMMUNITY CLNC<br/>         1000 VALE TERRACE DR<br/>         VISTA, CA 92084-5218<br/>         Phone: (760) 631-5000<br/>         Fax:<br/>         After Hours Phone: (760) 631-5000<br/>         Provider Gender: Male<br/>         License number: A135564<br/>         NPI: 1699038125<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken: Arabic, Spanish, Syriac<br/>         Cultural Competency: No<br/>         Hospital Affiliation: Southwest Healthcare System Murrieta, Southwest Healthcare System Wildomar, Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Whittier Hospital Medical Center<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: None<br/>         American Sign Language (ASL): No<br/>         ☯ Accessibility: P, EB, IB, E, T, W, ME<br/>         Hours: M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM<br/>         Website:<br/>         www.vistacommunityclinic.org<br/>         Email:</p> | <p><b>ESKANDER, RAMEZ N</b><br/>         Provider ID: 282163<br/>         Board Certified Specialty: No<br/>         UCSD MEDICAL GROUP<br/>         910 SYCAMORE AVE STE 102<br/>         VISTA, CA 92081-7833<br/>         Phone: (760) 536-7737<br/>         Fax: (760) 536-7959<br/>         After Hours Phone: (760) 536-7737<br/>         Provider Gender: Male<br/>         License number: A102482<br/>         NPI: 1144486929<br/>         Provider English Spoken: Yes<br/>         Provider Language(s) Spoken:<br/>         Cultural Competency: No<br/>         Hospital Affiliation: University Of California Irvine Med Ctr, Earl And Lorraine Miller Childrens Hsp, Long Beach Memorial Med Ctr, Providence St Joseph Hospital, Providence St Jude Medical Center, Orange Coast Mem Med Ctr, Fountain Valley Regional Hosp And Med Ctr, Corona Regional Med Ctr, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr<br/>         Medi-Cal Open Panel: Yes<br/>         Min/Max Age: 0/999<br/>         American Sign Language (ASL): No<br/>         ☯ Accessibility:<br/>         Hours: M-SA 9AM-5PM<br/>         Website:<br/>         Email:<br/>         Medical Group(s):<br/>         IPA: Ucsd Medical Group</p> | <p><b>SUBRAMANIAN, RUPA</b><br/>         Provider ID: 282181<br/>         Board Certified Specialty: No<br/>         UCSD MEDICAL GROUP<br/>         910 SYCAMORE AVE STE 102<br/>         VISTA, CA 92081-7833</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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## D. Specialist Provider Directory

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A67026  
 NPI: 1376547174  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Tamil  
 Cultural Competency: No  
 Hospital Affiliation: Corona Regional Med Ctr, Tri City Medical Ctr, Ucsd Medical Ctr, Scripps Memorial Hospital Encinitas, Fountain Valley Regional Hosp And Med Ctr, University Of California Irvine Med Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, E, R, T  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **HOSPICE AND PALLIATIVE MEDICINE**

**RUBENSIK, TAMARA T**  
 Provider ID: 282128  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 910 SYCAMORE AVE STE 102  
 VISTA, CA 92081-7833  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female

License number: A119245  
 NPI: 1811200652  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

### **NEONATAL / PERINATAL MEDICINE**

**MOVAHHEDIAN, HAMID R , MD**  
 Provider ID: 246863  
 Board Certified Specialty: No  
 COMMUNITY CARE IPA LLC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax:  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Male  
 License number: A49253  
 NPI: 1619920816  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Faroese, Farsi  
 Cultural Competency: No  
 Hospital Affiliation: Tri City Medical Ctr  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/1  
 American Sign Language (ASL): No

Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Community Care Ipa Llc

### **OBSTETRICS / GYNECOLOGY**

**BINDER, PRATIBHA S**  
 Provider ID: 282168  
 Board Certified Specialty: No  
 UCSD MEDICAL GROUP  
 910 SYCAMORE AVE STE 102  
 VISTA, CA 92081-7833  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 License number: A149945  
 NPI: 1174758031  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Affiliation: Ucsd Medical Ctr, Ucsd La Jolla John Sally Thornton  
 Medi-Cal Open Panel: Yes  
 Min/Max Age: 0/999  
 American Sign Language (ASL): No  
 Accessibility:  
 Hours: M-SA 9AM-5PM  
 Website:  
 Email:  
 Medical Group(s):  
 IPA: Ucsd Medical Group

**LOPEZ, SANDRA**  
 Provider ID: 77549  
 Board Certified Specialty: No  
 VISTA COMMUNITY CLNC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Phone:* (760) 631-5000  
*Fax:* (858) 715-1316  
*After Hours Phone:* (760) 631-5000  
*Provider Gender:* Female  
*License number:* A73316  
*NPI:* 1962421651  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr, Palomar Medical Center, Sharp Chula Vista Med Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM  
*Website:* www.vistacommunityclinic.org  
*Email:*  
*Medical Group(s):* Vista Community Clinic  
*IPA:*

### PEDIATRICS

#### HOKE, EILEEN M

*Provider ID:* 121167  
*Board Certified Specialty:* No  
VISTA COMMUNITY CLNC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
*Phone:* (844) 308-5003  
*Fax:*  
*After Hours Phone:* (844) 308-5003  
*Provider Gender:* Female  
*License number:* A62558  
*NPI:* 1528031457

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM  
*Website:* www.vistacommunityclinic.org  
*Email:*  
*Medical Group(s):* Vista Community Clinic  
*IPA:*

#### PARK, SUE A

*Provider ID:* 24766  
*Board Certified Specialty:* No  
VISTA COMMUNITY CLNC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Provider Gender:* Female  
*License number:* A64003  
*NPI:* 1538176201  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean, Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:*  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F

8AM-5PM, SA 9AM-4PM  
*Website:* www.vistacommunityclinic.org  
*Email:*  
*Medical Group(s):* Vista Community Clinic  
*IPA:*

#### RAHIMI, NASSRIN

*Provider ID:* 24779  
*Board Certified Specialty:* No  
VISTA COMMUNITY CLNC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:*  
*After Hours Phone:* (760) 631-5000  
*Provider Gender:* Female  
*License number:* A56214  
*NPI:* 1063438166  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):* No  
*Accessibility:* P, EB, IB, E, T, W, ME  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 9AM-4PM  
*Website:* www.vistacommunityclinic.org  
*Email:*  
*Medical Group(s):* Vista Community Clinic  
*IPA:* Blue Shield Promise Health Plan Direct

#### RAHIMI, NASSRIN

*Provider ID:* 24779

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Board Certified Specialty:* No  
IHP VISTA COMMUNITY CLINIC  
VALE TERRACE  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
*Phone:* (760) 631-5000

*Fax:*  
*After Hours Phone:* (760)  
631-5000  
*Provider Gender:* Female  
*License number:* A56214  
*NPI:* 1063438166  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* None  
*American Sign Language (ASL):*  
No

*Accessibility:* P, EB, IB, E, T,  
W, ME  
*Hours:* M-TH 8AM-8PM, F  
8AM-5PM, SA 9AM-4PM  
*Website:*  
www.vistacommunityclinic.org  
*Email:*  
*Medical Group(s):* Vista  
Community Clinic  
*IPA:* Blue Shield Promise Health  
Plan Direct

### **RAHIMI, NASSRIN**

*Provider ID:* 257581  
*Board Certified Specialty:* No  
BLUE SHIELD PROMISE  
HEALTH PLAN DIRECT  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
631-5000

*Provider Gender:* Female  
*License number:* A56214  
*NPI:* 1063438166  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/18  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Blue Shield Promise Health  
Plan Direct

### **PHYSICIANS ASSISTANT**

### **WALLACE, STEPHANIE C , NPA**

*Provider ID:* 239770  
*Board Certified Specialty:* Yes  
COMMUNITY CARE IPA LLC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
631-5000  
*Provider Gender:* Female  
*License number:* PA19629  
*NPI:* 1518104942  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* No  
*Hospital Affiliation:* Tri City  
Medical Ctr  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999

*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **RADIOLOGY**

### **ALLEN, DERRICK R , MD**

*Provider ID:* 269616  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
*Phone:* (858) 888-4444  
*Fax:* (866) 558-4329  
*After Hours Phone:* (858)  
888-4444  
*Provider Gender:* Male  
*License number:* A69840  
*NPI:* 1215982970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Affiliation:* Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
*Medi-Cal Open Panel:* Yes  
*Min/Max Age:* 0/999  
*American Sign Language (ASL):*  
No  
*Accessibility:*  
*Hours:* M-SA 9AM-5PM  
*Website:*  
*Email:*  
*Medical Group(s):*  
*IPA:* Community Care Ipa Llc

### **DOEMENY, JOHN M**

*Provider ID:* 269754  
*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## D. Specialist Provider Directory

1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (858) 888-4444  
Fax: (866) 558-4329  
After Hours Phone: (858) 888-4444  
Provider Gender: Male  
License number: G50925  
NPI: 1841243912  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital  
Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### MOFFIT, BRIAN J

Provider ID: 269532  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (858) 888-4444  
Fax: (866) 558-4329  
After Hours Phone: (858) 888-4444  
Provider Gender: Male  
License number: G51551  
NPI: 1508817305  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation: Scripps Mercy  
Hospital, Scripps Mercy Hospital

Chula Vista  
Medi-Cal Open Panel: Yes  
Min/Max Age: 0/999  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### REGISTERED PHYSICAL THERAPIST

### AMBROSE, CHRISTOPHER S

Provider ID: 248009  
Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2067 W VISTA WAY STE 185  
VISTA, CA 92083-6033  
Phone: (760) 631-5888  
Fax: (760) 631-5880  
After Hours Phone: (760) 591-7750  
Provider Gender: Male  
License number: PT26311  
NPI: 1114977535  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 8/125  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### SMITH, DENNIS R

Provider ID: 247478

Board Certified Specialty: No  
COMMUNITY CARE IPA LLC  
2067 W VISTA WAY STE 185  
VISTA, CA 92083-6033  
Phone: (760) 631-5888  
Fax: (760) 631-5880  
After Hours Phone: (760) 631-5888  
Provider Gender: Male  
License number: PT22171  
NPI: 1699724054  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: No  
Hospital Affiliation:  
Medi-Cal Open Panel: Yes  
Min/Max Age: 8/125  
American Sign Language (ASL):  
No  
Accessibility:  
Hours: M-SA 9AM-5PM  
Website:  
Email:  
Medical Group(s):  
IPA: Community Care Ipa Llc

### SURGERY GENERAL

### ARMANI, AVA

Provider ID: 282144  
Board Certified Specialty: No  
UCSD MEDICAL GROUP  
910 SYCAMORE AVE STE 102  
VISTA, CA 92081-7833  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
License number: A118231  
NPI: 1861759383  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## D. Specialist Provider Directory

*Hospital Affiliation:* Medical Ctr At Ucsf, Ucsf Medical Center At Mission Bay, Ucsf Medical Center At Mount Zion, Ucsd La Jolla John Sally Thornton, Ucsd Medical Ctr

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Ucsd Medical Group

### **FIERER, ADAM S**

*Provider ID:* 86667

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC

2385 S MELROSE DR  
VISTA, CA 92081-8788

*Phone:* (760) 300-3647

*Fax:* (760) 482-1316

*After Hours Phone:* (760)  
300-3647

*Provider Gender:* Male

*License number:* G69685

*NPI:* 1205831161

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Palomar Medical Center

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **GROVE, JAY R , MD**

*Provider ID:* 245227

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC

2385 S MELROSE DR  
VISTA, CA 92081-8788

*Phone:* (760) 300-3647

*Fax:* (760) 482-1316

*After Hours Phone:* (760)  
300-3647

*Provider Gender:* Male

*License number:* A60426

*NPI:* 1912971334

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Pomerado Hospital, Palomar Medical Center, Tri City Medical Ctr, Scripps Memorial Hospital Encinitas, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 0/999

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

### **HANNA, KAREN J , MD**

*Provider ID:* 246422

*Board Certified Specialty:* No  
COMMUNITY CARE IPA LLC

2385 S MELROSE DR  
VISTA, CA 92081-8788

*Phone:* (760) 300-3647

*Fax:* (760) 482-1316

*After Hours Phone:* (760)  
300-3647

*Provider Gender:* Female

*License number:* G88851

*NPI:* 1184687337

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:* No

*Hospital Affiliation:* Scripps Memorial Hospital Encinitas, Tri City Medical Ctr, Palomar Medical Center

*Medi-Cal Open Panel:* Yes

*Min/Max Age:* 13/100

*American Sign Language (ASL):* No

*Accessibility:*

*Hours:* M-SA 9AM-5PM

*Website:*

*Email:*

*Medical Group(s):*

*IPA:* Community Care Ipa Llc

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## E. Hospital Directory - General Acute Care Hospital

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### **ALVARADO HOSPITAL LLC**

*Provider ID:* 170056  
*6655 ALVARADO RD*  
*SAN DIEGO, CA 92120-5208*  
*Phone:* (619) 287-3270  
*After Hours Phone:* (619) 287-3270  
*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:* JCAHO  
*Hours:* M-SA 9AM-5PM  
*License number:*  
*NPI:* 1265468946  
*Website:*  
*www.alvaradohospital.com*  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes

### **GROSSMONT HOSPITAL**

*Provider ID:* 170046  
*5555 GROSSMONT CENTER DR*  
*LA MESA, CA 91942-3019*  
*Phone:* (619) 465-0711  
*After Hours Phone:* (619) 465-0711  
*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:* JCAHO  
*Hours:* M-SA 9AM-5PM  
*License number:* 080000006  
*NPI:* 1528041811

*Website:*  
*www.sharp.com/hospitals/grossmont/*  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes

### **KINDRED HOSPITAL SAN DIEGO**

*Provider ID:* 169663  
*1940 EL CAJON BLVD*  
*SAN DIEGO, CA 92104-1005*  
*Phone:* (619) 543-4500  
*After Hours Phone:* (619) 543-4500  
*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:* JCAHO  
*Hours:* M-SA 9AM-5PM  
*License number:*  
*NPI:* 1992880512  
*Website:*  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes

### **PALOMAR MEDICAL CENTER**

*Provider ID:* 173011  
*2185 CITRACADO PKWY*  
*ESCONDIDO, CA 92029-4159*  
*Phone:* (442) 281-5000  
*After Hours Phone:* (442) 281-5000  
*Accepting New Patients:* No  
*Min/Max Age:* None

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:* JCAHO  
*Hours:* M-SA 9AM-5PM  
*License number:* 080000083  
*NPI:* 1457321317  
*Website:*  
*www.palomarhealth.org/facilities/palomar-medical-center*  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes

### **PARADISE VALLEY HOSPITAL**

*Provider ID:* 170057  
*2400 E 4TH ST*  
*NATIONAL CITY, CA 91950-2026*  
*Phone:* (619) 470-4321  
*After Hours Phone:* (619) 470-4321  
*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:* JCAHO  
*Hours:* M-SA 9AM-5PM  
*License number:*  
*NPI:* 1356410351  
*Website:*  
*www.paradisevalleyhospital.net*  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes

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## E. Hospital Directory - General Acute Care Hospital

### **POMERADO HOSPITAL**

*Provider ID:* 170052  
15615 POMERADO RD  
POWAY, CA 92064-2405  
*Phone:* (858) 613-4000  
*After Hours Phone:* (858) 613-4000  
*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:* JCAHO  
*Hours:* M-SA 9AM-5PM  
*License number:* 080000127  
*NPI:* 1376513754  
*Website:*  
[www.palomarhealth.org/facilities/palomar-poway-outpatient](http://www.palomarhealth.org/facilities/palomar-poway-outpatient)  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes

### **RADY CHILDRENS HOSPITAL SAN DIEGO**

*Provider ID:* 171083  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123-4223  
*Phone:* (858) 576-1700  
*After Hours Phone:* (858) 576-1700  
*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:* JCAHO  
*Hours:* M-SA 9AM-5PM  
*License number:*

*NPI:* 1710065933  
*Website:* [www.rchsd.org](http://www.rchsd.org)  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes

### **SCRIPPS GREEN HOSPITAL**

*Provider ID:* 171084  
10666 N TORREY PINES RD  
MS 220  
LA JOLLA, CA 92037  
*Phone:* (858) 455-9100  
*After Hours Phone:* (858) 455-9100  
*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:* JCAHO  
*Hours:* M-SA 9AM-5PM  
*License number:* 080000139  
*NPI:* 1841233780  
*Website:*

[www.scripps.org/locations/hospitals\\_\\_scripps-green-hospital](http://www.scripps.org/locations/hospitals__scripps-green-hospital)  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes

### **SCRIPPS MEMORIAL HOSPITAL**

*Provider ID:* 170045  
9888 GENESEE AVE  
LA JOLLA, CA 92037-1205  
*Phone:* (858) 457-4123  
*After Hours Phone:* (858) 457-4123

*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:* JCAHO  
*Hours:* M-SA 9AM-5PM  
*License number:* 080000050  
*NPI:* 1841277704  
*Website:*  
[www.scripps.org/locations/hospitals\\_\\_scripps-memorial-hospital-la-jolla](http://www.scripps.org/locations/hospitals__scripps-memorial-hospital-la-jolla)  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes

### **SCRIPPS MEMORIAL HOSPITAL ENCINITAS**

*Provider ID:* 170305  
354 SANTA FE DR  
ENCINITAS, CA 92024-5142  
*Phone:* (760) 753-6501  
*After Hours Phone:* (760) 753-6501  
*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:* JCAHO  
*Hours:* M-SA 9AM-5PM  
*License number:* 080000148  
*NPI:* 1700829199  
*Website:*  
[www.scripps.org/locations/hospitals\\_\\_scripps-memorial-hospital-encinitas](http://www.scripps.org/locations/hospitals__scripps-memorial-hospital-encinitas)  
*American Sign Language (ASL):* No

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## E. Hospital Directory - General Acute Care Hospital

Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes

### **SCRIPPS MERCY HOSPITAL**

*Provider ID:* 170048  
4077 5TH AVE  
SAN DIEGO, CA 92103-2105  
*Phone:* (619) 294-8111  
*After Hours Phone:* (619)  
294-8111

*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:*  
JCAHO

*Hours:* M-SA 9AM-5PM  
*License number:*  
*NPI:* 1659359446  
*Website:*  
www.scripps.org/locations/hospitals\_\_scripps-mercy-hospital\_\_scripps-mercy-hospital-san-diego  
*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes

### **SCRIPPS MERCY HOSPITAL CHULA VISTA**

*Provider ID:* 170256  
435 H ST  
CHULA VISTA, CA 91910-4307  
*Phone:* (619) 691-7000  
*After Hours Phone:* (619)  
691-7000

*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

*Cultural Competency:* No  
*Hospital Accreditation Status:*  
JCAHO  
*Hours:* M-SA 9AM-5PM  
*License number:* 090000074  
*NPI:* 1306161914  
*Website:*

www.scripps.org/locations/hospitals\_\_scripps-mercy-hospital\_\_scripps-mercy-hospital-chula-vista  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes

### **SHARP CHULA VISTA MED CTR**

*Provider ID:* 170251  
751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911-6617  
*Phone:* (619) 502-5800  
*After Hours Phone:* (619)  
502-5800

*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:*  
JCAHO

*Hours:* M-SA 9AM-5PM  
*License number:* 090000008  
*NPI:* 1396728630  
*Website:*  
www.sharp.com/hospitals/chula-vista/  
*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes

### **SHARP CORONADO HOSP AND HEALTHCARE CTR**

*Provider ID:* 170252  
250 PROSPECT PL  
CORONADO, CA 92118-1943  
*Phone:* (619) 522-3600  
*After Hours Phone:* (619)  
522-3600

*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:*  
JCAHO

*Hours:* M-SA 9AM-5PM  
*License number:*  
*NPI:* 1154304475  
*Website:*  
www.sharp.com/hospitals/coronado/  
*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes

### **SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS**

*Provider ID:* 170054  
3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123-2700  
*Phone:* (858) 939-3400  
*After Hours Phone:* (858)  
939-3400

*Accepting New Patients:* No  
*Min/Max Age:* None  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*Hospital Accreditation Status:*  
JCAHO

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## E. Hospital Directory - General Acute Care Hospital

Hours: M-SA 9AM-5PM  
 License number: 080000039  
 NPI: 1407839921  
 Website:  
 www.specialtyobstetrics.com  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes

### SHARP MEMORIAL HOSPITAL

Provider ID: 170047  
 7901 FROST ST  
 SAN DIEGO, CA 92123-2701  
 Phone: (858) 499-4352  
 After Hours Phone: (858)  
 499-4352  
 Accepting New Patients: No  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Accreditation Status:  
 JCAHO  
 Hours: M-SA 9AM-5PM  
 License number:  
 NPI: 1407839921  
 Website:  
 www.sharp.com/hospitals/memor  
 ial/  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes

### TRI CITY MEDICAL CTR

Provider ID: 170049  
 4002 VISTA WAY  
 OCEANSIDE, CA 92056-4506

Phone: (760) 724-8411  
 After Hours Phone: (760)  
 724-8411  
 Accepting New Patients: No  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Accreditation Status:  
 JCAHO  
 Hours: M-SA 9AM-5PM  
 License number:  
 NPI: 1801861190  
 Website: www.tricitymed.org  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes

### UCSD LA JOLLA JOHN SALLY THORNTON

Provider ID: 170053  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037-1300  
 Phone: (858) 657-7000  
 After Hours Phone: (858)  
 657-7000  
 Accepting New Patients: No  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Accreditation Status:  
 JCAHO  
 Hours: M-SA 9AM-5PM  
 License number: 090000101  
 NPI: 1497021265  
 Website:  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2

mile from Site): Yes

### UCSD MEDICAL CTR

Provider ID: 170051  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103-1911  
 Phone: (619) 543-6222  
 After Hours Phone: (619)  
 543-6222  
 Accepting New Patients: No  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Accreditation Status:  
 JCAHO  
 Hours: M-SA 9AM-5PM  
 License number: 090000101  
 NPI: 1184722779  
 Website:  
[https://health.ucsd.edu/locations/  
 pages/hillcrest.aspx](https://health.ucsd.edu/locations/pages/hillcrest.aspx)  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes

### VIBRA HOSPITAL OF SAN DIEGO

Provider ID: 170165  
 555 WASHINGTON ST  
 SAN DIEGO, CA 92103-2289  
 Phone: (619) 260-8300  
 After Hours Phone: (619)  
 260-8300  
 Accepting New Patients: No  
 Min/Max Age: None  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 Hospital Accreditation Status:  
 JCAHO  
 Hours: M-SA 9AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## E. Hospital Directory - General Acute Care Hospital

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*License number:* 090000404

*NPI:* 1639172133

*Website:*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Public transportation (within 1/2  
mile from Site):* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## F. Skilled Nursing Facility

### CHULA VISTA

#### BIRCH PATRICK CONV CTR

Provider ID: 171998  
 751 MEDICAL CENTER CT  
 CHULA VISTA, CA 91911-6617  
 Phone: (619) 502-3600  
 Fax: (619) 502-5835  
 After Hours Phone: (619) 502-3600  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number:  
 NPI: 1538142369  
 Website:  
[www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm)  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: W  
 Public transportation (within 1/2 mile from Site): Yes

#### SOUTH BAY POST ACUTE CARE

Provider ID: 394308  
 553 F ST  
 CHULA VISTA, CA 91910-3515  
 Phone: (619) 426-8611  
 Fax: (619) 427-0780  
 After Hours Phone: (619) 426-8611  
 Accepting New Patients: No  
 Hours: M-F 9AM-5PM, SA 9AM-5PM  
 License number: 090000120  
 NPI: 1376946277  
 Website:  
<http://southbaypostacute.com>

Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Filipino, Pilipino  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: W  
 Public transportation (within 1/2 mile from Site): Yes

### CORONADO

#### VILLA CORONADO CONVALESCENT

Provider ID: 172644  
 233 PROSPECT PL  
 CORONADO, CA 92118-1967  
 Phone: (619) 552-3900  
 Fax:  
 After Hours Phone: (619) 552-3900  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number:  
 NPI: 1184607418  
 Website:  
[www.sharp.com/hospitals/coronado/departments/long-term-care.cfm](http://www.sharp.com/hospitals/coronado/departments/long-term-care.cfm)  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: W  
 Public transportation (within 1/2 mile from Site): Yes

### EL CAJON

#### AVOCADO POST ACUTE

Provider ID: 171985  
 510 E WASHINGTON AVE

EL CAJON, CA 92020-5324  
 Phone: (619) 440-1211  
 Fax: (619) 440-4956  
 After Hours Phone: (619) 440-1211  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number: 090000117  
 NPI: 1568484517  
 Website:  
[www.avocadopostacute.com](http://www.avocadopostacute.com)  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: W  
 Public transportation (within 1/2 mile from Site): Yes

#### COTTONWOOD CANYON HEALTHCARE CENTER

Provider ID: 171983  
 1391 E MADISON AVE  
 EL CAJON, CA 92021-8568  
 Phone: (619) 444-1107  
 Fax: (619) 444-1403  
 After Hours Phone: (619) 444-1107  
 Accepting New Patients: No  
 Hours: M-SU 12AM-11:59PM  
 License number:  
 NPI: 1013953199  
 Website:  
<http://cottonwoodcanyonhc.com>  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: P, R, W  
 Public transportation (within 1/2 mile from Site): Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## F. Skilled Nursing Facility

### **COUNTRY HILLS HEALTH CARE CENTER**

**Provider ID:** 416853  
**1580 BROADWAY**  
**EL CAJON, CA 92021-5124**  
**Phone:** (619) 441-8745  
**Fax:** (619) 442-2553  
**After Hours Phone:** (619) 441-8745  
**Accepting New Patients:** No  
**Hours:** M-SU 12AM-11:59PM  
**License number:** 08000361  
**NPI:** 1700973963  
**Website:** [www.countryhills.com](http://www.countryhills.com)  
**Credentials and/or certifications:**  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language,  
 Arabic, Korean, Spanish,  
 Tagalog, Farsi, Vietnamese,  
 Mandarin  
**Cultural Competency:** No  
**American Sign Language (ASL):**  
 Yes  
 ♿ **Accessibility:** P, R, W  
**Public transportation (within 1/2**  
**mile from Site):** Yes

### **MAGNOLIA POST ACUTE CARE**

**Provider ID:** 380518  
**635 S MAGNOLIA AVE**  
**EL CAJON, CA 92020-6012**  
**Phone:** (616) 442-8826  
**Fax:** (619) 442-0288  
**After Hours Phone:** (616) 442-8826  
**Accepting New Patients:** No  
**Hours:** M-SU 12AM-11:59PM  
**License number:** 090000072  
**NPI:** 1316340227  
**Website:**  
**Credentials and/or certifications:**  
**Site English Spoken:** Yes

**Site Language(s) Spoken:**  
 Spanish, Tagalog  
**Cultural Competency:** No  
**American Sign Language (ASL):**  
 No  
 ♿ **Accessibility:** P, R, W  
**Public transportation (within 1/2**  
**mile from Site):** Yes

### **PARKSIDE HEALTH AND WELLNESS CENTER**

**Provider ID:** 349923  
**444 W LEXINGTON AVE**  
**EL CAJON, CA 92020-4416**  
**Phone:** (619) 442-7744  
**Fax:** (619) 447-0641  
**After Hours Phone:** (619) 442-7744  
**Accepting New Patients:** No  
**Hours:** M-SU 12AM-11:59PM  
**License number:** 090000068  
**NPI:** 1447653340  
**Website:** <http://parksidehealth.net>  
**Credentials and/or certifications:**  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
**Cultural Competency:** No  
**American Sign Language (ASL):**  
 No  
 ♿ **Accessibility:** P, EB, IB, E, R,  
 T, W  
**Public transportation (within 1/2**  
**mile from Site):** Yes

### **SAN DIEGO POST ACUTE CENTER**

**Provider ID:** 173508  
**1201 S ORANGE AVE**  
**EL CAJON, CA 92020-7521**  
**Phone:** (619) 441-1988  
**Fax:** (619) 441-7416  
**After Hours Phone:** (619) 441-1988  
**Accepting New Patients:** No  
**Hours:** M-SA 9AM-5PM

**License number:**  
**NPI:** 1285061085  
**Website:** <http://sdpostacute.com>  
**Credentials and/or certifications:**  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
**Cultural Competency:** No  
**American Sign Language (ASL):**  
 No  
 ♿ **Accessibility:** W  
**Public transportation (within 1/2**  
**mile from Site):** Yes

### **SOMERSET SUBACUTE AND CARE**

**Provider ID:** 348526  
**151 CLAYDELLE AVE**  
**EL CAJON, CA 92020-4505**  
**Phone:** (619) 442-0245  
**Fax:** (614) 423-3631  
**After Hours Phone:** (619) 442-0245  
**Accepting New Patients:** No  
**Hours:** M-SU 12AM-11:59PM  
**License number:** 090000027  
**NPI:** 1073916987  
**Website:**  
<http://somensetsubacute.com>  
**Credentials and/or certifications:**  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
**Cultural Competency:** No  
**American Sign Language (ASL):**  
 No  
 ♿ **Accessibility:** W  
**Public transportation (within 1/2**  
**mile from Site):** Yes

### **THE BRADLEY COURT**

**Provider ID:** 419158  
**675 E BRADLEY AVE**  
**EL CAJON, CA 92021-3110**

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## F. Skilled Nursing Facility

Phone: (619) 448-6633

Fax: (619) 448-5462

After Hours Phone: (619)  
448-6633

Accepting New Patients: No  
Hours: M-SU 12AM-11:59PM

License number:

NPI: 1629129267

Website:

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):  
No

♿ Accessibility: W

Public transportation (within 1/2  
mile from Site): Yes

### **VICTORIA POST ACUTE CARE**

Provider ID: 387720

654 S ANZA ST

EL CAJON, CA 92020-6602

Phone: (619) 440-5005

Fax: (619) 442-8271

After Hours Phone: (619)

440-5005

Accepting New Patients: No

Hours: M-SU 12AM-11:59PM

License number: 090000025

NPI: 1326441239

Website:

<http://victoriapostacute.com>

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Public transportation (within 1/2  
mile from Site): Yes

### **VICTORIA POST ACUTE CARE**

Provider ID: 387720

654 S ANZA ST

EL CAJON, CA 92020-6602

Phone: (619) 440-5005

Fax: (619) 442-8271

After Hours Phone: (619)

440-5005

Accepting New Patients: No

Hours: M-SU 12AM-11:59PM

License number: 090000025

NPI: 1326441239

Website:

[www.victoriapostacute.com](http://www.victoriapostacute.com)

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, E, R,  
T, W

Public transportation (within 1/2  
mile from Site): Yes

### **VILLA LAS PALMAS HEALTHCARE CTR**

Provider ID: 172020

622 S ANZA ST

EL CAJON, CA 92020-6602

Phone: (619) 442-0544

Fax: (619) 442-6177

After Hours Phone: (619)

442-0544

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number:

NPI: 1023048295

Website:

<http://villalaspalmascare.com>

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2  
mile from Site): Yes

## **ENCINITAS**

### **AVIARA HEALTHCARE CENTER**

Provider ID: 171995

944 REGAL RD

ENCINITAS, CA 92024-4634

Phone: (760) 944-0331

Fax: (760) 634-1337

After Hours Phone: (760)

944-0331

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number:

NPI: 1518146620

Website:

<http://aviarahealthcare.com>

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):  
No

♿ Accessibility: P, R, W

Public transportation (within 1/2  
mile from Site): Yes

### **ENCINITAS NURSING AND REHAB CTR**

Provider ID: 171977

900 SANTA FE DR

ENCINITAS, CA 92024-3919

Phone: (760) 753-6423

Fax: (760) 753-4979

After Hours Phone: (760)

753-6423

Accepting New Patients: No

Hours: M-SU 12AM-11:59PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## F. Skilled Nursing Facility

License number:  
NPI: 1265415749  
Website:  
<https://www.covenantcare.com/stores/encinitas-nursing-and-rehabilitation-center/>  
Credentials and/or certifications:  
Site English Spoken: Yes  
Site Language(s) Spoken: Russian, Spanish, Tagalog  
Cultural Competency: No  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, W  
Public transportation (within 1/2 mile from Site): Yes

### ESCONDIDO

#### ESCONDIDO CARE CENTER

Provider ID: 172027  
421 E MISSION AVE  
ESCONDIDO, CA 92025-1909  
Phone: (760) 747-0430  
Fax: (760) 747-0569  
After Hours Phone: (760) 747-0430  
Accepting New Patients: No  
Hours: M-SA 9AM-5PM  
License number:  
NPI: 1588660765  
Website:  
<http://escondidopostacute.com>  
Credentials and/or certifications:  
Site English Spoken: Yes  
Site Language(s) Spoken: Tagalog, Spanish  
Cultural Competency: No  
American Sign Language (ASL): No  
♿ Accessibility: P, EB, R, W  
Public transportation (within 1/2 mile from Site): Yes

#### LIFE CARE CENTER OF

#### ESCONDIDO

Provider ID: 172010  
1980 FELICITA RD  
ESCONDIDO, CA 92025-5922  
Phone: (760) 741-6109  
Fax: (760) 741-5237  
After Hours Phone: (760) 741-6109  
Accepting New Patients: No  
Hours: M-SA 9AM-5PM  
License number:  
NPI: 1386681286  
Website:  
<http://lifecarecenterofescondido.com>  
Credentials and/or certifications:  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
American Sign Language (ASL): No  
♿ Accessibility: W  
Public transportation (within 1/2 mile from Site): No

#### PALOMAR HEIGHTS CARE CTR

Provider ID: 170055  
1260 E OHIO AVE  
ESCONDIDO, CA 92027-3054  
Phone: (760) 746-1100  
Fax: (760) 746-1201  
After Hours Phone: (760) 746-1100  
Accepting New Patients: No  
Hours: M-SU 12AM-11:59PM  
License number:  
NPI: 1255337440  
Website:  
<http://palomarheightsrehab.com>  
Credentials and/or certifications:  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Tagalog  
Cultural Competency: No

American Sign Language (ASL): No  
♿ Accessibility: P, EB, IB, R, W  
Public transportation (within 1/2 mile from Site): Yes

#### PALOMAR VISTA HEALTHCARE CTR

Provider ID: 171988  
201 N FIG ST  
ESCONDIDO, CA 92025-3416  
Phone: (760) 746-0303  
Fax: (760) 738-1749  
After Hours Phone: (760) 746-0303  
Accepting New Patients: No  
Hours: M-F, SU 12AM-11:59PM, SA 9AM-5PM  
License number:  
NPI: 1861491490  
Website: <http://palomarvista.com>  
Credentials and/or certifications:  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Cultural Competency: No  
American Sign Language (ASL): No  
♿ Accessibility: W  
Public transportation (within 1/2 mile from Site): Yes

#### VALLE VISTA POST ACUTE

Provider ID: 171968  
1025 W 2ND AVE  
ESCONDIDO, CA 92025-3839  
Phone: (760) 745-1842  
Fax: (760) 745-4346  
After Hours Phone: (760) 745-1842  
Accepting New Patients: No  
Hours: M-SU 12AM-11:59PM  
License number:  
NPI: 1659369262

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## F. Skilled Nursing Facility

### Website:

<https://www.covenantcare.com/stores/valle-vista-convalescent-hospital/>

### Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL): No

♿ Accessibility: P, EB, IB, R, T, W

Public transportation (within 1/2 mile from Site): Yes

### LA MESA

#### GROSSMONT HOSPITAL DP SNF

Provider ID: 172643

5555 GROSSMONT CENTER DR, DO NOT USE

LA MESA, CA 91942

Phone: (619) 740-4110

Fax:

After Hours Phone: (619) 740-4110

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number:

NPI: 1417930249

### Website:

[www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm)

### Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL): No

♿ Accessibility: W

Public transportation (within 1/2 mile from Site): Yes

### LA JOLLA

#### LA JOLLA NURSING AND REHAB CTR

Provider ID: 171975

2552 TORREY PINES RD

LA JOLLA, CA 92037-3432

Phone: (858) 453-5810

Fax: (858) 452-4301

After Hours Phone: (858)

453-5810

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number:

NPI: 1457486078

### Website:

<https://www.covenantcare.com/stores/la-jolla-nursing-and-rehabilitation-center/>

### Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL): No

♿ Accessibility: W

Public transportation (within 1/2 mile from Site): Yes

### LA MESA

#### ARBOR HILLS NURSING CENTER

Provider ID: 172007

7800 PARKWAY DR

LA MESA, CA 91942-2001

Phone: (619) 460-2330

Fax: (619) 460-5821

After Hours Phone: (619)

460-2330

Accepting New Patients: No

Hours: M-SU 12AM-11:59PM

License number: 080000066

NPI: 1356345706

### Website:

[www.lifegen.net/arborhills/](http://www.lifegen.net/arborhills/)

### Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Tagalog, Spanish, Russian

Cultural Competency: No

American Sign Language (ASL): No

♿ Accessibility: W

Public transportation (within 1/2 mile from Site): Yes

### CARE MERIDIAN LA MESA

Provider ID: 173379

5640 AZTEC DR

LA MESA, CA 91942-1948

Phone: (619) 403-5267

Fax: (619) 465-0019

After Hours Phone: (619) 403-5267

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number:

NPI: 1235404674

### Website:

<https://www.neurorestorative.com/state-location/la-mesa>

### Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL): No

♿ Accessibility: W

Public transportation (within 1/2 mile from Site): Yes

### COMMUNITY CARE CENTER

Provider ID: 171984

8665 LA MESA BLVD

LA MESA, CA 91942-9503

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## F. Skilled Nursing Facility

Phone: (619) 465-0702

Fax: (619) 828-1782

After Hours Phone: (619)  
465-0702

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number: 090000033

NPI: 1225028327

Website:

www.communitycarectr.com

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2  
mile from Site): Yes

### COUNTRY MANOR LA MESA HEALTHCARE CENTER

Provider ID: 172023

5696 LAKE MURRAY BLVD

LA MESA, CA 91942-1929

Phone: (619) 460-7871

Fax: (619) 460-4810

After Hours Phone: (619)  
460-7871

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number: 080000020

NPI: 1457345001

Website:

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2  
mile from Site): Yes

### GROSSMONT POST ACUTE CARE

Provider ID: 310488

8787 CENTER DR

LA MESA, CA 91942-3034

Phone: (619) 460-4444

Fax: (619) 713-5116

After Hours Phone: (619)  
460-4444

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number: 080000024

NPI: 1689077588

Website:

http://grossmontpostacute.com

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2  
mile from Site): Yes

### LA MESA HEALTHCARE CTR

Provider ID: 172022

3780 MASSACHUSETTS AVE

LA MESA, CA 91941-7638

Phone: (619) 465-1313

Fax: (619) 465-8429

After Hours Phone: (619)  
465-1313

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number:

NPI: 1003852666

Website:

http://lamesahealthcare.com

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2  
mile from Site): Yes

### PARKWAY HILLS NURSING & REHAB

Provider ID: 417047

7760 PARKWAY DR

LA MESA, CA 91942-2028

Phone: (619) 469-0124

Fax: (619) 828-7654

After Hours Phone: (619)  
469-0124

Accepting New Patients: No

Hours: M-SU 12AM-11:59PM

License number: 080000053

NPI: 1174926448

Website:

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken: Farsi,  
Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):  
No

♿ Accessibility: P, EB, IB, R, W

Public transportation (within 1/2  
mile from Site): Yes

### LEMON GROVE

### BELLA VISTA HEALTH CENTER

Provider ID: 419062

7922 PALM ST

LEMON GROVE, CA

91945-2956

Phone: (619) 644-1000

Fax: (619) 797-2920

After Hours Phone: (619)  
644-1000

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number: 090000142

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## F. Skilled Nursing Facility

NPI: 1760709687

Website:

www.bellavistahealth.com

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2 mile from Site): Yes

### LEMON GROVE CARE AND REHAB CTR

Provider ID: 172013

8351 BROADWAY

LEMON GROVE, CA

91945-2009

Phone: (619) 463-0294

Fax: (619) 461-1064

After Hours Phone: (619)

463-0294

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number:

NPI: 1336134204

Website:

http://lemongrovecare.com

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2 mile from Site): Yes

### NATIONAL CITY

### CASTLE MANOR NURSING AND REHABILITATION CTR

Provider ID: 171978

541 S V AVE

NATIONAL CITY, CA

91950-2828

Phone: (619) 791-7900

Fax: (619) 791-7980

After Hours Phone: (619)

791-7900

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number: 090000294

NPI: 1497759856

Website:

www.lifegen.net/castlemanor/index.html

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2 mile from Site): Yes

### FRIENDSHIP MANOR NURSING AND REHABILITATION CTR

Provider ID: 171973

902 EUCLID AVE

NATIONAL CITY, CA

91950-3808

Phone: (619) 791-7700

Fax: (619) 791-7791

After Hours Phone: (619)

791-7700

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number: 090000049

NPI: 1235133687

Website:

www.lifegen.net/friendshipmanor/

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2 mile from Site): Yes

### PARADISE VALLEY HEALTH CARE CENTER

Provider ID: 171106

2575 E 8TH ST

NATIONAL CITY, CA

91950-2913

Phone: (619) 470-6700

Fax: (619) 470-0404

After Hours Phone: (619)

470-6700

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number: 090000141

NPI: 1275513293

Website: http://pvhcc.com

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency: No

American Sign Language (ASL):

No

♿ Accessibility: W

Public transportation (within 1/2 mile from Site): Yes

### WINDSOR GARDENS CONV CTR OF SAN DIEGO

Provider ID: 172011

220 E 24TH ST

NATIONAL CITY, CA

91950-6705

Phone: (619) 474-6741

Fax: (619) 474-1925

After Hours Phone: (619)

474-6741

Accepting New Patients: No

Hours: M-SU 12AM-11:59PM

License number: 090000035

NPI: 1730176538

Website: www.windsorcare.com

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## F. Skilled Nursing Facility

*Credentials and/or certifications:* POWAY, CA 92064-2500  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*American Sign Language (ASL):* No  
♿ *Accessibility:* P, R, W  
*Public transportation (within 1/2 mile from Site):* Yes

### OCEANSIDE

#### LA PALOMA HEALTHCARE CTR

*Provider ID:* 172021  
3232 THUNDER DR  
OCEANSIDE, CA 92056-4447  
*Phone:* (760) 724-2193  
*Fax:* (714) 964-2137  
*After Hours Phone:* (760) 724-2193  
*Accepting New Patients:* No  
*Hours:* M-SU 12AM-11:59PM  
*License number:*  
*NPI:* 1265462436  
*Website:*

[www.lapalomahealthcare.com](http://www.lapalomahealthcare.com)  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Armenian, Korean, Tagalog  
*Cultural Competency:* No  
*American Sign Language (ASL):* No  
♿ *Accessibility:* P, R, W  
*Public transportation (within 1/2 mile from Site):* Yes

### POWAY

#### BOULDER CREEK POST ACUTE

*Provider ID:* 276987  
12696 MONTE VISTA RD

*Phone:* (858) 487-6242  
*Fax:*  
*After Hours Phone:* (858) 487-6242  
*Accepting New Patients:* No  
*Hours:* M-SA 9AM-5PM  
*License number:* 080000251  
*NPI:* 1073902672  
*Website:*

<http://boulder creekpa.com>  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*American Sign Language (ASL):* No  
♿ *Accessibility:* W  
*Public transportation (within 1/2 mile from Site):* Yes

#### POWAY HEALTHCARE CENTER

*Provider ID:* 171989  
15632 POMERADO RD  
POWAY, CA 92064-2406  
*Phone:* (858) 485-5153  
*Fax:* (858) 485-7694  
*After Hours Phone:* (858) 485-5153  
*Accepting New Patients:* No  
*Hours:* M-SU 12AM-11:59PM  
*License number:*  
*NPI:* 1407035512  
*Website:* <http://powaycare.com>  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*American Sign Language (ASL):* No  
♿ *Accessibility:* P, R, W  
*Public transportation (within 1/2 mile from Site):* Yes

#### VILLA POMERADO

*Provider ID:* 172642  
15615 POMERADO RD  
POWAY, CA 92064-2405  
*Phone:* (858) 613-4545  
*Fax:*  
*After Hours Phone:* (858) 613-4545  
*Accepting New Patients:* No  
*Hours:* M-SA 9AM-5PM  
*License number:*  
*NPI:* 1619947090  
*Website:*  
[www.palomarhealth.org/skilled-nursing/villa-pomerado](http://www.palomarhealth.org/skilled-nursing/villa-pomerado)  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*American Sign Language (ASL):* No  
♿ *Accessibility:* W  
*Public transportation (within 1/2 mile from Site):* Yes

### SAN DIEGO

#### ACCESS TO INDEPENDENCE

*Provider ID:* 417267  
8885 RIO SAN DIEGO DR STE 131  
SAN DIEGO, CA 92108-1625  
*Phone:* (619) 293-3500  
*Fax:* (619) 704-2054  
*After Hours Phone:* (619) 293-3500  
*Accepting New Patients:* No  
*Hours:* M-F 8AM-5PM, SA 9AM-5PM  
*License number:*  
*NPI:* 1083039861  
*Website:*  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes

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## F. Skilled Nursing Facility

*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* W  
*Public transportation (within 1/2 mile from Site):* Yes

### **ARROYO VISTA NURSING CTR**

*Provider ID:* 172028  
 3022 45TH ST  
 SAN DIEGO, CA 92105-4302  
*Phone:* (619) 283-5855  
*Fax:* (619) 284-6327  
*After Hours Phone:* (619) 283-5855  
*Accepting New Patients:* No  
*Hours:* M-SU 9AM-5PM  
*License number:*  
*NPI:* 1487640066  
*Website:*  
<http://arroyovistacare.com>  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Spanish, Vietnamese, Arabic, Tagalog  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, R, W  
*Public transportation (within 1/2 mile from Site):* Yes

### **BALBOA NURSING AND REHAB CTR**

*Provider ID:* 416840  
 3520 4TH AVE  
 SAN DIEGO, CA 92103-4913  
*Phone:* (619) 291-5270  
*Fax:* (619) 291-1671  
*After Hours Phone:* (619) 291-5270  
*Accepting New Patients:* No  
*Hours:* M-SU 12AM-11:59PM

*License number:* 090000057  
*NPI:* 1578521274  
*Website:* <http://balboahc.com>  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Spanish, Tagalog, Vietnamese  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, R, W  
*Public transportation (within 1/2 mile from Site):* Yes

### **CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR**

*Provider ID:* 171971  
 11895 AVENUE OF INDUSTRY  
 SAN DIEGO, CA 92128-3423  
*Phone:* (858) 673-0101  
*Fax:* (858) 673-8320  
*After Hours Phone:* (858) 673-0101  
*Accepting New Patients:* No  
*Hours:* M-SA 9AM-5PM  
*License number:*  
*NPI:* 1083727093  
*Website:*  
<http://carmelmountain.net>  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Tagalog, Armenian, Mandarin, Spanish, Russian, Korean, Vietnamese  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, R, T, W  
*Public transportation (within 1/2 mile from Site):* Yes

### **JACOB HEALTH CARE**

### **CENTER LLC**

*Provider ID:* 172617  
 4075 54TH ST  
 SAN DIEGO, CA 92105-2301  
*Phone:* (619) 582-5168  
*Fax:* (619) 325-0194  
*After Hours Phone:* (619) 582-5168  
*Accepting New Patients:* No  
*Hours:* M-SU 12AM-11:59PM  
*License number:* 090000093  
*NPI:* 1881684900  
*Website:*  
[www.jacobhealthcare.com](http://www.jacobhealthcare.com)  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Tagalog, Spanish  
*Cultural Competency:* No  
*American Sign Language (ASL):*  
 No  
 ♿ *Accessibility:* P, EB, IB, R, W  
*Public transportation (within 1/2 mile from Site):* Yes

### **MISSION HILLS POST ACUTE CARE**

*Provider ID:* 339053  
 3680 REYNARD WAY  
 SAN DIEGO, CA 92103-3847  
*Phone:* (619) 297-4484  
*Fax:* (855) 214-6992  
*After Hours Phone:* (619) 297-4484  
*Accepting New Patients:* No  
*Hours:* M-SU 12AM-11:59PM  
*License number:* 090000032  
*NPI:* 1669875563  
*Website:*  
<http://missionhillspostacute.com>  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Tagalog, Spanish  
*Cultural Competency:* No

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## F. Skilled Nursing Facility

*American Sign Language (ASL):* No  
*Accessibility:* P, E, R, T, W  
*Public transportation (within 1/2 mile from Site):* Yes

### **RADY CHILDRENS CONVALESCENT HOSPITAL**

*Provider ID:* 172200  
 8022 BIRMINGHAM DR  
 SAN DIEGO, CA 92123-2707  
*Phone:* (858) 966-5833  
*Fax:* (858) 966-8558  
*After Hours Phone:* (858) 966-5833  
*Accepting New Patients:* No  
*Hours:* M-SA 9AM-5PM  
*License number:*  
*NPI:* 1992881478  
*Website:* [www.rchsd.org](http://www.rchsd.org)  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Public transportation (within 1/2 mile from Site):* Yes

### **REO VISTA HEALTHCARE CTR**

*Provider ID:* 171993  
 6061 BANBURY ST  
 SAN DIEGO, CA 92139-3624  
*Phone:* (619) 475-2211  
*Fax:* (619) 479-9126  
*After Hours Phone:* (619) 475-2211  
*Accepting New Patients:* No  
*Hours:* M-SA 9AM-5PM  
*License number:*  
*NPI:* 1255499174  
*Website:* <http://reovista.com>  
*Credentials and/or certifications:*

*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Tagalog, Spanish  
*Cultural Competency:* No  
*American Sign Language (ASL):* No  
*Accessibility:* P, R, W  
*Public transportation (within 1/2 mile from Site):* Yes

### **SAN DIEGO HEALTHCARE CENTER**

*Provider ID:* 171991  
 2828 MEADOW LARK DR  
 SAN DIEGO, CA 92123-2710  
*Phone:* (858) 277-6460  
*Fax:* (858) 277-6004  
*After Hours Phone:* (858) 277-6460  
*Accepting New Patients:* No  
*Hours:* M-SU 8AM-5PM  
*License number:*  
*NPI:* 1003098906  
*Website:*  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*American Sign Language (ASL):* No  
*Accessibility:* W  
*Public transportation (within 1/2 mile from Site):* Yes

### **UNIVERSITY CARE CENTER**

*Provider ID:* 172024  
 5602 UNIVERSITY AVE  
 SAN DIEGO, CA 92105-2308  
*Phone:* (619) 583-1993  
*Fax:* (619) 583-1362  
*After Hours Phone:* (619) 583-1993  
*Accepting New Patients:* No  
*Hours:* M-SU 12AM-11:59PM  
*License number:*

*NPI:* 1871522672  
*Website:*  
<http://universitycarecenter.com>  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Tagalog, Mandarin, Russian, Vietnamese, Farsi, Spanish  
*Cultural Competency:* No  
*American Sign Language (ASL):* No  
*Accessibility:* P, R, W  
*Public transportation (within 1/2 mile from Site):* Yes

### **VILLA RANCHO BERNARDO CARE CENTER**

*Provider ID:* 172009  
 15720 BERNARDO CENTER DR  
 SAN DIEGO, CA 92127-5861  
*Phone:* (858) 672-3900  
*Fax:* (858) 672-9247  
*After Hours Phone:* (858) 672-3900  
*Accepting New Patients:* No  
*Hours:* M-SA 9AM-5PM  
*License number:*  
*NPI:* 1518063437  
*Website:*  
[www.villaranchobernardo.com](http://www.villaranchobernardo.com)  
*Credentials and/or certifications:*  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Cultural Competency:* No  
*American Sign Language (ASL):* No  
*Accessibility:* P, R, W  
*Public transportation (within 1/2 mile from Site):* Yes

### **WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL**

*Provider ID:* 172012  
 1201 34TH ST  
 SAN DIEGO, CA 92102-2416

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## F. Skilled Nursing Facility

Phone: (619) 232-2946  
 Fax: (310) 595-3529  
 After Hours Phone: (619) 232-2946  
 Accepting New Patients: No  
 Hours: M-SU 12AM-11:59PM  
 License number: 090000052  
 NPI: 1811963028  
 Website:  
<https://windsorgoldenhill.com>  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: P, EB, IB, R, W  
 Public transportation (within 1/2 mile from Site): Yes

### SANTEE

#### STANFORD COURT SKILLED NURSING AND REHAB CENTER

Provider ID: 171994  
 8778 CUYAMACA ST  
 SANTEE, CA 92071-4255  
 Phone: (619) 449-5555  
 Fax: (619) 449-4948  
 After Hours Phone: (619) 449-5555  
 Accepting New Patients: No  
 Hours: M-SU 8AM-5PM  
 License number: 080000299  
 NPI: 1184628554  
 Website:  
[www.lifegen.net/stanfordcourt/](http://www.lifegen.net/stanfordcourt/)  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Tagalog, Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):

No  
 Accessibility: P, EB, IB, E, R, T, W  
 Public transportation (within 1/2 mile from Site): Yes

### SPRING VALLEY

#### MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC

Provider ID: 171969  
 325 KEMPTON ST  
 SPRING VALLEY, CA 91977-5810  
 Phone: (619) 931-1151  
 Fax: (224) 233-1397  
 After Hours Phone: (619) 931-1151  
 Accepting New Patients: No  
 Hours: M-SU 12AM-11:59PM  
 License number:  
 NPI: 1649375403  
 Website:  
[covivingmountmiguel.org](http://covivingmountmiguel.org)  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: W  
 Public transportation (within 1/2 mile from Site): Yes

#### MOUNT MIGUEL COVENANT VILLAGE HEALTH FAC

Provider ID: 171969  
 325 KEMPTON ST  
 SPRING VALLEY, CA 91977-5810  
 Phone: (619) 931-1151  
 Fax: (224) 233-1397  
 After Hours Phone: (619) 931-1151  
 Accepting New Patients: No

Hours: M-SU 12AM-11:59PM  
 License number:  
 NPI: 1649375403  
 Website:  
[www.mountmiguelcovenantvillage.org](http://www.mountmiguelcovenantvillage.org)  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: W  
 Public transportation (within 1/2 mile from Site): Yes

### VISTA

#### LA FUENTE POST ACUTE

Provider ID: 429590  
 247 E BOBIER DR  
 VISTA, CA 92084-3026  
 Phone: (760) 945-3033  
 Fax: (760) 945-8926  
 After Hours Phone: (760) 945-3033  
 Accepting New Patients: No  
 Hours: M-SA 9AM-5PM  
 License number:  
 NPI: 1366802696  
 Website:  
 Credentials and/or certifications:  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL): No  
 Accessibility: W  
 Public transportation (within 1/2 mile from Site): Yes

#### LIFE CARE CENTER OF VISTA

Provider ID: 171970  
 304 N MELROSE DR  
 VISTA, CA 92083-4814

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## F. Skilled Nursing Facility

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Phone: (760) 724-8222

Fax: (480) 296-2601

After Hours Phone: (760)  
724-8222

Accepting New Patients: No

Hours: M-SA 9AM-5PM

License number:

NPI: 1811942063

Website: [www.lcca.com](http://www.lcca.com)

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Tagalog

Cultural Competency: No

American Sign Language (ASL):  
No

♿ Accessibility: W

Public transportation (within 1/2  
mile from Site): Yes

### **VISTA HEALTHCARE CENTER**

Provider ID: 171990

247 E BOBIER DR

VISTA, CA 92084-3026

Phone: (760) 945-3033

Fax: (760) 724-3169

After Hours Phone: (760)  
945-3033

Accepting New Patients: No

Hours: M-F 8AM-5PM, SA  
9AM-5PM

License number:

NPI: 1912189812

Website: <http://astorhealth.com>

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):  
No

♿ Accessibility: P, R, W

Public transportation (within 1/2  
mile from Site): Yes

### **VISTA KNOLL SPECIALIZED CARE FACILITY**

Provider ID: 172017

2000 WESTWOOD RD

VISTA, CA 92083-5123

Phone: (760) 630-2273

Fax: (760) 630-0913

After Hours Phone: (760)  
630-2273

Accepting New Patients: No

Hours: M-SU 8:30AM-5PM

License number:

NPI: 1275533929

Website: <http://vistaknoll.com>

Credentials and/or certifications:

Site English Spoken: Yes

Site Language(s) Spoken:

Korean, Tagalog, Vietnamese,  
Spanish

Cultural Competency: No

American Sign Language (ASL):  
No

♿ Accessibility: W

Public transportation (within 1/2  
mile from Site): Yes

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## G. Community-Based Adult Services (CBAS) - Adult Day Services

| CHULA VISTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EL CAJON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ESCONDIDO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <b>OPEN ARMS ADHC</b><br><i>Provider ID: 417307</i><br>301 E J ST<br>CHULA VISTA, CA 91910-6223<br><i>Phone: (619) 420-1404</i><br><i>Fax: (619) 420-1408</i><br><i>After Hours Phone: (619) 420-1404</i><br><i>Accepting New Patients: No</i><br><i>Site Language(s) Spoken: Hours: M-SA 9AM-5PM</i><br><i>License number: NPI: 1598882169</i><br><i>Accommodations for those with physical disabilities: Public transportation (within 1/2 mile from Site): No</i><br><i>American Sign Language (ASL): No</i><br><i>Language Line interpreter services: No</i><br><i>If Facility has completed cultural competence training?: No</i><br><i>Facility has access to skilled medical interpreters on site?: No</i><br><i>Interpreter Non-English Languages: N</i><br><i>Medi-Cal: Y</i><br><i>Special Expertise:</i><br><i>- Physical Disabilities?:</i><br><i>- Chronic Illness?:</i><br><i>- HIV/AIDS?:</i><br><i>- Serious Mental Illness?:</i><br><i>- Homelessness?:</i><br><i>- Deaf or Hard-of-Hearing?:</i><br><i>- Blindness or Visual Impairment?:</i><br><i>- Co-occurring Disorders?:</i><br><i>If any other, please indicate:</i><br><i>Website:</i><br><a href="http://openarmsadhc.com">http://openarmsadhc.com</a> | <b>WESTERN ADHC</b><br><i>Provider ID: 417305</i><br>240 S MAGNOLIA AVE<br>EL CAJON, CA 92020-4524<br><i>Phone: (619) 631-7222</i><br><i>Fax: (619) 631-9228</i><br><i>After Hours Phone: (619) 631-7222</i><br><i>Accepting New Patients: No</i><br><i>Site Language(s) Spoken: Hours: M-SA 9AM-5PM</i><br><i>License number: NPI: 1821125550</i><br><i>Accommodations for those with physical disabilities: Public transportation (within 1/2 mile from Site): Yes</i><br><i>American Sign Language (ASL): No</i><br><i>Language Line interpreter services: No</i><br><i>If Facility has completed cultural competence training?: No</i><br><i>Facility has access to skilled medical interpreters on site?: No</i><br><i>Interpreter Non-English Languages: N</i><br><i>Medi-Cal: Y</i><br><i>Special Expertise:</i><br><i>- Physical Disabilities?:</i><br><i>- Chronic Illness?:</i><br><i>- HIV/AIDS?:</i><br><i>- Serious Mental Illness?:</i><br><i>- Homelessness?:</i><br><i>- Deaf or Hard-of-Hearing?:</i><br><i>- Blindness or Visual Impairment?:</i><br><i>- Co-occurring Disorders?:</i><br><i>If any other, please indicate:</i><br><i>Website:</i><br><a href="https://sites.google.com/site/westernadhc/contact-us">https://sites.google.com/site/westernadhc/contact-us</a> | <b>INTERFAITH COMMUNITY SERVICES</b><br><i>Provider ID: 580498</i><br>250 N ASH ST<br>ESCONDIDO, CA 92027-3026<br><i>Phone: (760) 489-6380</i><br><i>Fax:</i><br><i>After Hours Phone: (760) 489-6380</i><br><i>Accepting New Patients: No</i><br><i>Site Language(s) Spoken: Hours: M-SA 9AM-5PM</i><br><i>License number: NPI: 1932767381</i><br><i>Accommodations for those with physical disabilities: Public transportation (within 1/2 mile from Site): Yes</i><br><i>American Sign Language (ASL): No</i><br><i>Language Line interpreter services: No</i><br><i>If Facility has completed cultural competence training?: No</i><br><i>Facility has access to skilled medical interpreters on site?: No</i><br><i>Interpreter Non-English Languages: N</i><br><i>Medi-Cal: Y</i><br><i>Special Expertise:</i><br><i>- Physical Disabilities?:</i><br><i>- Chronic Illness?:</i><br><i>- HIV/AIDS?:</i><br><i>- Serious Mental Illness?:</i><br><i>- Homelessness?:</i><br><i>- Deaf or Hard-of-Hearing?:</i><br><i>- Blindness or Visual Impairment?:</i><br><i>- Co-occurring Disorders?:</i><br><i>If any other, please indicate:</i><br><i>Website:</i> |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## G. Community-Based Adult Services (CBAS) - Adult Day Services

| LA MESA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NATIONAL CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SAN DIEGO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <b>GOLDEN LIFE ADHC</b><br><i>Provider ID: 448456</i><br>7373 UNIVERSITY AVE STE 101<br>LA MESA, CA 91942-0578<br><i>Phone: (619) 433-3398</i><br><i>Fax: (619) 337-1499</i><br><i>After Hours Phone: (619) 433-3398</i><br><i>Accepting New Patients: No</i><br><i>Site Language(s) Spoken: Russian, Arabic, Farsi</i><br><i>Hours: M-SU 8AM-4PM</i><br><i>License number: NPI: 1093921900</i><br><i>Accommodations for those with physical disabilities: W</i><br><i>Public transportation (within 1/2 mile from Site): Yes</i><br><i>American Sign Language (ASL): No</i><br><i>Language Line interpreter services: Yes</i><br><i>If Facility has completed cultural competence training?: No</i><br><i>Facility has access to skilled medical interpreters on site?: No</i><br><i>Interpreter Non-English Languages: Y</i><br><i>Medi-Cal: Y</i><br><i>Special Expertise:</i><br><i>- Physical Disabilities?:</i><br><i>- Chronic Illness?:</i><br><i>- HIV/AIDS?:</i><br><i>- Serious Mental Illness?:</i><br><i>- Homelessness?:</i><br><i>- Deaf or Hard-of-Hearing?:</i><br><i>- Blindness or Visual Impairment?:</i><br><i>- Co-occurring Disorders?:</i><br><i>If any other, please indicate:</i><br><i>Website:</i> | <b>HORIZONS ADHC</b><br><i>Provider ID: 417295</i><br>1035 HARBISON AVE<br>NATIONAL CITY, CA 91950-3919<br><i>Phone: (619) 474-1822</i><br><i>Fax: (619) 474-1826</i><br><i>After Hours Phone: (619) 474-1822</i><br><i>Accepting New Patients: No</i><br><i>Site Language(s) Spoken: Hours: M-SA 9AM-5PM</i><br><i>License number: 060000582</i><br><i>NPI: 1528107273</i><br><i>Accommodations for those with physical disabilities: Public transportation (within 1/2 mile from Site): Yes</i><br><i>American Sign Language (ASL): No</i><br><i>Language Line interpreter services: No</i><br><i>If Facility has completed cultural competence training?: No</i><br><i>Facility has access to skilled medical interpreters on site?: No</i><br><i>Interpreter Non-English Languages: N</i><br><i>Medi-Cal: Y</i><br><i>Special Expertise:</i><br><i>- Physical Disabilities?:</i><br><i>- Chronic Illness?:</i><br><i>- HIV/AIDS?:</i><br><i>- Serious Mental Illness?:</i><br><i>- Homelessness?:</i><br><i>- Deaf or Hard-of-Hearing?:</i><br><i>- Blindness or Visual Impairment?:</i><br><i>- Co-occurring Disorders?:</i><br><i>If any other, please indicate:</i><br><i>Website: www.horizonsadhc.com</i> | <b>CASA PACIFICA ADHCC</b><br><i>Provider ID: 417303</i><br>1424 30TH ST STE C<br>SAN DIEGO, CA 92154-3417<br><i>Phone: (619) 424-8181</i><br><i>Fax: (619) 424-8151</i><br><i>After Hours Phone: (619) 424-8181</i><br><i>Accepting New Patients: No</i><br><i>Site Language(s) Spoken: Hours: M-SA 9AM-5PM</i><br><i>License number: NPI: 1609920305</i><br><i>Accommodations for those with physical disabilities: Public transportation (within 1/2 mile from Site): Yes</i><br><i>American Sign Language (ASL): No</i><br><i>Language Line interpreter services: No</i><br><i>If Facility has completed cultural competence training?: No</i><br><i>Facility has access to skilled medical interpreters on site?: No</i><br><i>Interpreter Non-English Languages: N</i><br><i>Medi-Cal: Y</i><br><i>Special Expertise:</i><br><i>- Physical Disabilities?:</i><br><i>- Chronic Illness?:</i><br><i>- HIV/AIDS?:</i><br><i>- Serious Mental Illness?:</i><br><i>- Homelessness?:</i><br><i>- Deaf or Hard-of-Hearing?:</i><br><i>- Blindness or Visual Impairment?:</i><br><i>- Co-occurring Disorders?:</i><br><i>If any other, please indicate:</i><br><i>Website: www.casa-pacifica.com</i><br><br><b>LOVING CARE ADHC</b><br><i>Provider ID: 419961</i> |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## G. Community-Based Adult Services (CBAS) - Adult Day Services

2565 CAMINO DEL RIO S STE 201  
 SAN DIEGO, CA 92108-3789  
 Phone: (619) 718-9777  
 Fax: (619) 569-2855  
 After Hours Phone: (619) 718-9777  
 Accepting New Patients: No  
 Site Language(s) Spoken: Hours: M-SU 8:30AM-4PM  
 License number:  
 NPI: 1346455961  
 Accomodations for those with physical disabilities: W  
 Public transportation (within 1/2 mile from Site): Yes  
 American Sign Language (ASL): No  
 Language Line interpreter services: No  
 If Facility has completed cultural competence training?: No  
 Facility has access to skilled medical interpreters on site?: No  
 Interpreter Non-English Languages: N  
 Medi-Cal: Y  
 Special Expertise:  
 - Physical Disabilities?:  
 - Chronic Illness?:  
 - HIV/AIDS?:  
 - Serious Mental Illness?:  
 - Homelessness?:  
 - Deaf or Hard-of-Hearing?:  
 - Blindness or Visual Impairment?:  
 - Co-occurring Disorders?:  
 If any other, please indicate:  
 Website:  
 www.lovingcareadhc.com

### NEIGHBORHOOD HOUSE ASSOC ADHC

Provider ID: 417306  
 851 S 35TH ST

SAN DIEGO, CA 92113-2701  
 Phone: (619) 233-6691  
 Fax: (619) 233-6693  
 After Hours Phone: (619) 233-6691  
 Accepting New Patients: No  
 Site Language(s) Spoken: Spanish  
 Hours: M-F 8AM-4:30PM, SA 9AM-5PM  
 License number:  
 NPI: 1669690921  
 Accomodations for those with physical disabilities: W  
 Public transportation (within 1/2 mile from Site): Yes  
 American Sign Language (ASL): No  
 Language Line interpreter services: No  
 If Facility has completed cultural competence training?: No  
 Facility has access to skilled medical interpreters on site?: No  
 Interpreter Non-English Languages: N  
 Medi-Cal: Y  
 Special Expertise:  
 - Physical Disabilities?:  
 - Chronic Illness?:  
 - HIV/AIDS?:  
 - Serious Mental Illness?:  
 - Homelessness?:  
 - Deaf or Hard-of-Hearing?:  
 - Blindness or Visual Impairment?:  
 - Co-occurring Disorders?:  
 If any other, please indicate:  
 Website:  
 www.neighborhoodhouse.org/nh-a-programs/adult-day-health-care-center/

### SAN MARCOS AMERICARE ADHC

Provider ID: 420060  
 340 RANCHEROS DR STE 196  
 SAN MARCOS, CA 92069-2980  
 Phone: (760) 682-2424  
 Fax: (760) 471-5104  
 After Hours Phone: (760) 682-2424  
 Accepting New Patients: No  
 Site Language(s) Spoken: Hours: M-SA 9AM-5PM  
 License number: 060000832  
 NPI: 1528271186  
 Accomodations for those with physical disabilities: W  
 Public transportation (within 1/2 mile from Site): Yes  
 American Sign Language (ASL): No  
 Language Line interpreter services: No  
 If Facility has completed cultural competence training?: No  
 Facility has access to skilled medical interpreters on site?: No  
 Interpreter Non-English Languages: N  
 Medi-Cal: Y  
 Special Expertise:  
 - Physical Disabilities?:  
 - Chronic Illness?:  
 - HIV/AIDS?:  
 - Serious Mental Illness?:  
 - Homelessness?:  
 - Deaf or Hard-of-Hearing?:  
 - Blindness or Visual Impairment?:  
 - Co-occurring Disorders?:  
 If any other, please indicate:  
 Website:  
 www.americareadhc.com

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## H. County In-Home Support Services (IHSS)

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### **AGING & INDEPENDENCE SERVICES**

Specialty: Case Management

Provider ID: 94605

AGING & INDEPENDENCE SERVICES

5560 OVERLAND AVE

SAN DIEGO, CA 92123

Phone: (858) 495-5885

Fax: (858) 495-5080

After Hours Phone:

License number: 1710308986

NPI: 1710308986

Site English Spoken: Yes

Site Language(s) Spoken:

Cultural Competency:

Hospital Affiliation:

Medi-Cal Open Panel: Yes

Min/Max Age: None

American Sign Language (ASL):

Please contact provider for Accessibility  
information

Hours: M-F 8AM-5PM

Website: [https://www.sandiegocounty.gov/  
content/sdc/hhsa/programs/ais/  
inhome\\_supportive\\_services.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome_supportive_services.html)

Medical Group(s):

IPA:

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## I. Public Authority

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### **COUNTY OF SAN DIEGO**

#### **IHSS PUBLIC AUTHORITY**

401 MILE OF CARS WAY, STE 200

NATIONAL CITY, CA 91950

Phone: (866) 351-7722

After Hours Phone:

Site English Spoken:

Site Language(s) Spoken:

Cultural Competency:

American Sign Language (ASL):

Hours: M-F 8AM-5PM

Website: <https://www.sdihsspa.com/>

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

# J. Mental Health Directory

## ALPINE

### **BARMAK, SHANT, PSY**

*Provider Gender:* Male  
*License number:* 24998  
*NPI:* 1235408972  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Armenian  
*Cultural Competency:* MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
1620 ALPINE BLVD  
ALPINE, CA 91901-1102  
*Phone:* (619) 445-6200  
*Fax:* (619) 320-3347  
*After Hours Phone:* (619) 445-6200  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **FRITZ, JENNIFER K , PSY**

*Provider Gender:* Female  
*License number:* PSY24350  
*NPI:* 1013071497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
1620 ALPINE BLVD

ALPINE, CA 91901-1102  
*Phone:* (619) 445-6200  
*Fax:* (619) 320-3347  
*After Hours Phone:* (619) 445-6200  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **MANESS, PAULA J , PSY**

*Provider Gender:* Female  
*License number:* 23787  
*NPI:* 1437312097  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
1620 ALPINE BLVD  
ALPINE, CA 91901-1102  
*Phone:* (619) 445-6200  
*Fax:* (619) 320-3347  
*After Hours Phone:* (619) 445-6200  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

*Restrictions*  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **MUIR, KATHLEEN G , MFT**

*Provider Gender:* Female  
*License number:* 52081  
*NPI:* 1093009334  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: MUIR, KATHLEEN  
2165 ARNOLD WAY  
ALPINE, CA 91901-2157  
*Phone:* (619) 873-7738  
*Fax:* (619) 324-4154  
*After Hours Phone:* (619) 873-7738  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M 6PM-9PM, TU,TH 10AM-9PM, F 10AM-1:30PM, SA 10AM-3PM

### **WINTER, JEFFERY C , PSY**

*Provider Gender:* Male  
*License number:* 6795  
*NPI:* 1396904850  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:

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# J. Mental Health Directory

**MOUNTAIN HEALTH AND  
COMMUNITY SERVICES INC**  
1620 ALPINE BLVD  
ALPINE, CA 91901-1102  
*Phone:* (619) 445-6200  
*Fax:* (619) 320-3347  
*After Hours Phone:* (619)  
445-6200  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**WOLFE, TINA L , PSY**  
*Provider Gender:* Female  
*License number:* PSY28694  
*NPI:* 1346398922  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MOUNTAIN HEALTH AND  
COMMUNITY SERVICES INC  
1620 ALPINE BLVD  
ALPINE, CA 91901-1102  
*Phone:* (619) 445-6200  
*Fax:* (619) 320-3347  
*After Hours Phone:* (619)  
445-6200  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Armenian

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

## BORREGO SPRINGS

**MCEVOY, PAMELA T , PSY**  
*Provider Gender:* Female  
*License number:* PSY10150  
*NPI:* 1043231715  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
INTEGRATED HEALTH  
PARTNERS- BORREGO  
COMMUNITY HEALTH  
FOUNDAT  
4343 YAQUI PASS ROAD  
BORREGO SPRINGS, CA  
92004  
*Phone:* (760) 767-5051  
*Fax:* (760) 767-4552  
*After Hours Phone:* (760)  
767-5051  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:* 13/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

## BONITA

**GALLEGOS SKOMAL, MARIA,  
MFT**  
*Provider Gender:* Female  
*License number:* 43149  
*NPI:* 1235294992  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
GALLEGOS SKOMAL, MARIA  
4045 BONITA RD STE 107  
BONITA, CA 91902-1300  
*Phone:* (619) 843-0242  
*Fax:* (619) 470-4711  
*After Hours Phone:* (619)  
843-0242  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*TDD:* No  
*Min/Max Age:* 0/64  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

## CAMPO

**BARMAK, SHANT, PSY**  
*Provider Gender:* Male  
*License number:* 24998  
*NPI:* 1235408972  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Armenian  
*Cultural Competency:*

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## J. Mental Health Directory

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MOUNTAIN HEALTH AND  
COMMUNITY SERVICES INC  
31115 HIGHWAY 94  
CAMPO, CA 91906-3133  
Phone: (619) 445-6200  
Fax: (619) 478-2267  
After Hours Phone: (619)  
445-6200  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Armenian  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**BARMAK, SHANT, PSY**  
Provider Gender: Male  
License number: 24998  
NPI: 1235408972  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Armenian  
Cultural Competency:  
MOUNTAIN HEALTH AND  
COMMUNITY SERVICES INC  
1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028  
Phone: (619) 445-6200  
Fax: (619) 478-2267  
After Hours Phone: (619)  
445-6200  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

Armenian  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**BRIDGEFORD, MARIE L , PSY**  
Provider Gender: Female  
License number: 29716  
NPI: 1144623869  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
MOUNTAIN HEALTH AND  
COMMUNITY SERVICES INC  
1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028  
Phone: (619) 445-6200  
Fax: (619) 478-2267  
After Hours Phone: (619)  
445-6200  
Website:  
www.beaconhealthoptions.com

Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Armenian  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**CHAMBERS, NICOLE, PSY**  
Provider Gender: Female  
License number: PSY30966

NPI: 1821297029  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
MOUNTAIN HEALTH AND  
COMMUNITY SERVICES INC  
1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028  
Phone: (619) 445-6200  
Fax: (619) 478-2267  
After Hours Phone: (619)  
445-6200  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Armenian  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**FRITZ, JENNIFER K , PSY**  
Provider Gender: Female  
License number: PSY24350  
NPI: 1013071497  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
MOUNTAIN HEALTH AND  
COMMUNITY SERVICES INC  
1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028  
Phone: (619) 445-6200  
Fax: (619) 478-2267  
After Hours Phone: (619)  
445-6200  
Website:  
www.beaconhealthoptions.com

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Armenian

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **FRITZ, JENNIFER K , PSY**

*Provider Gender:* Female

*License number:* PSY24350

*NPI:* 1013071497

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
31115 HIGHWAY 94

CAMPO, CA 91906-3133

*Phone:* (619) 445-6200

*Fax:* (619) 478-2267

*After Hours Phone:* (619)

445-6200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Armenian

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **MANESS, PAULA J , PSY**

*Provider Gender:* Female

*License number:* 23787

*NPI:* 1437312097

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028

*Phone:* (619) 445-6200

*Fax:* (619) 478-2267

*After Hours Phone:* (619)

445-6200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Armenian

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **MANESS, PAULA J , PSY**

*Provider Gender:* Female

*License number:* 23787

*NPI:* 1437312097

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
31115 HIGHWAY 94

CAMPO, CA 91906-3133

*Phone:* (619) 445-6200

*Fax:* (619) 478-2267

*After Hours Phone:* (619)  
445-6200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Armenian

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **WINTER, JEFFERY C , PSY**

*Provider Gender:* Male

*License number:* 6795

*NPI:* 1396904850

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
31115 HIGHWAY 94

CAMPO, CA 91906-3133

*Phone:* (619) 445-6200

*Fax:* (619) 478-2267

*After Hours Phone:* (619)

445-6200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Armenian

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

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## J. Mental Health Directory

*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WINTER, JEFFERY C , PSY**

*Provider Gender:* Male  
*License number:* 6795  
*NPI:* 1396904850  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028  
*Phone:* (619) 445-6200  
*Fax:* (619) 478-2267  
*After Hours Phone:* (619) 445-6200  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WOLFE, TINA L , PSY**

*Provider Gender:* Female  
*License number:* PSY28694  
*NPI:* 1346398922  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
MOUNTAIN HEALTH AND

COMMUNITY SERVICES INC  
1388 BUCKMAN SPRINGS RD  
CAMPO, CA 91906-2028  
*Phone:* (619) 445-6200  
*Fax:* (619) 478-2267  
*After Hours Phone:* (619) 445-6200

*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

## CARLSBAD

### **AFONTA, ADAOBI J , NPA**

*Provider Gender:* Female  
*License number:* 95011766  
*NPI:* 1295385581  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
COGNITIVE HEALTH SOLUTIONS INC  
2292 FARADAY AVE  
CARLSBAD, CA 92008-7238  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858) 227-0887  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

Russian, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 9AM-5PM

### **AGUILAR, JACQUELINE A , CSW**

*Provider Gender:* Female  
*License number:* 98686  
*NPI:* 1790119931  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
MEMORY CHECK PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

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## J. Mental Health Directory

---

### **AKANDE, ADERONKE, NPA**

*Provider Gender:* Female  
*License number:* 21597  
*NPI:* 1083980247  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COGNITIVE HEALTH  
SOLUTIONS INC  
2292 FARADAY AVE  
CARLSBAD, CA 92008-7238  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858)  
227-0887  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 9AM-5PM

### **ALLEN, MARK H , PSY**

*Provider Gender:* Male  
*License number:* 11665  
*NPI:* 1922042886  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
ALLEN, MARK  
1207 CARLSBAD VILLAGE DR  
STE R  
CARLSBAD, CA 92008-1958

*Phone:* (760) 846-1945  
*Fax:* (760) 434-3557  
*After Hours Phone:* (760)  
846-1945  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:* 13/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* TU,TH 9AM-7PM, F  
12PM-5PM

### **ALTAMIRANO, LEON, PSY**

*Provider Gender:* Male  
*License number:* 23734  
*NPI:* 1619271517  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
1295 CARLSBAD VILLAGE DR  
STE 100  
CARLSBAD, CA 92008-1950  
*Phone:* (760) 736-6767  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760)  
736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **AMERI, GINA, NPA**

*Provider Gender:* Female  
*License number:* 95014769  
*NPI:* 1750994323  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COGNITIVE HEALTH  
SOLUTIONS INC  
2292 FARADAY AVE  
CARLSBAD, CA 92008-7238  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858)  
227-0887  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 9AM-5PM

### **ANDERSON, ERIC, PSY**

*Provider Gender:* Male  
*License number:* 28391  
*NPI:* 1063851939  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## J. Mental Health Directory

*Cultural Competency:*  
**MEMORY CHECK**  
**PSYCHOLOGICAL SERVICES**  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**ANDRADE, GENEVIEVE, PSY**  
*Provider Gender:* Female  
*License number:* 29019  
*NPI:* 1124158027  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**MEMORY CHECK**  
**PSYCHOLOGICAL SERVICES**  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**AVILA, FERNANDO M , PSY**  
*Provider Gender:* Male  
*License number:* 31410  
*NPI:* 1962783464  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**MEMORY CHECK**  
**PSYCHOLOGICAL SERVICES**  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BAHADOR, ALBORZ, PSY**  
*Provider Gender:* Male  
*License number:* 27236  
*NPI:* 1659678068  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Farsi  
*Cultural Competency:*  
**MEMORY CHECK**  
**PSYCHOLOGICAL SERVICES**  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**BARNETT, CHALON, CSW**  
*Provider Gender:* Female  
*License number:* 87431

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## J. Mental Health Directory

NPI: 1144657537  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,  
 Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BARRETT, ANN, PSY**

Provider Gender: Female  
 License number: 28146  
 NPI: 1205380706  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520

Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,  
 Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BARRIOS, SANDRA L , CSW**

Provider Gender: Female  
 License number: 87975  
 NPI: 1821632670  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BARTLETT, SARA P , CSW**

Provider Gender: Female  
 License number: 25746  
 NPI: 1780060574  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
 Phone: (800) 275-3243  
 Fax: (760) 444-2211  
 After Hours Phone: (800)  
 275-3243  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,  
 Korean, Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: SA,SU 7AM-7PM, M-F  
 8AM-5PM

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## J. Mental Health Directory

### **BAUTISTA-SANTANA, YUBITZA, CSW**

*Provider Gender:* Female  
*License number:* 76685  
*NPI:* 1427203744  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,  
 Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BENDER, MARGARET H , CSW**

*Provider Gender:* Female  
*License number:* 101346  
*NPI:* 1326622812  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,  
 Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BENNET, MELANIE, PSY**

*Provider Gender:* Female  
*License number:* 30334  
*NPI:* 1639516602  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,  
 Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **BIRDSALL, JENNIFER A , PSY**

*Provider Gender:* Female  
*License number:* 26694  
*NPI:* 1871844084  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,  
 Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

### **BLUMENSTEIN, ROSALYNE, CSW**

*Provider Gender:* Female

*License number:* 24228

*NPI:* 1750675542

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

### **BODILY, APRIL, NPA**

*Provider Gender:* Female

*License number:* 23389

*NPI:* 1407288236

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

COGNITIVE HEALTH SOLUTIONS INC

2292 FARADAY AVE

CARLSBAD, CA 92008-7238

*Phone:* (858) 227-0887

*Fax:* (858) 430-9611

*After Hours Phone:* (858)

227-0887

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Russian, Vietnamese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 9AM-5PM

### **BOULWARE, DESSIRAE L , PSY**

*Provider Gender:* Female

*License number:* 28641

*NPI:* 1376827519

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

### **BRUZAS, JESSICA J , PSY**

*Provider Gender:* Female

*License number:* 28129

*NPI:* 1689910010

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

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## J. Mental Health Directory

---

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **BUGAS, JOHN S , PSY**

Provider Gender: Male  
License number: 10562  
NPI: 1811285356  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243

Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **BURCIAGA, HENRY, MFT**

Provider Gender: Male  
License number: MFT19940  
NPI: 1487785705  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NORTH COUNTY HEALTH

SERVICES  
1295 CARLSBAD VILLAGE DR  
STE 100  
CARLSBAD, CA 92008-1950  
Phone: (760) 736-6767  
Fax: (760) 720-7204  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **BURRELL, TRACEY, PSY**

Provider Gender: Female  
License number: 16091  
NPI: 1811079809  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **CAI, SHEILA X , MD**

Provider Gender: Female  
License number: C149845  
NPI: 1780625012  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Chinese  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
1295 CARLSBAD VILLAGE DR  
STE 100  
CARLSBAD, CA 92008-1950  
Phone: (760) 736-6767  
Fax: (760) 720-7204  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

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## J. Mental Health Directory

---

### **CAMBRONNE, MARIE-ADDLY, MD**

*Provider Gender:* Female  
*License number:* C171240  
*NPI:* 1639372543  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French  
*Cultural Competency:*

#### **MEMORY CHECK**

### **PSYCHOLOGICAL SERVICES**

5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211

*After Hours Phone:* (800) 275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

### **CARROLL, MICHAEL C , PSY**

*Provider Gender:* Male

*License number:* 24334

*NPI:* 1578731303

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

**MEMORY CHECK**

### **PSYCHOLOGICAL SERVICES**

5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

### **CASPI, HEN, PSY**

*Provider Gender:* Female

*License number:* 32520

*NPI:* 1568844207

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

**MEMORY CHECK**

### **PSYCHOLOGICAL SERVICES**

5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

### **CHALMERS, VIRGINIA, CSW**

*Provider Gender:* Female

*License number:* 28053

*NPI:* 1265613715

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:*

**NORTH COUNTY HEALTH SERVICES**

1295 CARLSBAD VILLAGE DR  
STE 100

CARLSBAD, CA 92008-1950

*Phone:* (760) 736-6767

*Fax:* (760) 720-7204

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Accessibility information  
Hours: M-F 8AM-5PM

**CHANG, GRACE, PSY**

*Provider Gender:* Female  
*License number:* 31147  
*NPI:* 1871074997  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean  
*Cultural Competency:* MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**CHENG, JIM, NPA**

*Provider Gender:* Male  
*License number:* 22852  
*NPI:* 1790122638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:

NORTH COUNTY HEALTH SERVICES  
1295 CARLSBAD VILLAGE DR STE 100  
CARLSBAD, CA 92008-1950  
*Phone:* (760) 736-6767  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760) 736-6767  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**CHEN, SHARON, PSY**

*Provider Gender:* Female  
*License number:* 21946  
*NPI:* 1376674036  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin  
*Cultural Competency:* MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:* Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**CORNER, EMILY, MFT**

*Provider Gender:* Female  
*License number:* 102353  
*NPI:* 1093225823  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NORTH COUNTY HEALTH SERVICES  
1295 CARLSBAD VILLAGE DR STE 100  
CARLSBAD, CA 92008-1950  
*Phone:* (760) 736-6767  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760) 736-6767  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information

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## J. Mental Health Directory

*Hours: M-F 8AM-5PM*

### **CORTIZO, ROSA, PSY**

*Provider Gender: Female*

*License number: 22278*

*NPI: 1952316648*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency:*

**NORTH COUNTY HEALTH SERVICES**

**1295 CARLSBAD VILLAGE DR STE 100**

**CARLSBAD, CA 92008-1950**

*Phone: (760) 736-6767*

*Fax: (760) 720-7204*

*After Hours Phone: (760)*

*736-6767*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Spanish, Chinese*

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Hours: M-F 8AM-5PM*

### **COSTELLO, MARIELA M , PSY**

*Provider Gender: Female*

*License number: 23277*

*NPI: 1801145727*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Spanish*

*Cultural Competency:*

**MEMORY CHECK**

**PSYCHOLOGICAL SERVICES**

**5838 EDISON PL STE 100**

**CARLSBAD, CA 92008-5520**

*Phone: (800) 275-3243*

*Fax: (760) 444-2211*

*After Hours Phone: (800)*

*275-3243*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi*

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Hours: SA,SU 7AM-7PM, M-F 8AM-5PM*

### **DAIMS, RICHARD, PSY**

*Provider Gender: Male*

*License number: 11929*

*NPI: 1992814701*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

**MEMORY CHECK**

**PSYCHOLOGICAL SERVICES**

**5838 EDISON PL STE 100**

**CARLSBAD, CA 92008-5520**

*Phone: (800) 275-3243*

*Fax: (760) 444-2211*

*After Hours Phone: (800)*

*275-3243*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi*

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Hours: SA,SU 7AM-7PM, M-F 8AM-5PM*

### **DALE, MARIAN, PSY**

*Provider Gender: Female*

*License number: 18257*

*NPI: 1821370941*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

**MEMORY CHECK**

**PSYCHOLOGICAL SERVICES**

**5838 EDISON PL STE 100**

**CARLSBAD, CA 92008-5520**

*Phone: (800) 275-3243*

*Fax: (760) 444-2211*

*After Hours Phone: (800)*

*275-3243*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi*

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

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## J. Mental Health Directory

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

### **DAVIS, REDD E , CSW**

*Provider Gender:* Female

*License number:* 99230

*NPI:* 1629418710

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

### **DOWNEY, MEGHAN M , PSY**

*Provider Gender:* Female

*License number:* 30788

*NPI:* 1467910901

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

### **DOYLE, TERI L , PSY**

*Provider Gender:* Female

*License number:* 19065

*NPI:* 1568003820

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

### **DUALE, FAIZA M , PSY**

*Provider Gender:* Female

*License number:* 30188

*NPI:* 1497154751

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Somali

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

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## J. Mental Health Directory

---

Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **DUVVURI, VIKAS, MD**

*Provider Gender:* Male  
*License number:* A99706  
*NPI:* 1255470480  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hindi, Telugu  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **ETTELSON, RICHARD, PSY**

*Provider Gender:* Male  
*License number:* 18953  
*NPI:* 1174569453  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **FERRARO, PIA, NPA**

*Provider Gender:* Female  
*License number:* 766694  
*NPI:* 1700203361  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COGNITIVE HEALTH  
SOLUTIONS INC  
2292 FARADAY AVE  
CARLSBAD, CA 92008-7238  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858)  
227-0887

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 9AM-5PM

### **FISHER, MELISSA A , NPA**

*Provider Gender:* Female  
*License number:* 620421  
*NPI:* 1316108616  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **FLEISHMAN, SCOTT A , PSY**

*Provider Gender:* Male  
*License number:* 18011  
*NPI:* 1942411343  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **FLYNN (NEWMAN), DANIELLE I , PSY**

*Provider Gender:* U  
*License number:* 26184  
*NPI:* 1477785137  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
1295 CARLSBAD VILLAGE DR  
STE 100  
CARLSBAD, CA 92008-1950  
*Phone:* (760) 736-6767  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760)  
736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **FOSTER, RHYAN N , PSY**

*Provider Gender:* Female  
*License number:* PSY30106  
*NPI:* 1447617519  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **FOWLER, BROCK L , PSY**

*Provider Gender:* Male  
*License number:* 20528  
*NPI:* 1841408127  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No

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## J. Mental Health Directory

---

Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

**FRANCE, SHADAVIA C , PSY**

*Provider Gender:* Female  
*License number:* 31452  
*NPI:* 1003122854  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

**FREEMAN, WANDA, NPA**

*Provider Gender:* Female  
*License number:* 95003903  
*NPI:* 1659504264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
1295 CARLSBAD VILLAGE DR  
STE 100  
CARLSBAD, CA 92008-1950  
*Phone:* (760) 736-6767  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760)  
736-6767  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**GARCIA, JANET A , CSW**

*Provider Gender:* Female  
*License number:* 91462  
*NPI:* 1790144756  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
1295 CARLSBAD VILLAGE DR  
STE 100  
CARLSBAD, CA 92008-1950  
*Phone:* (760) 736-6767  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760)  
736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**GENGENBACHER, MARIA A , PSY**

*Provider Gender:* Female  
*License number:* 21014  
*NPI:* 1508098021  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for

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## J. Mental Health Directory

Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **GEORGIEV, MARY JO C , PSY**

Provider Gender: Female

License number: 17954

NPI: 1518996875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

1295 CARLSBAD VILLAGE DR  
STE 100

CARLSBAD, CA 92008-1950

Phone: (760) 736-6767

Fax: (760) 720-7204

After Hours Phone: (760)

736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **GERAGHTY, MICHAEL E , PSY**

Provider Gender: Male

License number: 30600

NPI: 1114491545

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

Phone: (800) 275-3243

Fax: (760) 444-2211

After Hours Phone: (800)

275-3243

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: SA,SU 7AM-7PM, M-F

8AM-5PM

### **GERAUGHTY (OLEARY),**

### **PAMELA J , CSW**

Provider Gender: Female

License number: 25138

NPI: 1063800217

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH

SERVICES

1295 CARLSBAD VILLAGE DR  
STE 100

CARLSBAD, CA 92008-1950

Phone: (760) 736-6767

Fax: (760) 720-7204

After Hours Phone: (760)

736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **GHEYTANCHI, ANAHITA, PSY**

Provider Gender: Female

License number: 25467

NPI: 1538466800

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

Phone: (800) 275-3243

Fax: (760) 444-2211

After Hours Phone: (800)

275-3243

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

**GIRALDO, FIORELLA P , CSW**

*Provider Gender:* Female

*License number:* 13315

*NPI:* 1932235611

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FIORELLA GIRALDO

8019 PASEO ALISO

CARLSBAD, CA 92009-9026

*Phone:* (760) 519-5409

*Fax:* (760) 635-0852

*After Hours Phone:* (760)

519-5409

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* TU,TH 9AM-5PM, W  
9AM-12PM

**GIVEN, JEANNETTE E , PSY**

*Provider Gender:* Female

*License number:* 12040

*NPI:* 1952529422

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

**GLOOR MAUNG, PRISCA, PSY**

*Provider Gender:* Female

*License number:* 21864

*NPI:* 1699809251

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

**GONZALEZ, JOSE, CSW**

*Provider Gender:* Male

*License number:* 80920

*NPI:* 1689844847

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

1295 CARLSBAD VILLAGE DR  
STE 100

CARLSBAD, CA 92008-1950

*Phone:* (760) 736-6767

*Fax:* (760) 720-7204

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

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## J. Mental Health Directory

---

### **GOREWITZ, JANET F , PSY**

*Provider Gender:* Female

*License number:* 12213

*NPI:* 1952742306

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

### **GUEVARA LEHMAN, NATALIE, CSW**

*Provider Gender:* Female

*License number:* 63746

*NPI:* 1578835757

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

NORTH COUNTY HEALTH

SERVICES

1295 CARLSBAD VILLAGE DR  
STE 100

CARLSBAD, CA 92008-1950

*Phone:* (760) 736-6767

*Fax:* (760) 720-7204

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **HALL, KIMBERLY A , PSY**

*Provider Gender:* Female

*License number:* PSY19448

*NPI:* 1730232356

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

### **HANSEN, JULIE H , CSW**

*Provider Gender:* Female

*License number:* 23641

*NPI:* 1366576886

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

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## J. Mental Health Directory

---

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**HARRIS, CATHERINE G , PSY**

*Provider Gender:* Female

*License number:* 22197

*NPI:* 1871743880

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

**HARRIS, SUSAN A , MD**

*Provider Gender:* Female

*License number:* C50886

*NPI:* 1982700365

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

**HEICKLEN, OKSANA, MFT**

*Provider Gender:* Female

*License number:* 43656

*NPI:* 1093938664

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Russian

*Cultural Competency:*

HEICKLEN, OKSANA

2564 STATE ST STE B

CARLSBAD, CA 92008-1662

*Phone:* (760) 805-4740

*Fax:* (760) 407-6099

*After Hours Phone:* (760)

805-4740

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Russian

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 10AM-8PM

**HIRSCH, NORMA J , PSY**

*Provider Gender:* Female

*License number:* 15140

*NPI:* 1073706982

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### **HOANG, HANNAH, CSW**

*Provider Gender:* Female  
*License number:* LCSW95198  
*NPI:* 1760615348  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 COGNITIVE HEALTH  
 SOLUTIONS INC  
 2292 FARADAY AVE  
 CARLSBAD, CA 92008-7238  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858)  
 227-0887  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Russian, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 9AM-5PM

### **HOOKE, TERESA J , PSY**

*Provider Gender:* Female  
*License number:* 30780  
*NPI:* 1750586731  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,  
 Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **HURST, SUSAN I , PSY**

*Provider Gender:* Female  
*License number:* 14337  
*NPI:* 1336157379  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **IZBICKI, KRISTEN, PSY**

*Provider Gender:* Female  
*License number:* 28924  
*NPI:* 1528327350  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,  
 Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

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## J. Mental Health Directory

### **JARAMILLO, CARLA, PSY**

*Provider Gender:* Female  
*License number:* 27512  
*NPI:* 1689823627  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,  
 Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **JENSEN, BRIAN M , PSY**

*Provider Gender:* Male  
*License number:* 26041  
*NPI:* 1518138049  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NORTH COUNTY HEALTH  
 SERVICES

1295 CARLSBAD VILLAGE DR  
 STE 100

CARLSBAD, CA 92008-1950  
*Phone:* (760) 736-6767  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760)  
 736-6767  
*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **JONES, ALYCIA S , CSW**

*Provider Gender:* Female  
*License number:* 94372  
*NPI:* 1942815550  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **JOUDY, RAEDA S , PSY**

*Provider Gender:* Female  
*License number:* 28972  
*NPI:* 1295925501  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Arabic  
*Cultural Competency:*  
 MEMORY CHECK  
 PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,  
 Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F

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## J. Mental Health Directory

8AM-5PM

### **KANG, DIANA C , PSY**

*Provider Gender:* Female

*License number:* 27101

*NPI:* 1215016985

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Korean

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

### **KEATS, LAUREN B , PSY**

*Provider Gender:* Female

*License number:* 29411

*NPI:* 1356699342

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

### **KELSON, MONICA B , PSY**

*Provider Gender:* Female

*License number:* 13224

*NPI:* 1922184803

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

### **KHALITCHI, MARJANEH, PSY**

*Provider Gender:* Female

*License number:* 32068

*NPI:* 1558962324

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

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## J. Mental Health Directory

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Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **KLIGER, JARED C , PSY**

Provider Gender: Male

License number: 22666

NPI: 1477787802

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

Phone: (800) 275-3243

Fax: (760) 444-2211

After Hours Phone: (800)

275-3243

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **KOGOUT, OXANA A , NPA**

Provider Gender: Female

License number: 95004052

NPI: 1477910214

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency:

COGNITIVE HEALTH

SOLUTIONS INC

2292 FARADAY AVE

CARLSBAD, CA 92008-7238

Phone: (858) 227-0887

Fax: (858) 430-9611

After Hours Phone: (858)

227-0887

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian, Vietnamese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 9AM-5PM

### **KOOZEKANANI, ROSHAN S , MD**

Provider Gender: Female

License number: C 171720

NPI: 1407878515

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

Phone: (800) 275-3243

Fax: (760) 444-2211

After Hours Phone: (800)

275-3243

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **KRAETZ, FRANK A , PSY**

Provider Gender: Male

License number: 30944

NPI: 1366787764

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

Phone: (800) 275-3243

Fax: (760) 444-2211

After Hours Phone: (800)

275-3243

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for

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## J. Mental Health Directory

---

Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **KRAPES, MICHAEL B , PSY**

*Provider Gender:* Male

*License number:* 25077

*NPI:* 1215233028

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

1295 CARLSBAD VILLAGE DR  
STE 100

CARLSBAD, CA 92008-1950

*Phone:* (760) 736-6767

*Fax:* (760) 720-7204

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **KRUEGER, BONNIE, PSY**

*Provider Gender:* Female

*License number:* 16400

*NPI:* 1144425935

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **KU, WENDY, PSY**

*Provider Gender:* Female

*License number:* 24640

*NPI:* 1932242716

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **LEAKE, MADELEINE, PSY**

*Provider Gender:* Female

*License number:* 29896

*NPI:* 1336640226

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

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## J. Mental Health Directory

---

*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **LI, TORNA, PSY**

*Provider Gender:* Female

*License number:* 25938

*NPI:* 1154579431

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

### **LOPEZ, FREDERICK, PSY**

*Provider Gender:* Male

*License number:* 32140

*NPI:* 1669671699

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

### **LYNN, BRIAN W , PSY**

*Provider Gender:* Male

*License number:* 19295

*NPI:* 1972046423

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

### **MACKIE, MICHAEL W , PSY**

*Provider Gender:* Male

*License number:* 30000

*NPI:* 1851881379

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

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## J. Mental Health Directory

Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **MAKAIPO, JANELLE, MFT**

*Provider Gender:* Female  
*License number:* 44159  
*NPI:* 1114450640  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COGNITIVE HEALTH  
SOLUTIONS INC  
2292 FARADAY AVE  
CARLSBAD, CA 92008-7238  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858)  
227-0887  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian, Vietnamese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 9AM-5PM

### **MANN, PAVANINDER S , PSY**

*Provider Gender:* Male  
*License number:* 18296  
*NPI:* 1306931167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Panjabi, Punjabi  
*Cultural Competency:*  
MEMORY CHECK

PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211

*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **MARTINEZ, OLGA G , PSY**

*Provider Gender:* Female  
*License number:* PSY21924  
*NPI:* 1801939731  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **MASSIMINO, ASHLEY A , PSY**

*Provider Gender:* Female  
*License number:* 23992  
*NPI:* 1619161569  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for

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## J. Mental Health Directory

---

Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **MCKOWN, JULIE, NPA**

Provider Gender: Female

License number: 95010619

NPI: 1205393964

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

Phone: (800) 275-3243

Fax: (760) 444-2211

After Hours Phone: (800)

275-3243

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **MEISENHEIMER, DANIEL, CSW**

Provider Gender: Male

License number: 74848

NPI: 1073875548

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

Phone: (800) 275-3243

Fax: (760) 444-2211

After Hours Phone: (800)

275-3243

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **MELE, ANTHONY J , PSY**

Provider Gender: Male

License number: 30995

NPI: 1619021599

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

Phone: (800) 275-3243

Fax: (760) 444-2211

After Hours Phone: (800)

275-3243

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **MELVILLE, TAYLOR, PSY**

Provider Gender: Female

License number: PSY30319

NPI: 1518480730

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

Phone: (800) 275-3243

Fax: (760) 444-2211

After Hours Phone: (800)

275-3243

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

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## J. Mental Health Directory

---

### Restrictions

*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **MENDONSA, ANDREW D , PSY**

*Provider Gender:* Male  
*License number:* 23208  
*NPI:* 1760530117  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **MESGARHA, EIMA, PSY**

*Provider Gender:* Female  
*License number:* 29797

*NPI:* 1518335017

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi

*Cultural Competency:*

MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)  
275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **METELLUS, JENNA, PSY**

*Provider Gender:* Female

*License number:* 30486

*NPI:* 1891043865

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)  
275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **MISCHKA, MELISSA F , PSY**

*Provider Gender:* Female

*License number:* 28982

*NPI:* 1730496183

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,

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## J. Mental Health Directory

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Korean, Panjabi, Punjabi

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Hours: SA,SU 7AM-7PM, M-F 8AM-5PM*

### **MOENCH, PAUL, PSY**

*Provider Gender: Male*

*License number: 18012*

*NPI: 1033430889*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

**MEMORY CHECK**

**PSYCHOLOGICAL SERVICES**

**5838 EDISON PL STE 100**

**CARLSBAD, CA 92008-5520**

*Phone: (800) 275-3243*

*Fax: (760) 444-2211*

*After Hours Phone: (800)*

*275-3243*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Amharic, Arabic, Mandarin,*

*German, Farsi, French, Hindi,*

*Korean, Panjabi, Punjabi*

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Hours: SA,SU 7AM-7PM, M-F 8AM-5PM*

### **MONTEZ, REBECCA, CSW**

*Provider Gender: Female*

*License number: 26869*

*NPI: 1396047809*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency:*

**NORTH COUNTY HEALTH SERVICES**

**1295 CARLSBAD VILLAGE DR**

**STE 100**

**CARLSBAD, CA 92008-1950**

*Phone: (760) 736-6767*

*Fax: (760) 720-7204*

*After Hours Phone: (760)*

*736-6767*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Spanish, Chinese*

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Hours: M-F 8AM-5PM*

### **MOON, MALLORY L , PSY**

*Provider Gender: Female*

*License number: 31108*

*NPI: 1205496932*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

**MEMORY CHECK**

**PSYCHOLOGICAL SERVICES**

**5838 EDISON PL STE 100**

**CARLSBAD, CA 92008-5520**

*Phone: (800) 275-3243*

*Fax: (760) 444-2211*

*After Hours Phone: (800) 275-3243*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Amharic, Arabic, Mandarin,*

*German, Farsi, French, Hindi,*

*Korean, Panjabi, Punjabi*

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Hours: SA,SU 7AM-7PM, M-F 8AM-5PM*

### **NEVITT, JENNIFER A , PSY**

*Provider Gender: Female*

*License number: 15338*

*NPI: 1790267292*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

**MEMORY CHECK**

**PSYCHOLOGICAL SERVICES**

**5838 EDISON PL STE 100**

**CARLSBAD, CA 92008-5520**

*Phone: (800) 275-3243*

*Fax: (760) 444-2211*

*After Hours Phone: (800)*

*275-3243*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Amharic, Arabic, Mandarin,*

*German, Farsi, French, Hindi,*

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## J. Mental Health Directory

Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

### **NGUYEN, CHINH, CSW**

*Provider Gender:* Female  
*License number:* 63687  
*NPI:* 1679717045  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* COGNITIVE HEALTH SOLUTIONS INC  
 2292 FARADAY AVE  
 CARLSBAD, CA 92008-7238  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858) 227-0887  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Russian, Vietnamese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 9AM-5PM

### **NGUYEN, LILI K , PSY**

*Provider Gender:* Female  
*License number:* 28728  
*NPI:* 1881967123  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* MEMORY CHECK PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211

*After Hours Phone:* (800) 275-3243  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

### **OBI, RACHAEL I , NRS**

*Provider Gender:* Female  
*License number:* 95011263  
*NPI:* 1760940001  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* *Cultural Competency:* MEMORY CHECK PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

### **OKORONKWO, NNENNAYA, NPA**

*Provider Gender:* Female  
*License number:* 95010504  
*NPI:* 1710458096  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* *Cultural Competency:* MEMORY CHECK PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800) 275-3243  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Amharic, Arabic, Mandarin,

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## J. Mental Health Directory

---

German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **OVERIN, FORREST M , MFT**

Provider Gender: Male  
License number: 20617  
NPI: 1952459398  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FORREST M OVERIN, LMFT  
2945 HARDING ST STE 105  
CARLSBAD, CA 92008-1818  
Phone: (760) 434-1941  
Fax: (760) 433-1941  
After Hours Phone: (760)  
434-1941  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: W,F 10AM-6PM, SA  
8AM-2PM

### **PARK, RUSSELL D , PSY**

Provider Gender: Male

License number: 14275  
NPI: 1326020710  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **PEER, LORNA K , PSY**

Provider Gender: Female  
License number: 23958  
NPI: 1922260561  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520

Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **PHAM, LOAN V , NPA**

Provider Gender: Female  
License number: 16368  
NPI: 1053440065  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,

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## J. Mental Health Directory

Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: SA,SU 7AM-7PM, M-F 8AM-5PM

### **RAMIREZ, RANDALL A , CSW**

Provider Gender: Male  
License number: 9206  
NPI: 1023120318  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800) 275-3243  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: SA,SU 7AM-7PM, M-F

8AM-5PM

### **REED, JASMINE, PSY**

Provider Gender: Female  
License number: 30592  
NPI: 1871814830  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800) 275-3243  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: SA,SU 7AM-7PM, M-F 8AM-5PM

### **REININGA, ERIC J , PSY**

Provider Gender: Male  
License number: 18803  
NPI: 1710146816  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: MEMORY CHECK  
PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800) 275-3243  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Amharic, Arabic, Mandarin, German, Farsi, French, Hindi, Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: SA,SU 7AM-7PM, M-F 8AM-5PM

### **RIZZUTO, CORY, PSY**

Provider Gender: Male  
License number: 28117  
NPI: 1083995930  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800) 275-3243  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **ROBINSON, PICOLYA K , PSY**

Provider Gender: Female  
License number: 30796  
NPI: 1699977934  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information

Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **ROSENBLUM-FISHMAN, SARA, PSY**

Provider Gender: Female  
License number: 29104  
NPI: 1982860706  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **SAID, SARA, PSY**

Provider Gender: Female  
License number: 22653  
NPI: 1174654149  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Amharic, Tigrinya

Cultural Competency:  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: SA,SU 7AM-7PM, M-F  
8AM-5PM

### **SAMUELS, DEANNE, PSY**

Provider Gender: Female  
License number: PSY18392  
NPI: 1144859836  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
Phone: (800) 275-3243  
Fax: (760) 444-2211  
After Hours Phone: (800)  
275-3243  
Website:  
www.beaconhealthoptions.com

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## J. Mental Health Directory

---

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **SANCHEZ, JULIE, PSY**

*Provider Gender:* Female

*License number:* 31013

*NPI:* 1013165836

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **SCAGLIONE, CRIS, PSY**

*Provider Gender:* Female

*License number:* 30718

*NPI:* 1770732927

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **SELDEN, CATHERINE, PSY**

*Provider Gender:* Female

*License number:* 15943

*NPI:* 1134636764

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **SHIRINIAN, MOSES S , PSY**

*Provider Gender:* Male

*License number:* 23194

*NPI:* 1477902864

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

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## J. Mental Health Directory

---

**Website:**

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

**SIMMONS, LILIANA C , NPA**

*Provider Gender:* Female

*License number:* 177800

*NPI:* 1396113254

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

1295 CARLSBAD VILLAGE DR  
STE 100

CARLSBAD, CA 92008-1950

*Phone:* (760) 736-6767

*Fax:* (760) 720-7204

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

**Restrictions**

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

**SIMMONS, SUZANNE, NPA**

*Provider Gender:* Female

*License number:* 95016129

*NPI:* 1245733450

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

1295 CARLSBAD VILLAGE DR  
STE 100

CARLSBAD, CA 92008-1950

*Phone:* (760) 736-6767

*Fax:* (760) 720-7204

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

**SIMPSON, ERIC, PSY**

*Provider Gender:* Male

*License number:* 28885

*NPI:* 1710110416

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

**Cultural Competency:**

NORTH COUNTY HEALTH  
SERVICES

1295 CARLSBAD VILLAGE DR  
STE 100

CARLSBAD, CA 92008-1950

*Phone:* (760) 736-6767

*Fax:* (760) 720-7204

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

**SMITH, MARYAM, PSY**

*Provider Gender:* Female

*License number:* 27252

*NPI:* 1396916169

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **SONG, NATALIE, NPA**

*Provider Gender:* Female  
*License number:* 95011618  
*NPI:* 1790207215  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for

Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **SOUTH, LARA L , PSY**

*Provider Gender:* Female  
*License number:* 31523  
*NPI:* 1851652655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **SPEARS, KENNETH B , PSY**

*Provider Gender:* Male  
*License number:* 29427  
*NPI:* 1700390366  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **STAEFFLER, IMME, PSY**

*Provider Gender:* Female  
*License number:* 29936  
*NPI:* 1558875351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
German  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com

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## J. Mental Health Directory

---

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

### **STARK, ROHN, PSY**

*Provider Gender:* Male

*License number:* 26386

*NPI:* 1902219850

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

### **SUEN, TIFFANY R , PSY**

*Provider Gender:* Female

*License number:* 31554

*NPI:* 1609152537

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Mandarin

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

### **SWISTUN, DOMINIKA, PSY**

*Provider Gender:* Female

*License number:* 30984

*NPI:* 1669875373

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

### **TABISH, RAINIE, PSY**

*Provider Gender:* Female

*License number:* 28333

*NPI:* 1134367832

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

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## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **TAYLOR, CORRDERO A , CSW**

*Provider Gender:* Male  
*License number:* 71284  
*NPI:* 1346501533  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
1295 CARLSBAD VILLAGE DR  
STE 100  
CARLSBAD, CA 92008-1950  
*Phone:* (760) 736-6767  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760)  
736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **TORRES, HECTOR M , PSY**

*Provider Gender:* Male  
*License number:* 13309  
*NPI:* 1720265614  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
1295 CARLSBAD VILLAGE DR  
STE 100  
CARLSBAD, CA 92008-1950  
*Phone:* (760) 736-6767  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760)  
736-6767

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **TRUONG, DONNA, PSY**

*Provider Gender:* Female  
*License number:* 30689  
*NPI:* 1972798098  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Amharic, Arabic, Mandarin,  
German, Farsi, French, Hindi,  
Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
8AM-5PM

### **TYLER, CAROL P , PSY**

*Provider Gender:* Female  
*License number:* 23922  
*NPI:* 1902842370  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MEMORY CHECK  
PSYCHOLOGICAL SERVICES  
5838 EDISON PL STE 100  
CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
275-3243  
*Website:*  
www.beaconhealthoptions.com

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,  
 Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **VETTER, JEAN L , CSW**

*Provider Gender:* Female  
*License number:* 93945  
*NPI:* 1659898641  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NORTH COUNTY HEALTH  
 SERVICES  
 1295 CARLSBAD VILLAGE DR  
 STE 100  
 CARLSBAD, CA 92008-1950  
*Phone:* (760) 736-6767  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760)  
 736-6767  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No

Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **WALKER, SHAYNA T , MD**

*Provider Gender:* Female  
*License number:* A107393  
*NPI:* 1760688295  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NORTH COUNTY HEALTH  
 SERVICES  
 1295 CARLSBAD VILLAGE DR  
 STE 100  
 CARLSBAD, CA 92008-1950  
*Phone:* (760) 736-6767  
*Fax:* (760) 720-7204  
*After Hours Phone:* (760)  
 736-6767  
*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **WARD MCKINLAY, THOMAS, PSY**

*Provider Gender:* Male  
*License number:* 7065  
*NPI:* 1346778081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MEMORY CHECK

PSYCHOLOGICAL SERVICES  
 5838 EDISON PL STE 100  
 CARLSBAD, CA 92008-5520  
*Phone:* (800) 275-3243  
*Fax:* (760) 444-2211  
*After Hours Phone:* (800)  
 275-3243  
*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Amharic, Arabic, Mandarin,  
 German, Farsi, French, Hindi,  
 Korean, Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* SA,SU 7AM-7PM, M-F  
 8AM-5PM

### **WARD, ELIZABETH T , MFT**

*Provider Gender:* Female  
*License number:* 29328  
*NPI:* 1487689725  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 COGNITIVE HEALTH  
 SOLUTIONS INC  
 2292 FARADAY AVE  
 CARLSBAD, CA 92008-7238  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858)  
 227-0887  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site Language(s) Spoken:*

Russian, Vietnamese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for

Accessibility information

*Hours:* M-F 9AM-5PM

**WELCH, MEGAN, MFT**

*Provider Gender:* Female

*License number:* 113763

*NPI:* 1689117400

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH SERVICES

1295 CARLSBAD VILLAGE DR STE 100

CARLSBAD, CA 92008-1950

*Phone:* (760) 736-6767

*Fax:* (760) 720-7204

*After Hours Phone:* (760) 736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

**YANEZ-CRUZ, EVETTE, PSY**

*Provider Gender:* Female

*License number:* 23985

*NPI:* 1104969427

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800) 275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for

Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F 8AM-5PM

**ZALEWSKI ZARAGOZA,**

**ROBERT A , MD**

*Provider Gender:* Male

*License number:* A85005

*NPI:* 1720054133

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800) 275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

Korean, Panjabi, Punjabi

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for

Accessibility information

*Hours:* SA,SU 7AM-7PM, M-F

8AM-5PM

**ZANOLINI, SHANNA, PSY**

*Provider Gender:* Female

*License number:* 22836

*NPI:* 1194038265

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MEMORY CHECK

PSYCHOLOGICAL SERVICES

5838 EDISON PL STE 100

CARLSBAD, CA 92008-5520

*Phone:* (800) 275-3243

*Fax:* (760) 444-2211

*After Hours Phone:* (800)

275-3243

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Amharic, Arabic, Mandarin,

German, Farsi, French, Hindi,

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# J. Mental Health Directory

Korean, Panjabi, Punjabi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: SA,SU 7AM-7PM, M-F 8AM-5PM

## CHULA VISTA

**ABDULLAH, KERI, PSY**

Provider Gender: Female

License number: 29990

NPI: 1699840587

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours:

**ABDULLAH, KERI, PSY**

Provider Gender: Female

License number: 29990

NPI: 1699840587

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

**ABDULLAH, KERI, PSY**

Provider Gender: Female

License number: 29990

NPI: 1699840587

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**AGUAYO, SILVIA R , MFT**

Provider Gender: Female

License number: 45814

NPI: 1982927059

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

AGUAYO, SILVIA

229 F ST STE A

CHULA VISTA, CA 91910-2822

Phone: (619) 454-0055

Fax: (619) 432-0045

After Hours Phone: (619)

454-0055

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*Site Language(s) Spoken:*

Spanish

*TDD:* Yes

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 9AM-8:30PM, SA 9AM-12PM

**AGUIRRE, LEAH B , CSW**

*Provider Gender:* Female

*License number:* 74440

*NPI:* 1306151998

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:*

**AGUIRRE, LEAH B , CSW**

*Provider Gender:* Female

*License number:* 74440

*NPI:* 1306151998

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**

*Provider Gender:* Female

*License number:* 74440

*NPI:* 1306151998

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619) 515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**AGUIRRE, WENDY, CSW**

*Provider Gender:* Female

*License number:* 74219

*NPI:* 1205946282

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619) 515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

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## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **AGUIRRE, WENDY, CSW**

*Provider Gender:* Female  
*License number:* 74219  
*NPI:* 1205946282  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **AGUIRRE, WENDY, CSW**

*Provider Gender:* Female  
*License number:* 74219  
*NPI:* 1205946282  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*  
**AIDAR-CURRIER, RENATA,  
CSW**  
*Provider Gender:* Female  
*License number:* LCSW26063  
*NPI:* 1932277597

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:*  
AIDAR-CURRIER, RENATA  
625 THIRD AVE  
CHULA VISTA, CA 91910-5703  
*Phone:* (619) 804-6918  
*Fax:* (619) 476-7566  
*After Hours Phone:* (619)  
804-6918  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Portuguese, Spanish  
*TDD:* No  
*Min/Max Age:* 13/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M 1PM-7PM, TU  
3PM-8PM, W 10AM-8PM, SA  
9AM-1PM

### **ALAVI, ALI S , MD**

*Provider Gender:* Male  
*License number:* A163793  
*NPI:* 1356856694  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338

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## J. Mental Health Directory

**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender  
Restrictions  
**American Sign Language (ASL):**  
Yes  
Please contact provider for  
Accessibility information  
**Hours:** M-F 8:30AM-5PM

### **ALAVI, ALI S , MD**

**Provider Gender:** Male  
**License number:** A163793  
**NPI:** 1356856694  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619)  
515-2338  
**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender

**Restrictions**  
**American Sign Language (ASL):**  
Yes  
Please contact provider for  
Accessibility information  
**Hours:**

### **ALFARO, AMY, CSW**

**Provider Gender:** Female  
**License number:** 72874  
**NPI:** 1609326859  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
Spanish  
**Cultural Competency:**  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619)  
515-2338  
**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender  
Restrictions  
**American Sign Language (ASL):**  
Yes  
Please contact provider for  
Accessibility information  
**Hours:** M-F 8:30AM-5PM

### **ALFARO, AMY, CSW**

**Provider Gender:** Female  
**License number:** 72874

**NPI:** 1609326859  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
Spanish  
**Cultural Competency:**  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619)  
515-2338  
**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
Restrictions  
**American Sign Language (ASL):**  
Yes  
Please contact provider for  
Accessibility information  
**Hours:**

### **ALTERS, DENNIS, MD**

**Provider Gender:** Male  
**License number:** G36206  
**NPI:** 1457371635  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **ALTERS, DENNIS, MD**

Provider Gender: Male  
License number: G36206  
NPI: 1457371635  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,

Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

### **ALTERS, DENNIS, MD**

Provider Gender: Male  
License number: G36206  
NPI: 1457371635  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **ARAGON, DARINKA M , MD**

Provider Gender: Female  
License number: A139241  
NPI: 1114347291  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **ARAGON, DARINKA M , MD**

Provider Gender: Female  
License number: A139241  
NPI: 1114347291  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

**ARAGON, DARINKA M , MD**  
Provider Gender: Female  
License number: A139241  
NPI: 1114347291  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**ARIELLA, LYNDIA R , PSY**  
Provider Gender: Female  
License number: 19450  
NPI: 1073518965  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F  
8:30AM-12:30PM

**ARIELLA, LYNDIA R , PSY**  
Provider Gender: Female  
License number: 19450  
NPI: 1073518965  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

**ARIELLA, LYNDIA R , PSY**  
Provider Gender: Female  
License number: 19450  
NPI: 1073518965  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
License number: 14619  
NPI: 1033623293  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
License number: 14619  
NPI: 1033623293  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
License number: 14619  
NPI: 1033623293  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
License number: LCSW75956  
NPI: 1083056279  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

**SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

**ASUNCION, JENNIFER, CSW**  
*Provider Gender:* Male  
*License number:* LCSW75956  
*NPI:* 1083056279  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**  
*Provider Gender:* Male  
*License number:* LCSW75956  
*NPI:* 1083056279  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information

*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**AUCOIN, DOUGLAS, CSW**  
*Provider Gender:* Male  
*License number:* 24707  
*NPI:* 1699007609  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**  
*Provider Gender:* Male  
*License number:* 24707  
*NPI:* 1699007609  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE  
CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### AUCOIN, DOUGLAS, CSW

Provider Gender: Male

License number: 24707

NPI: 1699007609

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### AVILA, RADOMIR M , CSW

Provider Gender: Male

License number: 75520

NPI: 1487937330

Provider English Spoken: Yes

Provider Language(s) Spoken:

Portuguese, Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

Hours:

### AVILA, RADOMIR M , CSW

Provider Gender: Male

License number: 75520

NPI: 1487937330

Provider English Spoken: Yes

Provider Language(s) Spoken:

Portuguese, Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### AVILA, RADOMIR M , CSW

Provider Gender: Male

License number: 75520

NPI: 1487937330

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## J. Mental Health Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BANZON, CHARLES, MFT**

*Provider Gender:* Male  
*License number:* 49126  
*NPI:* 1457422966  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **BANZON, CHARLES, MFT**

*Provider Gender:* Male  
*License number:* 49126  
*NPI:* 1457422966  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue

Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male  
*License number:* 90529  
*NPI:* 1194159871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

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## J. Mental Health Directory

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male  
*License number:* 90529  
*NPI:* 1194159871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male  
*License number:* 90529  
*NPI:* 1194159871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **BARTHOLOMEW, SARAH C , CSW**

*Provider Gender:* Female  
*License number:* 86542  
*NPI:* 1720339708  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

*Provider Gender:* Female  
*License number:* 86542  
*NPI:* 1720339708  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:*

**BENNETT, RACHEL Q , CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**BENNETT, RACHEL Q , CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:*

**BENZL, JERRY F , MD**

*Provider Gender:* Male  
*License number:* A154471  
*NPI:* 1487032082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BENZL, JERRY F , MD**

*Provider Gender:* Male

*License number:* A154471

*NPI:* 1487032082

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:*

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female

*License number:* 63313

*NPI:* 1922305465

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female

*License number:* 63313

*NPI:* 1922305465

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:*

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female

*License number:* 63313

*NPI:* 1922305465

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BIRNBAUM, DEBORAH, MD**

*Provider Gender:* Female

*License number:* 20A11387

*NPI:* 1639308265

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BIRNBAUM, DEBORAH, MD**

*Provider Gender:* Female

*License number:* 20A11387

*NPI:* 1639308265

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **BIRNBAUM, DEBORAH, MD**

*Provider Gender:* Female

*License number:* 20A11387

*NPI:* 1639308265

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **BOND, ALAN, PSY**

*Provider Gender:* Male

*License number:* PSY25805

*NPI:* 1881927184

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

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## J. Mental Health Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TDD: No<br>Min/Max Age:<br>Gender Restriction: No Gender Restrictions<br>American Sign Language (ASL): Yes<br>Please contact provider for Accessibility information<br>Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8:30AM-12:30PM<br><b>BORREGO, DIANA E , NPA</b><br>Provider Gender: Female<br>License number: 95005019<br>NPI: 1184012866<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO<br>251 LANDIS AVE<br>CHULA VISTA, CA 91910-2628<br>Phone: (619) 515-2338<br>Fax: (619) 702-8536<br>After Hours Phone: (619) 515-2338<br>Website: www.beaconhealthoptions.com<br>Accepting New Patients: Yes<br>Site English Spoken: Yes<br>Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese<br>TDD: No<br>Min/Max Age: 0/99<br>Gender Restriction: No Gender Restrictions<br>American Sign Language (ASL): Yes<br>Please contact provider for Accessibility information<br>Hours: M-F 8:30AM-5PM | CHULA VISTA, CA 91910-2609<br>Phone: (619) 515-2338<br>Fax: (619) 702-8536<br>After Hours Phone: (619) 515-2338<br>Website: www.beaconhealthoptions.com<br>Accepting New Patients: Yes<br>Site English Spoken: Yes<br>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese<br>TDD: No<br>Min/Max Age: 0/99<br>Gender Restriction: No Gender Restrictions<br>American Sign Language (ASL): Yes<br>Please contact provider for Accessibility information<br>Hours: M-F 8:30AM-5PM |
| <b>BORREGO, DIANA E , NPA</b><br>Provider Gender: Female<br>License number: 95005019<br>NPI: 1184012866<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO<br>352 L ST<br>CHULA VISTA, CA 91911-1208<br>Phone: (619) 515-2338<br>Fax: (619) 702-8536<br>After Hours Phone: (619) 515-2338<br>Website: www.beaconhealthoptions.com<br>Accepting New Patients: Yes<br>Site English Spoken: Yes<br>Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese<br>TDD: No<br>Min/Max Age:<br>Gender Restriction: No Gender Restrictions<br>American Sign Language (ASL): Yes<br>Please contact provider for Accessibility information<br>Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F | <b>BORREGO, DIANA E , NPA</b><br>Provider Gender: Female<br>License number: 95005019<br>NPI: 1184012866<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO<br>248 LANDIS AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>BROWN, CRAIG A , MD</b><br>Provider Gender: Male<br>License number: G28188<br>NPI: 1730239989<br>Provider English Spoken: Yes<br>Provider Language(s) Spoken: Cultural Competency: BROWN, CRAIG<br>480 FOURTH AVE STE 511<br>CHULA VISTA, CA 91910-4414<br>Phone: (619) 426-0370<br>Fax: (619) 426-0676<br>After Hours Phone: (619) 426-0370<br>Website: www.beaconhealthoptions.com<br>Accepting New Patients: Yes<br>Site English Spoken: Yes<br>Site Language(s) Spoken: TDD: No<br>Min/Max Age: 19/99                                       |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-TH 10AM-7PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172

*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **BUI, ANTHONY, MD**

*Provider Gender:* Male  
*License number:* A146965  
*NPI:* 1346628880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female

*License number:* 85597

*NPI:* 1134591167

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:*

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female

*License number:* 85597

*NPI:* 1134591167

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BURNS, PETER B , MD**

*Provider Gender:* Male

*License number:* G145142

*NPI:* 1891727533

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours:*

### **BURNS, PETER B , MD**

*Provider Gender:* Male

*License number:* G145142

*NPI:* 1891727533

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**BUTERBAUGH, KRISTY L ,  
CSW**  
*Provider Gender:* Female  
*License number:* 65477  
*NPI:* 1346615838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information  
*Hours:*  
**BUTERBAUGH, KRISTY L ,  
CSW**  
*Provider Gender:* Female  
*License number:* 65477  
*NPI:* 1346615838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM  
**BUTERBAUGH, KRISTY L ,  
CSW**  
*Provider Gender:* Female  
*License number:* 65477  
*NPI:* 1346615838

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**  
*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **CABREJOS, CLAUDIO, MD**

Provider Gender: Male

License number: A71653

NPI: 1033133483

Provider English Spoken: Yes

Provider Language(s) Spoken:

Portuguese, Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours:

### **CABREJOS, CLAUDIO, MD**

Provider Gender: Male

License number: A71653

NPI: 1033133483

Provider English Spoken: Yes

Provider Language(s) Spoken:

Portuguese, Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

Provider Gender: Male

License number: A137940

NPI: 1811212145

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

Provider Gender: Male

License number: A137940

NPI: 1811212145

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

**CARDENAS, ALONSO, MD**  
Provider Gender: Male  
License number: A137940  
NPI: 1811212145  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes

Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

**CARINO DIOKNO, RHODA, PSY**  
Provider Gender: Female  
License number: 28073  
NPI: 1629109483  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):

Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM  
**CARINO DIOKNO, RHODA, PSY**  
Provider Gender: Female  
License number: 28073  
NPI: 1629109483  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

**CARINO DIOKNO, RHODA, PSY**  
Provider Gender: Female  
License number: 28073  
NPI: 1629109483  
Provider English Spoken: Yes

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## J. Mental Health Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Accessibility information

*Hours:*

### **CHEN, ANGELA, MFT**

*Provider Gender:* Female

*License number:* LMFT40923

*NPI:* 1811027956

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **CHEN, ANGELA, MFT**

*Provider Gender:* Female

*License number:* LMFT40923

*NPI:* 1811027956

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CHEN, ANGELA, MFT**

*Provider Gender:* Female

*License number:* LMFT40923

*NPI:* 1811027956

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female

*License number:* 69616

*NPI:* 1922313394

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Please contact provider for  
Accessibility information  
Hours:

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CLONTS, PAUL A , CSW**

*Provider Gender:* Male  
*License number:* 87259  
*NPI:* 1467808568  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **CLONTS, PAUL A , CSW**

*Provider Gender:* Male  
*License number:* 87259  
*NPI:* 1467808568  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male

*License number:* 28313

*NPI:* 1780031831

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male

*License number:* 28313

*NPI:* 1780031831

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male

*License number:* 28313

*NPI:* 1780031831

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

### *Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **CRUZ ARAUJO, ANDREA L , MD**

*Provider Gender:* Female

*License number:* A160789

*NPI:* 1124401435

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **CRUZ ARAUJO, ANDREA L , MD**

Provider Gender: Female  
 License number: A160789  
 NPI: 1124401435  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **DALONSO, SANDRA L , CSW**

Provider Gender: Female  
 License number: 82240  
 NPI: 1841797644  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **DALONSO, SANDRA L , CSW**

Provider Gender: Female  
 License number: 82240  
 NPI: 1841797644  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **DALONSO, SANDRA L , CSW**

Provider Gender: Female  
 License number: 82240  
 NPI: 1841797644  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **DAN, WENDY L , CSW**

Provider Gender: Female  
 License number: 26015  
 NPI: 1700224037  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM  
**DAN, WENDY L , CSW**  
 Provider Gender: Female  
 License number: 26015  
 NPI: 1700224037  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **DAN, WENDY L , CSW**

Provider Gender: Female  
 License number: 26015  
 NPI: 1700224037  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish

Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **DE LLANO, CARMEN, PSY**

Provider Gender: Female  
 License number: PSY11154  
 NPI: 1992752406  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: DR. CARMEN DE LLANO, PH.D.  
 815 THIRD AVE STE 107  
 CHULA VISTA, CA 91911-1308  
 Phone: (619) 584-6299  
 Fax:  
 After Hours Phone: (619) 584-6299  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes

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## J. Mental Health Directory

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:*

### **DEBBOLD, ERIC M , MD**

*Provider Gender:* Male

*License number:* 164068

*NPI:* 1144726415

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:*

### **DEBBOLD, ERIC M , MD**

*Provider Gender:* Male

*License number:* 164068

*NPI:* 1144726415

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female

*License number:* 97277

*NPI:* 1124457023

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:*

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female

*License number:* 97277

*NPI:* 1124457023

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian,

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## J. Mental Health Directory

Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **DIAZ, LIZETH, CSW**

Provider Gender: Female  
License number: 97277  
NPI: 1124457023  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM  
**DOBOS, DAVID, MD**  
Provider Gender: Male  
License number: G57276  
NPI: 1548318348  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

**DOBOS, DAVID, MD**  
Provider Gender: Male  
License number: G57276  
NPI: 1548318348  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**DOBOS, DAVID, MD**  
Provider Gender: Male  
License number: G57276  
NPI: 1548318348  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes

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## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male  
*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **DUNFORD, KATELYN C , MFT**

*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **DUNFORD, KATELYN C , MFT**

*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **DUNFORD, KATELYN C , MFT**

*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

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## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DWYER, GEORGE, CSW**

*Provider Gender:* Male  
*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*

Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**DWYER, GEORGE, CSW**  
*Provider Gender:* Male  
*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **DWYER, GEORGE, CSW**

*Provider Gender:* Male  
*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*

Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*  
**ERBE, EDWARD J , MD**  
*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM  
**FAJARDO, JACQUELINE M ,**  
**CSW**  
*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **FEDEROFF, MONICA, MD**

*Provider Gender:* Female  
*License number:* A164677  
*NPI:* 1912404492  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609

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## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**  
 Provider Gender: Female  
 License number: A164677  
 NPI: 1912404492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,

Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

**FEDEROFF, MONICA, MD**  
 Provider Gender: Female  
 License number: A164677  
 NPI: 1912404492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

**FERRER, ADAREZZA I, MD**  
 Provider Gender: Female  
 License number: A123390  
 NPI: 1316175524  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 COMMUNITY RESEARCH  
 FOUNDATION INC  
 835 THIRD AVE  
 CHULA VISTA, CA 91911-1352  
 Phone: (619) 427-4661  
 Fax: (619) 426-7849  
 After Hours Phone: (619) 427-4661  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Farsi,  
 Spanish  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M 9AM-8PM, TU,W,F  
 9AM-5PM, TH 12PM-8PM

**FLORES, MARY LUPE, CSW**  
 Provider Gender: Female  
 License number: 19815  
 NPI: 1134147457  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208

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## J. Mental Health Directory

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **FLORES, MARY LUPE, CSW**

Provider Gender: Female

License number: 19815

NPI: 1134147457

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **FLORES, MARY LUPE, CSW**

Provider Gender: Female

License number: 19815

NPI: 1134147457

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **FLYNN CRUZ, MARY E , CSW**

Provider Gender: Female

License number: 92918

NPI: 1942814181

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Vietnamese, Yue

Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **FLYNN CRUZ, MARY E , CSW**

Provider Gender: Female

License number: 92918

NPI: 1942814181

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

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## J. Mental Health Directory

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CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours:

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male

License number: 71548

NPI: 1952736043

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male

License number: 71548

NPI: 1952736043

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Portuguese, Russian, Spanish,

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours:

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male

License number: 71548

NPI: 1952736043

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Vietnamese, Yue

Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### **FREEMAN, KAY M , MFT**

Provider Gender: Female

License number: 16284

NPI: 1588795298

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

248 LANDIS AVE

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## J. Mental Health Directory

CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FREEMAN, KAY M , MFT**

*Provider Gender:* Female  
*License number:* 16284  
*NPI:* 1588795298  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,

Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **FUENTES WEST, MARYSOL, MFT**

*Provider Gender:* Female  
*License number:* 39962  
*NPI:* 1285770941  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FUENTES WEST, MARYSOL  
 815 THIRD AVE STE 107  
 CHULA VISTA, CA 91911-1308  
*Phone:* (619) 422-7216  
*Fax:* (619) 426-1906  
*After Hours Phone:* (619) 422-7216  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*TDD:* Yes  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 9AM-6PM

### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male  
*License number:* 75713  
*NPI:* 1366519670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

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## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

**GALAPON, DIXIE L , PSY**  
 Provider Gender: Female  
 License number: 16711  
 NPI: 1174646301  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue

Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**GALAPON, DIXIE L , PSY**  
 Provider Gender: Female  
 License number: 16711  
 NPI: 1174646301  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

**GAUD, KRISTINA G , MD**  
 Provider Gender: Female  
 License number: 170667  
 NPI: 1508151598  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

**GAUD, KRISTINA G , MD**  
 Provider Gender: Female  
 License number: 170667  
 NPI: 1508151598  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

**GAUD, KRISTINA G , MD**  
 Provider Gender: Female  
 License number: 170667  
 NPI: 1508151598  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**GILLIS, RUTH, MFT**  
 Provider Gender: Female  
 License number: 50313  
 NPI: 1568588325  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information

Hours: M-F 8:30AM-5PM  
**GILLIS, RUTH, MFT**  
 Provider Gender: Female  
 License number: 50313  
 NPI: 1568588325  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

**GLASSMAN, JAGA NATH, MD**  
 Provider Gender: Male  
 License number: G55004  
 NPI: 1558409771  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GLASSMAN, JAGA NATH, MD**

*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **GLASSMAN, JAGA NATH, MD**

*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information

*Hours:*

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female  
*License number:* 13685  
*NPI:* 1366641813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female  
*License number:* 13685  
*NPI:* 1366641813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

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## J. Mental Health Directory

352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

**GLEASON, SHEILA, PSY**  
Provider Gender: Female  
License number: 13685  
NPI: 1366641813  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes

Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

**GONZALES, JULIANA, CSW**  
Provider Gender: Female  
License number: 83254  
NPI: 1821487406  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

**GONZALEZ, ANDREA, CSW**  
Provider Gender: Female  
License number: 97593  
NPI: 1326346198  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

**GONZALEZ, ANDREA, CSW**  
Provider Gender: Female  
License number: 97593  
NPI: 1326346198

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **GONZALEZ, ANDREA, CSW**

*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GOTTUNG, CHRISTINA, CSW**

*Provider Gender:* Female  
*License number:* 87716  
*NPI:* 1134597123  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GOTTUNG, CHRISTINA, CSW**

*Provider Gender:* Female  
*License number:* 87716  
*NPI:* 1134597123  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### **GUTIERREZ, APRIL P , CSW**

*Provider Gender:* Female

*License number:* 86166

*NPI:* 1356749949

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **GUTIERREZ, APRIL P , CSW**

*Provider Gender:* Female

*License number:* 86166

*NPI:* 1356749949

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **GUTIERREZ, APRIL P , CSW**

*Provider Gender:* Female

*License number:* 86166

*NPI:* 1356749949

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female

*License number:* 26098

*NPI:* 1417373069

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

9AM-4:15PM, F  
8:30AM-12:30PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female  
*License number:* 26098  
*NPI:* 1417373069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female  
*License number:* 26098  
*NPI:* 1417373069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information

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## J. Mental Health Directory

---

*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

**HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

**HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

**HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **HORNBROOK, JESSICA, CSW**

*Provider Gender:* Female  
*License number:* 26598  
*NPI:* 1134401805  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **HUBER, REBECCA, MD**

*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **HUBER, REBECCA, MD**

*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **HUBER, REBECCA, MD**

*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **HUDSON, KATE, CSW**

*Provider Gender:* Female  
*License number:* 83712  
*NPI:* 1194159384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue

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## J. Mental Health Directory

Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **JACKSON, TIENNA S , CSW**

Provider Gender: Female

License number: 89122

NPI: 1194976225

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue

Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **JACKSON, TIENNA S , CSW**

Provider Gender: Female

License number: 89122

NPI: 1194976225

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours:

### **JALAN, DEVESH, MD**

Provider Gender: Male

License number: A167754

NPI: 1083092134

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **JALAN, DEVESH, MD**

Provider Gender: Male

License number: A167754

NPI: 1083092134

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

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## J. Mental Health Directory

Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male  
License number: A167754  
NPI: 1083092134  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female  
License number: 20A13931  
NPI: 1679834022  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female  
License number: 20A13931  
NPI: 1679834022  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female  
License number: 20A13931  
NPI: 1679834022  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

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## J. Mental Health Directory

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender:* Female  
*License number:* 26493  
*NPI:* 1871772020  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for

Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM  
**JAUREGUI, CYNTHIA J , MFT**  
*Provider Gender:* Female  
*License number:* 46152  
*NPI:* 1003953886  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*  
**JAUREGUI, CYNTHIA J , MFT**  
*Provider Gender:* Female  
*License number:* 46152  
*NPI:* 1003953886  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**JONES, ADELE, PSY**  
*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* *Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

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## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **JONES, ADELE, PSY**

*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **JONES, ADELE, PSY**

*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **JONES, ATAVIA L , CSW**

*Provider Gender:* Female  
*License number:* LCSW76796

*NPI:* 1952734899  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **JONES, ATAVIA L , CSW**

*Provider Gender:* Female  
*License number:* LCSW76796  
*NPI:* 1952734899  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**  
*Provider Gender:* Male  
*License number:* LCS 22452  
*NPI:* 1548205719  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

*Restrictions*  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*  
**JONES, MICHAEL A , CSW**  
*Provider Gender:* Male  
*License number:* LCS 22452  
*NPI:* 1548205719  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**JONES, MICHAEL A , CSW**  
*Provider Gender:* Male  
*License number:* LCS 22452  
*NPI:* 1548205719

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM  
**KEI, JUSTIN, MD**  
*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

---

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **KEI, JUSTIN, MD**

*Provider Gender:* Male

*License number:* A138266

*NPI:* 1396150041

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male

*License number:* A138266

*NPI:* 1396150041

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **KELLEY, KIMBERLY L , CSW**

*Provider Gender:* Female

*License number:* 97888

*NPI:* 1326447897

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **KELLEY, KIMBERLY L , CSW**

*Provider Gender:* Female

*License number:* 97888

*NPI:* 1326447897

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**KHAN, MAYSUN, CSW**  
Provider Gender: Female  
License number: 71910  
NPI: 1033519632  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,

Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

**KHAN, MAYSUN, CSW**  
Provider Gender: Female  
License number: 71910  
NPI: 1033519632  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**KLOBERDANZ, KELSEY L ,  
NPA**  
Provider Gender: Female  
License number: 95005293  
NPI: 1235672502  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM  
**KLOBERDANZ, KELSEY L ,  
NPA**  
Provider Gender: Female  
License number: 95005293  
NPI: 1235672502  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE  
CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### KLOBERDANZ, KELSEY L , NPA

Provider Gender: Female

License number: 95005293

NPI: 1235672502

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### KNIGHT, MARK ANTHONY, MD

Provider Gender: Male

License number: A94460

NPI: 1851573554

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### KNIGHT, MARK ANTHONY, MD

Provider Gender: Male

License number: A94460

NPI: 1851573554

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### KNIGHT, MARK ANTHONY, MD

Provider Gender: Male

License number: A94460

NPI: 1851573554

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST  
CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### KOH, STEVE H , MD

Provider Gender: Male

License number: A103468

NPI: 1467650473

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### KRITTMAN, STUART W , PSY

Provider Gender: Male

License number: PSY20233

NPI: 1174964399

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### KRITTMAN, STUART W , PSY

Provider Gender: Male

License number: PSY20233

NPI: 1174964399

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### KYLE, MARCIE, CSW

Provider Gender: Female

License number: LCSW78555

NPI: 1174981500

Provider English Spoken: Yes

Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### *Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **KYLE, MARCIE, CSW**

Provider Gender: Female

License number: LCSW78555

NPI: 1174981500

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

### *Website:*

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **KYLE, MARCIE, CSW**

Provider Gender: Female

License number: LCSW78555

NPI: 1174981500

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

### *Restrictions*

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **LEBLANC, ASHLEY B , CSW**

Provider Gender: Female

License number: 83136

NPI: 1275905622

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **LIDSTONE, PAVEN, MD**

Provider Gender: Female

License number: 161149

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## J. Mental Health Directory

**NPI:** 1942662093  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**352 L ST**  
**CHULA VISTA, CA 91911-1208**  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

**LIDSTONE, PAVEN, MD**  
**Provider Gender:** Female  
**License number:** 161149  
**NPI:** 1942662093  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**251 LANDIS AVE**  
**CHULA VISTA, CA 91910-2628**

**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:**

**LIDSTONE, PAVEN, MD**  
**Provider Gender:** Female  
**License number:** 161149  
**NPI:** 1942662093  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**248 LANDIS AVE**  
**CHULA VISTA, CA 91910-2609**  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

**LIM, SANDRA S , MD**  
**Provider Gender:** Female  
**License number:** 20A13075  
**NPI:** 1083963094  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**248 LANDIS AVE**  
**CHULA VISTA, CA 91910-2609**  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **LIPPERT, HEATHER M , CSW**

*Provider Gender:* Female  
*License number:* 22526  
*NPI:* 1093991663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIPPERT, HEATHER M , CSW**

*Provider Gender:* Female  
*License number:* 22526  
*NPI:* 1093991663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,

Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **LIPPERT, HEATHER M , CSW**

*Provider Gender:* Female  
*License number:* 22526  
*NPI:* 1093991663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### **LLAMAS, SASHA G , CSW**

*Provider Gender:* Female

*License number:* 94249

*NPI:* 1356713739

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Vietnamese, Yue

Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **LLAMAS, SASHA G , CSW**

*Provider Gender:* Female

*License number:* 94249

*NPI:* 1356713739

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Portuguese, Russian, Spanish,

Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **LOEB, CINDY, CSW**

*Provider Gender:* Female

*License number:* 75333

*NPI:* 1619108511

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Portuguese, Russian, Spanish,

Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **LOEB, CINDY, CSW**

*Provider Gender:* Female

*License number:* 75333

*NPI:* 1619108511

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Vietnamese, Yue

Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

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## J. Mental Health Directory

### **LOEB, CINDY, CSW**

*Provider Gender:* Female

*License number:* 75333

*NPI:* 1619108511

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **LYDIARD, JESSICA, MD**

*Provider Gender:* Female

*License number:* A171775

*NPI:* 1841731296

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **LYDIARD, JESSICA, MD**

*Provider Gender:* Female

*License number:* A171775

*NPI:* 1841731296

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **LYDIARD, JESSICA, MD**

*Provider Gender:* Female

*License number:* A171775

*NPI:* 1841731296

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Accessibility information

Hours:

### **LYONS, KEITH E , CSW**

Provider Gender: Male

License number: 92724

NPI: 1538704002

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male

License number: 92724

NPI: 1538704002

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue

Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male

License number: 92724

NPI: 1538704002

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female

License number: 25570

NPI: 1659520179

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue

Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

*Provider Gender:* Female  
*License number:* 25570  
*NPI:* 1659520179  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **MACMASTER, LINDSAY, PSY**

*Provider Gender:* Female  
*License number:* 25570  
*NPI:* 1659520179  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours:

### **MAHONEY, PATRICIA A , CSW**

*Provider Gender:* Female  
*License number:* 22296  
*NPI:* 1700200888  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **MAIETTA, KATHLEEN H , CSW**

*Provider Gender:* Female  
*License number:* 88399  
*NPI:* 1487128617  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*

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## J. Mental Health Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M 8:30AM-5PM, TU<br/>9AM-4:15PM, F<br/>8:30AM-12:30PM</p> <p><b>MALAK, LAWRENCE, MD</b><br/>Provider Gender: Male<br/>License number: A115345<br/>NPI: 1467773028<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO<br/>248 LANDIS AVE<br/>CHULA VISTA, CA 91910-2609<br/>Phone: (619) 515-2338<br/>Fax: (619) 702-8536<br/>After Hours Phone: (619)<br/>515-2338<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>American Sign Language, Farsi,<br/>Japanese, Portuguese, Russian,<br/>Spanish, Vietnamese, Yue<br/>Chinese<br/>TDD: No<br/>Min/Max Age: 0/99<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8:30AM-5PM</p> <p><b>MALAK, LAWRENCE, MD</b><br/>Provider Gender: Male<br/>License number: A115345<br/>NPI: 1467773028</p> | <p>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO<br/>251 LANDIS AVE<br/>CHULA VISTA, CA 91910-2628<br/>Phone: (619) 515-2338<br/>Fax: (619) 702-8536<br/>After Hours Phone: (619)<br/>515-2338<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>American Sign Language, Farsi,<br/>Portuguese, Russian, Spanish,<br/>Yue Chinese<br/>TDD: No<br/>Min/Max Age:<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours:</p> <p><b>MARTINEZ, IVONNE B , CSW</b><br/>Provider Gender: Female<br/>License number: 85604<br/>NPI: 1225355498<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO<br/>248 LANDIS AVE<br/>CHULA VISTA, CA 91910-2609<br/>Phone: (619) 515-2338<br/>Fax: (619) 702-8536<br/>After Hours Phone: (619)<br/>515-2338</p> | <p>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>American Sign Language, Farsi,<br/>Japanese, Portuguese, Russian,<br/>Spanish, Vietnamese, Yue<br/>Chinese<br/>TDD: No<br/>Min/Max Age: 0/99<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8:30AM-5PM</p> <p><b>MARTINEZ, IVONNE B , CSW</b><br/>Provider Gender: Female<br/>License number: 85604<br/>NPI: 1225355498<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO<br/>251 LANDIS AVE<br/>CHULA VISTA, CA 91910-2628<br/>Phone: (619) 515-2338<br/>Fax: (619) 702-8536<br/>After Hours Phone: (619)<br/>515-2338<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>American Sign Language, Farsi,<br/>Portuguese, Russian, Spanish,<br/>Yue Chinese<br/>TDD: No<br/>Min/Max Age:<br/>Gender Restriction: No Gender</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:*

### **MARTINEZ, STEPHANIE, MD**

*Provider Gender:* Female

*License number:* 152787

*NPI:* 1699126367

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:*

### **MARTINEZ, STEPHANIE, MD**

*Provider Gender:* Female

*License number:* 152787

*NPI:* 1699126367

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female

*License number:* 73174

*NPI:* 1356528434

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female

*License number:* 73174

*NPI:* 1356528434

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

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## J. Mental Health Directory

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE

CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **MCADAMS, HILDA, NPA**

*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,

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# J. Mental Health Directory

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

## **MCGINLEY, NANCY R , MD**

Provider Gender: Female

License number: A167231

NPI: 1649765124

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

## **MCGINLEY, NANCY R , MD**

Provider Gender: Female

License number: A167231

NPI: 1649765124

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

## **MCHENRY, KELLY, CSW**

Provider Gender: Female

License number: 29689

NPI: 1851544340

Provider English Spoken: Yes

Provider Language(s) Spoken:

American Sign Language

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

## **MCHENRY, KELLY, CSW**

Provider Gender: Female

License number: 29689

NPI: 1851544340

Provider English Spoken: Yes

Provider Language(s) Spoken:

American Sign Language

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

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## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **MCHENRY, KELLY, CSW**

*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 American Sign Language  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **MEJIA, RITA I, MFT**

*Provider Gender:* Female  
*License number:* 99697  
*NPI:* 1952741506  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **MEJIA, RITA I, MFT**

*Provider Gender:* Female  
*License number:* 99697  
*NPI:* 1952741506

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **MEJIA, RITA I, MFT**

*Provider Gender:* Female  
*License number:* 99697  
*NPI:* 1952741506  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

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## J. Mental Health Directory

*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MENDEZ PEREZ, MARIA C , CSW**

*Provider Gender:* Female  
*License number:* 89151  
*NPI:* 1356902795  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **MENDEZ PEREZ, MARIA C , CSW**

*Provider Gender:* Female  
*License number:* 89151  
*NPI:* 1356902795  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MENDEZ, ANDRES G , PSY**

*Provider Gender:* Male

*License number:* 28907  
*NPI:* 1841482692  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **MERRILL, SARAH M , CSW**

*Provider Gender:* Female  
*License number:* 79014  
*NPI:* 1639403884  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

**MERRILL, SARAH M , CSW**  
 Provider Gender: Female  
 License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**  
 Provider Gender: Female  
 License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

**MILLER, DON E , PSY**  
 Provider Gender: Male  
 License number: 3155  
 NPI: 1124068010  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 DON MILLER  
 815 THIRD AVE STE 307  
 CHULA VISTA, CA 91911-1310  
 Phone: (619) 422-2358  
 Fax:  
 After Hours Phone: (619)  
 422-2358  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M 2PM-9PM, TU,W,F  
 12PM-9PM, TH 6PM-9PM, SA  
 12AM-5PM

**MILLICAN, RUTH, PSY**  
 Provider Gender: Female  
 License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**MILLICAN, RUTH, PSY**  
 Provider Gender: Female  
 License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

**MILLICAN, RUTH, PSY**  
 Provider Gender: Female  
 License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

**MODAD, ALBERT, PSY**  
 Provider Gender: Female  
 License number: 29697  
 NPI: 1629453691  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

**MODAD, ALBERT, PSY**  
 Provider Gender: Female  
 License number: 29697  
 NPI: 1629453691  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **MODAD, ALBERT, PSY**

Provider Gender: Female

License number: 29697

NPI: 1629453691

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **MORALES MORENO, MINERVA, CSW**

Provider Gender: Female

License number: 63550

NPI: 1841337565

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **MORALES MORENO, MINERVA, CSW**

Provider Gender: Female

License number: 63550

NPI: 1841337565

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours:

### **MORALES MORENO, MINERVA, CSW**

Provider Gender: Female

License number: 63550

NPI: 1841337565

Provider English Spoken: Yes

Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MORRISON, TYLER E , MD**  
*Provider Gender:* Male  
*License number:* A144917  
*NPI:* 1912391814  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Japanese  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

**NADEAU MANNING, JULIE,  
 CSW**  
*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

**NADEAU MANNING, JULIE,  
 CSW**  
*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

# J. Mental Health Directory

## **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

## **NAFICY, MAJID, MD**

*Provider Gender:* Male  
*License number:* G70878  
*NPI:* 1265564553  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi, Spanish  
*Cultural Competency:*  
 COMMUNITY RESEARCH  
 FOUNDATION INC

835 THIRD AVE  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 427-4661  
*Fax:* (619) 426-7849  
*After Hours Phone:* (619)  
 427-4661  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Farsi,  
 Spanish  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M 9AM-8PM, TU,W,F  
 9AM-5PM, TH 12PM-8PM

## **NAZARIO, JACOBETH, PSY**

*Provider Gender:* Female  
*License number:* PSY32092  
*NPI:* 1326648684  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

## **NOUHI, NUSHA, PSY**

*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Hours:*

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female

*License number:* 27670

*NPI:* 1942433917

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female

*License number:* 27670

*NPI:* 1942433917

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **NWANGANGA, OKECHUKU R , CSW**

*Provider Gender:* Male

*License number:* 27072

*NPI:* 1285984450

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **OBRYAN, KELLY, PSY**

*Provider Gender:* Female

*License number:* 24966

*NPI:* 1093882698

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OBRYAN, KELLY, PSY**

*Provider Gender:* Female  
*License number:* 24966  
*NPI:* 1093882698  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **OBRYAN, KELLY, PSY**

*Provider Gender:* Female  
*License number:* 24966  
*NPI:* 1093882698  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **OJHA, PRITI, MD**

*Provider Gender:* Female  
*License number:* A139807  
*NPI:* 1760897284  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **OJHA, PRITI, MD**

*Provider Gender:* Female  
*License number:* A139807  
*NPI:* 1760897284  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue

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## J. Mental Health Directory

Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **OLIVER, ELIZABETH, CSW**

Provider Gender: Female

License number: 66862

NPI: 1326296351

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **OMORODIN, AISHA, MD**

Provider Gender: Female

License number: A169651

NPI: 1629500301

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours:

### **OMORODIN, AISHA, MD**

Provider Gender: Female

License number: A169651

NPI: 1629500301

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **OMORODIN, AISHA, MD**

Provider Gender: Female

License number: A169651

NPI: 1629500301

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian,

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## J. Mental Health Directory

---

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **ORBE, KERIN, MD**

Provider Gender: Female

License number: 20A17225

NPI: 1114256690

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **ORBE, KERIN, MD**

Provider Gender: Female

License number: 20A17225

NPI: 1114256690

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours:

### **PALITZ, JEFF, MFT**

Provider Gender: Male

License number: 41250

NPI: 1801039094

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

PALITZ, JEFF

2400 FENTON ST STE 205

CHULA VISTA, CA 91914-4556

Phone: (619) 271-8886

Fax: (619) 414-1277

After Hours Phone: (619) 271-8886

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: M,W,F 8AM-5PM, TU,TH 10:30AM-6:30PM

### **PINEDO, YANELI, CSW**

Provider Gender: Male

License number: 91103

NPI: 1710361712

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

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## J. Mental Health Directory

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female

*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PROCTOR, MELISSA S , CSW**

*Provider Gender:* Female  
*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian,

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## J. Mental Health Directory

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **PROOSASELTS, YULIYA, MD**

Provider Gender: Female  
 License number: A133675  
 NPI: 1952747875  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information

Hours: M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **PROOSASELTS, YULIYA, MD**

Provider Gender: Female  
 License number: A133675  
 NPI: 1952747875  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:  
**PROOSASELTS, YULIYA, MD**  
 Provider Gender: Female  
 License number: A133675  
 NPI: 1952747875  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Russian

Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **QUIROZ, NORMA, MFT**

Provider Gender: Female  
 License number: 50504  
 NPI: 1902945199  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com

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## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **QUIROZ, NORMA, MFT**

*Provider Gender:* Female  
*License number:* 50504  
*NPI:* 1902945199  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*

Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**RABBAN, DIANA, CSW**  
*Provider Gender:* Female  
*License number:* 72987  
*NPI:* 1033426374  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **RABBAN, DIANA, CSW**

*Provider Gender:* Female  
*License number:* 72987  
*NPI:* 1033426374  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information

*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female

*License number:* 73374

*NPI:* 1992046890

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
 515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information

*Hours:* M-F 8:30AM-5PM

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female

*License number:* 73374

*NPI:* 1992046890

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
 515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information

*Hours:*

### **REGHABI, NASEEM, PSY**

*Provider Gender:* Female

*License number:* 21940

*NPI:* 1225573421

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
 515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information

*Hours:*

### **RENTERIA, SABRINA, MD**

*Provider Gender:* Female

*License number:* A145894

*NPI:* 1285029421

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
 515-2338

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## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **RENTERIA, SABRINA, MD**

*Provider Gender:* Female  
*License number:* A145894  
*NPI:* 1285029421  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
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*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender

Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

*Provider Gender:* Female  
*License number:* 30472  
*NPI:* 1568656619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

*Provider Gender:* Female  
*License number:* 30472  
*NPI:* 1568656619

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **RODRIGUEZ, CHRISTINE, PSY**

*Provider Gender:* Female  
*License number:* 30472  
*NPI:* 1568656619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **ROSENFARB, BARBARA, CSW**

Provider Gender: Female

License number: 28590

NPI: 1447477781

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **ROSENFARB, BARBARA, CSW**

Provider Gender: Female

License number: 28590

NPI: 1447477781

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **ROSENFARB, BARBARA, CSW**

Provider Gender: Female

License number: 28590

NPI: 1447477781

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **ROZELL, KATHY, CSW**

Provider Gender: Female

License number: 25068

NPI: 1578603973

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ROZELL, KATHY, CSW**

*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **ROZELL, KATHY, CSW**

*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information

*Hours:*

### **SABEN, LAURENCE R , MD**

*Provider Gender:* Male  
*License number:* G27446  
*NPI:* 1669454898  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SABEN, LAURENCE  
 330 MOSS ST  
 CHULA VISTA, CA 91911-2005  
*Phone:* (619) 440-7831  
*Fax:* (619) 440-0540  
*After Hours Phone:* (619) 440-7831  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* Yes  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 11AM-6PM

### **SACHS, MELISSA R , CSW**

*Provider Gender:* Female  
*License number:* 76968  
*NPI:* 1649760356  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

**SANDERS, MARY, CSW**

Provider Gender: Female

License number: 68062

NPI: 1740529189

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

**SEPULVEDA, JOE, MD**

Provider Gender: Male

License number: A113283

NPI: 1306165402

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

**SEPULVEDA, JOE, MD**

Provider Gender: Male

License number: A113283

NPI: 1306165402

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

**SEPULVEDA, JOE, MD**

Provider Gender: Male

License number: A113283

NPI: 1306165402

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:*

**SHEARED, JORDAN S , CSW**  
*Provider Gender:* Female  
*License number:* ASW74739  
*NPI:* 1699121749  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:*

**SHEARED, JORDAN S , CSW**  
*Provider Gender:* Female  
*License number:* ASW74739  
*NPI:* 1699121749  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**SIMONENKO, IOURI I , MD**  
*Provider Gender:* Male  
*License number:* A147937  
*NPI:* 1891956157  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**  
*Provider Gender:* Female  
*License number:* 82678  
*NPI:* 1740765866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **SIMPSON, JENNIFER, CSW**

Provider Gender: Female

License number: 82678

NPI: 1740765866

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **SIMPSON, JENNIFER, CSW**

Provider Gender: Female

License number: 82678

NPI: 1740765866

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for

Accessibility information

Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **SIPIN, ELVIRA P , CSW**

Provider Gender: Female

License number: LCS15308

NPI: 1477759892

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **SIPIN, ELVIRA P , CSW**

Provider Gender: Female

License number: LCS15308

NPI: 1477759892

Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **SIPIN, ELVIRA P , CSW**

*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **STEWART, ANDREA M , MFT**

*Provider Gender:* U  
*License number:* 45174  
*NPI:* 1508993122  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*

Yes  
 Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **STEWART, ANDREA M , MFT**

*Provider Gender:* U  
*License number:* 45174  
*NPI:* 1508993122  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **STEWART, ANDREA M , MFT**

*Provider Gender:* U  
*License number:* 45174  
*NPI:* 1508993122

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **TAHBAZ, ASH, MFT**

*Provider Gender:* U  
*License number:* 87601  
*NPI:* 1205294543  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **TAHBAZ, ASH, MFT**

*Provider Gender:* U  
*License number:* 87601  
*NPI:* 1205294543  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **TAHBAZ, ASH, MFT**

*Provider Gender:* U  
*License number:* 87601  
*NPI:* 1205294543  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,

Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **THIESSEN, BRUCE L , PSY**

*Provider Gender:* U  
*License number:* 14259  
*NPI:* 1841541984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

8:30AM-12:30PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male

*License number:* A102192

*NPI:* 1831361278

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Yue Chinese

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male

*License number:* A102192

*NPI:* 1831361278

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Yue Chinese

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **TONG, GARRICK, MD**

*Provider Gender:* Male

*License number:* A102192

*NPI:* 1831361278

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Yue Chinese

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **TORRES, LAURA, CSW**

*Provider Gender:* Female

*License number:* 65059

*NPI:* 1568612943

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TORRES, LAURA, CSW**

*Provider Gender:* Female  
*License number:* 65059  
*NPI:* 1568612943  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information  
*Hours:*

### **TORRES, LAURA, CSW**

*Provider Gender:* Female  
*License number:* 65059  
*NPI:* 1568612943  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **TRIANA, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 88589  
*NPI:* 1073844460  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:*

### **TRIANA, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 88589  
*NPI:* 1073844460  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **TRIANA, JENNIFER, CSW**

*Provider Gender:* Female

*License number:* 88589

*NPI:* 1073844460

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **TROYER, EMILY, PSY**

*Provider Gender:* Female

*License number:* A149101

*NPI:* 1326484437

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

### **TROYER, EMILY, PSY**

*Provider Gender:* Female

*License number:* A149101

*NPI:* 1326484437

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **TROYER, EMILY, PSY**

*Provider Gender:* Female

*License number:* A149101

*NPI:* 1326484437

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours:

### **WAUGH, BRANDON, CSW**

Provider Gender: Male

License number: 83457

NPI: 1619459187

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **WEAVER, JHOSMARA A , CSW**

Provider Gender: Female

License number: 77233

NPI: 1982848594

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female

License number: LCSW16118

NPI: 1902336837

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours:

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female

License number: LCSW16118

NPI: 1902336837

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female

License number: LCSW16118

NPI: 1902336837

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M 8:30AM-5PM, TU

9AM-4:15PM, F  
8:30AM-12:30PM

### **WEISER, PENNY H , PSY**

Provider Gender: Female

License number: PSY16796

NPI: 1518180330

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

WEISER, PENNY

815 THIRD AVE STE 107

CHULA VISTA, CA 91911-1308

Phone: (619) 615-9982

Fax: (619) 426-1906

After Hours Phone: (619)  
615-9982

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age: 13/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M,TH 10AM-7PM, W  
12PM-8PM, F 9AM-3PM

### **WIGLE, CHARLES E , MFT**

Provider Gender: Male

License number: MFC29757

NPI: 1407911878

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **WIGLE, CHARLES E , MFT**

Provider Gender: Male

License number: MFC29757

NPI: 1407911878

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **WITT, ANNETTE, CSW**

*Provider Gender:* Female

*License number:* 15770

*NPI:* 1912263468

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **WITT, ANNETTE, CSW**

*Provider Gender:* Female

*License number:* 15770

*NPI:* 1912263468

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **WITT, ANNETTE, CSW**

*Provider Gender:* Female

*License number:* 15770

*NPI:* 1912263468

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:*

### **WOLF, CELIA C , NPA**

*Provider Gender:* Female

*License number:* 95001899

*NPI:* 1245635564

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian,

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M 8:30AM-5PM, TU 9AM-4:15PM, F 8:30AM-12:30PM

### **WOLF, CELIA C , NPA**

*Provider Gender:* Female

*License number:* 95001899

*NPI:* 1245635564

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

251 LANDIS AVE

CHULA VISTA, CA 91910-2628

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:*

### **WOLF, CELIA C , NPA**

*Provider Gender:* Female

*License number:* 95001899

*NPI:* 1245635564

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Vietnamese, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **WOOD, KEEGAN, NPA**

*Provider Gender:* Male

*License number:* NP95006887

*NPI:* 1417471459

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

352 L ST

CHULA VISTA, CA 91911-1208

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619) 515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M 8:30AM-5PM, TU

9AM-4:15PM, F

8:30AM-12:30PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female

*License number:* LCSW69810

*NPI:* 1821392002

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Russian

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

248 LANDIS AVE

CHULA VISTA, CA 91910-2609

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**  
*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Portuguese, Russian, Spanish,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information  
*Hours:*  
**YALYSHAVA, VOLHA, CSW**  
*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
352 L ST  
CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
9AM-4:15PM, F  
8:30AM-12:30PM

**YSLA, FRANCIS M , MD**  
*Provider Gender:* Male  
*License number:* A155712  
*NPI:* 1578978854  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
248 LANDIS AVE  
CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Vietnamese, Yue  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**YSLA, FRANCIS M , MD**  
*Provider Gender:* Male  
*License number:* A155712  
*NPI:* 1578978854  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
251 LANDIS AVE  
CHULA VISTA, CA 91910-2628  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

**ZARANKOW, BEATA, MD**  
*Provider Gender:* Female  
*License number:* C53656  
*NPI:* 1902995384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 COMMUNITY RESEARCH  
 FOUNDATION INC  
 835 THIRD AVE  
 CHULA VISTA, CA 91911-1352  
*Phone:* (619) 427-4661  
*Fax:* (619) 426-7849  
*After Hours Phone:* (619)  
 427-4661  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Farsi,  
 Spanish  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No

Please contact provider for  
 Accessibility information  
*Hours:* M 9AM-8PM, TU,W,F  
 9AM-5PM, TH 12PM-8PM  
**ZAYAS, GILBERTO, MD**  
*Provider Gender:* Male  
*License number:* A136760  
*NPI:* 1508174970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 352 L ST  
 CHULA VISTA, CA 91911-1208  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M 8:30AM-5PM, TU  
 9AM-4:15PM, F  
 8:30AM-12:30PM  
**ZAYAS, GILBERTO, MD**  
*Provider Gender:* Male  
*License number:* A136760  
*NPI:* 1508174970

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 248 LANDIS AVE  
 CHULA VISTA, CA 91910-2609  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Vietnamese, Yue  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**ZAYAS, GILBERTO, MD**  
*Provider Gender:* Male  
*License number:* A136760  
*NPI:* 1508174970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910-2628

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Portuguese, Russian, Spanish,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

### DEL MAR

#### **MOTAGHED, HENGAMEH, PSY**

Provider Gender: Female  
 License number: 12707  
 NPI: 1366550592  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Farsi  
 Cultural Competency:  
 MOTAGHED, HENGAMEH  
 14034 BOQUITA DR  
 DEL MAR, CA 92014-2945  
 Phone: (619) 969-6790  
 Fax:  
 After Hours Phone: (619)  
 969-6790  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Farsi  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

#### **SHEZIFI, ODED R , PSY**

Provider Gender: Male  
 License number: 21162  
 NPI: 1366647489  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hebrew  
 Cultural Competency:  
 SHEZIFI, ODED  
 317 14TH ST STE E  
 DEL MAR, CA 92014-2554  
 Phone: (858) 260-3583  
 Fax:

After Hours Phone: (858)  
 260-3583  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Hebrew  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

### ENCINITAS

#### **BROAD RANSON, NICOLA M , CSW**

Provider Gender: Female

License number: 18469  
 NPI: 1326082165  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French  
 Cultural Competency:  
 RANSON, NICOLA LCSW  
 VIRTUAL VISITS ONLY  
 ENCINITAS, CA 92024  
 Phone: (760) 753-2604  
 Fax:  
 After Hours Phone: (760)  
 753-2604  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 French  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 10AM-5PM

### EL CAJON

#### **ABDULLAH, KERI, PSY**

Provider Gender: Female  
 License number: 29990  
 NPI: 1699840587  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female

*License number:* 29990

*NPI:* 1699840587

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **AGUIRRE, LEAH B , CSW**

*Provider Gender:* Female

*License number:* 74440

*NPI:* 1306151998

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **AGUIRRE, LEAH B , CSW**

*Provider Gender:* Female

*License number:* 74440

*NPI:* 1306151998

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **AGUIRRE, WENDY, CSW**

*Provider Gender:* Female

*License number:* 74219

*NPI:* 1205946282

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **AGUIRRE, WENDY, CSW**

Provider Gender: Female  
License number: 74219  
NPI: 1205946282  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **ALAVI, ALI S , MD**

Provider Gender: Male  
License number: A163793  
NPI: 1356856694  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **ALAVI, ALI S , MD**

Provider Gender: Male  
License number: A163793  
NPI: 1356856694  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **ALFARO, AMY, CSW**

Provider Gender: Female  
License number: 72874  
NPI: 1609326859  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

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## J. Mental Health Directory

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **ALFARO, AMY, CSW**

Provider Gender: Female  
 License number: 72874  
 NPI: 1609326859  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ALLEN, JOHN W , MD**

Provider Gender: Male  
 License number: C37706  
 NPI: 1659382588  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 ALLEN, JOHN  
 225 W MADISON AVE STE 2  
 EL CAJON, CA 92020-3454  
 Phone: (619) 631-4505  
 Fax: (619) 713-6290  
 After Hours Phone: (619) 631-4505  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M,W 9AM-6PM, TU,TH,F  
 9AM-5PM

### **ALTERS, DENNIS, MD**

Provider Gender: Male  
 License number: G36206  
 NPI: 1457371635

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **ALTERS, DENNIS, MD**

Provider Gender: Male  
 License number: G36206  
 NPI: 1457371635  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ANDERSEN, CLAIRE, MD**

*Provider Gender:* Female  
*License number:* 125942  
*NPI:* 1831418664  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
440-2751  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Hindi, Nepali (Individual  
Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*

No  
Please contact provider for  
Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU  
8AM-8PM  
**ARAGON, DARINKA M , MD**  
*Provider Gender:* Female  
*License number:* A139241  
*NPI:* 1114347291  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300

*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **ARAGON, DARINKA M , MD**

*Provider Gender:* Female  
*License number:* A139241  
*NPI:* 1114347291  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ARIELLA, LYNDA R , PSY**

*Provider Gender:* Female  
*License number:* 19450  
*NPI:* 1073518965  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

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## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ARIELLA, LYNDIA R , PSY**

*Provider Gender:* Female  
*License number:* 19450  
*NPI:* 1073518965  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

Accessibility information  
*Hours:* M-F 8AM-5PM

### **ARNOLD, REBECCA L , MFT**

*Provider Gender:* Female  
*License number:* LMFT95778  
*NPI:* 1225580350  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
 440-2751  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Hindi, Nepali (Individual  
 Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU  
 8AM-8PM

### **ASH, VIVIAN, CSW**

*Provider Gender:* Female  
*License number:* 14619  
*NPI:* 1033623293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **ASH, VIVIAN, CSW**

*Provider Gender:* Female  
*License number:* 14619  
*NPI:* 1033623293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,

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## J. Mental Health Directory

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Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**  
Provider Gender: Male  
License number: LCSW75956  
NPI: 1083056279  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**  
Provider Gender: Male  
License number: LCSW75956  
NPI: 1083056279  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**AUCOIN, DOUGLAS, CSW**  
Provider Gender: Male  
License number: 24707  
NPI: 1699007609  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**AUCOIN, DOUGLAS, CSW**  
Provider Gender: Male  
License number: 24707  
NPI: 1699007609  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **AVILA, RADOMIR M , CSW**

Provider Gender: Male  
 License number: 75520  
 NPI: 1487937330  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Portuguese, Spanish  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **AVILA, RADOMIR M , CSW**

Provider Gender: Male  
 License number: 75520  
 NPI: 1487937330  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Portuguese, Spanish  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BANZON, CHARLES, MFT**

Provider Gender: Male  
 License number: 49126  
 NPI: 1457422966  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BANZON, CHARLES, MFT**

Provider Gender: Male  
 License number: 49126  
 NPI: 1457422966  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

Provider Gender: Male  
 License number: 90529  
 NPI: 1194159871  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO,**

**CSW**  
 Provider Gender: Male  
 License number: 90529  
 NPI: 1194159871  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

Provider Gender: Female  
 License number: 86542  
 NPI: 1720339708  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

Provider Gender: Female  
 License number: 86542  
 NPI: 1720339708  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

Provider Gender: Female  
License number: 86542  
NPI: 1720339708  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
680 FLETCHER PKWY STE 200  
EL CAJON, CA 92020-2500  
Phone: (619) 515-2338  
Fax: (619) 269-0598  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5:30PM

### **BELINSKY, MARIA T , CSW**

Provider Gender: Female

License number: LCSW69175  
NPI: 1760867824  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: NEIGHBORHOOD HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819  
Phone: (619) 440-2751

Fax:  
After Hours Phone: (619) 440-2751  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Arabic, Hindi, Nepali (Individual Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M,W-F 8AM-5PM, TU 8AM-8PM

### **BENNETT, RACHEL Q , CSW**

Provider Gender: Female  
License number: 76466  
NPI: 1558659797  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **BENNETT, RACHEL Q , CSW**

Provider Gender: Female  
License number: 76466  
NPI: 1558659797  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2499  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BENZL, JERRY F , MD**

Provider Gender: Male  
 License number: A154471  
 NPI: 1487032082  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BENZL, JERRY F , MD**

Provider Gender: Male

License number: A154471  
 NPI: 1487032082  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BERKSON, BARRIE, CSW**

Provider Gender: Female  
 License number: 63313  
 NPI: 1922305465  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BERKSON, BARRIE, CSW**

Provider Gender: Female  
 License number: 63313  
 NPI: 1922305465  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

*Hours: M-F 8AM-5PM*

### **BHAJU, JESHMIN, PSY**

*Provider Gender: Female*

*License number: 31625*

*NPI: 1497081566*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Hindi, Nepali (Individual Language)

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

855 E MADISON AVE

EL CAJON, CA 92020-3819

*Phone: (619) 440-2751*

*Fax:*

*After Hours Phone: (619)*

440-2751

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Arabic, Hindi, Nepali (Individual Language), Spanish

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL):*

No

*Please contact provider for Accessibility information*

*Hours: M,W-F 8AM-5PM, TU*

8AM-8PM

### **BHATIA, PRAKASH K , MD**

*Provider Gender: Male*

*License number: A74848*

*NPI: 1164464137*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

BHATIA HEALTH SERVICES A MEDICAL CORPORATION

161 E MAIN ST STE 100

EL CAJON, CA 92020-3993

*Phone: (619) 631-0128*

*Fax: (619) 631-0153*

*After Hours Phone: (619)*

631-0128

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*TDD: No*

*Min/Max Age: 0/64*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Hours: M,W 9AM-5PM, F 12:30PM-4PM*

### **BIRNBAUM, DEBORAH, MD**

*Provider Gender: Female*

*License number: 20A11387*

*NPI: 1639308265*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone: (619) 515-2300*

*Fax:*

*After Hours Phone: (619) 515-2300*

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

*Hours: M-F 8AM-5PM*

### **BIRNBAUM, DEBORAH, MD**

*Provider Gender: Female*

*License number: 20A11387*

*NPI: 1639308265*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone: (619) 515-2499*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BOND, ALAN, PSY**

Provider Gender: Male  
 License number: PSY25805  
 NPI: 1881927184  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female

License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BRANNEN, MANDY, NPA**

Provider Gender: Female  
 License number: 95007286  
 NPI: 1891205159  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 NEIGHBORHOOD HEALTHCARE  
 215 W MADISON AVE  
 EL CAJON, CA 92020-3405  
 Phone: (619) 401-6236  
 Fax: (619) 667-6036  
 After Hours Phone: (619) 401-6236  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M,W,F 4PM-7PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BURNS, PETER B , MD**

Provider Gender: Male  
 License number: G145142  
 NPI: 1891727533  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BUTERBAUGH, KRISTY L ,**

### **CSW**

Provider Gender: Female  
 License number: 65477  
 NPI: 1346615838  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300

Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BUTERBAUGH, KRISTY L , CSW**

Provider Gender: Female  
 License number: 65477  
 NPI: 1346615838  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BYRNE, ANDREW L , MFT**

Provider Gender: Male  
 License number: 53477  
 NPI: 1912213331  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 BYRNE, ANDREW  
 127 E LEXINGTON AVE  
 EL CAJON, CA 92020-4511  
 Phone: (619) 573-0682  
 Fax: (619) 328-6591  
 After Hours Phone: (619) 573-0682  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M,TH 9AM-5PM, TU 9AM-8:30PM, W 9AM-9PM, F 1PM-5PM

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male  
*License number:* A71653

*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Portuguese, Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **CALOCA, LAURA, PSY**

*Provider Gender:* Female  
*License number:* 29757  
*NPI:* 1134364698  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819

*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619) 440-2751  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

### **CANN, RONALD, MD**

*Provider Gender:* Male  
*License number:* G83523  
*NPI:* 1285941401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* COMMUNITY RESEARCH FOUNDATION INC  
460 N MAGNOLIA AVE STE 110  
EL CAJON, CA 92020-3610  
*Phone:* (619) 440-5133  
*Fax:* (619) 440-8522  
*After Hours Phone:* (619) 440-5133  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M,TU,TH,F 9AM-5PM, W  
9AM-7PM

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male

*License number:* A137940

*NPI:* 1811212145

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male

*License number:* A137940

*NPI:* 1811212145

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **CARINO DIOKNO, RHODA, PSY**

*Provider Gender:* Female

*License number:* 28073

*NPI:* 1629109483

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2499

### *Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CARINO DIOKNO, RHODA, PSY**

*Provider Gender:* Female

*License number:* 28073

*NPI:* 1629109483

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **CARLTON PENN, CORNELIA, PSY**

*Provider Gender:* Female

*License number:* PSY14310

*NPI:* 1891720611

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

855 E MADISON AVE

EL CAJON, CA 92020-3819

*Phone:* (619) 440-2751

*Fax:*

*After Hours Phone:* (619)

440-2751

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Hindi, Nepali (Individual Language), Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M,W-F 8AM-5PM, TU

8AM-8PM

### **CASEY, SHANNON, PSY**

*Provider Gender:* Female

*License number:* PSY31889

*NPI:* 1548873755

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

215 W MADISON AVE

EL CAJON, CA 92020-3405

*Phone:* (619) 401-6236

*Fax:* (619) 667-6036

*After Hours Phone:* (619)

401-6236

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M,W,F 4PM-7PM

### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female

*License number:* 82782

*NPI:* 1598165441

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female

*License number:* 82782

*NPI:* 1598165441

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **CELAYA, MARY, NPA**

*Provider Gender:* Female  
*License number:* 11425  
*NPI:* 1710060231  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
440-2751  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Hindi, Nepali (Individual  
Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU  
8AM-8PM

### **CHAO, BRIAN, PSY**

*Provider Gender:* Male  
*License number:* 28796  
*NPI:* 1114196987  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD

HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
440-2751  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Hindi, Nepali (Individual  
Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU  
8AM-8PM

### **CHEN, ANGELA, MFT**

*Provider Gender:* Female  
*License number:* LMFT40923  
*NPI:* 1811027956  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CHEN, ANGELA, MFT**

*Provider Gender:* Female  
*License number:* LMFT40923  
*NPI:* 1811027956  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
680 FLETCHER PKWY STE 200  
EL CAJON, CA 92020-2500  
*Phone:* (619) 515-2338  
*Fax:* (619) 269-0598  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5:30PM

### **CHEN, ANGELA, MFT**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Provider Gender:* Female  
*License number:* LMFT40923  
*NPI:* 1811027956  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CLONTS, PAUL A , CSW**

*Provider Gender:* Male  
*License number:* 87259  
*NPI:* 1467808568  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*

*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **CORVINI, NICOLAS, NPA**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Provider Gender:* Male  
*License number:* 55107  
*NPI:* 1194242461  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
 440-2751  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Hindi, Nepali (Individual  
 Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU  
 8AM-8PM

### **COSTELLO, JENNIFER R , CSW**

*Provider Gender:* Female  
*License number:* 84174  
*NPI:* 1619506250  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819

*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
 440-2751  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Hindi, Nepali (Individual  
 Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU  
 8AM-8PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*

*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **CRUZ ARAUJO, ANDREA L , MD**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Provider Gender:* Female  
*License number:* A160789  
*NPI:* 1124401435  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CRUZ ARAUJO, ANDREA L , MD**

*Provider Gender:* Female  
*License number:* A160789  
*NPI:* 1124401435  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*

*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **DAN, WENDY L , CSW**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 26015  
*NPI:* 1700224037  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DAN, WENDY L , CSW**

*Provider Gender:* Female  
*License number:* 26015  
*NPI:* 1700224037  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **DEBBOLD, ERIC M , MD**

*Provider Gender:* Male  
*License number:* 164068  
*NPI:* 1144726415  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DEBBOLD, ERIC M , MD**

*Provider Gender:* Male  
*License number:* 164068  
*NPI:* 1144726415  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*

*After Hours Phone:* (619) 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
680 FLETCHER PKWY STE 200  
EL CAJON, CA 92020-2500  
*Phone:* (619) 515-2338  
*Fax:* (619) 269-0598  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5:30PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male  
*License number:* G57276  
*NPI:* 1548318348  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male  
*License number:* G57276  
*NPI:* 1548318348

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 680 FLETCHER PKWY STE 200  
 EL CAJON, CA 92020-2500  
*Phone:* (619) 515-2338  
*Fax:* (619) 269-0598  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5:30PM

**DWYER, GEORGE, CSW**  
*Provider Gender:* Male  
*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

**SAN DIEGO**  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**DWYER, GEORGE, CSW**  
Provider Gender: Male  
License number: 70988  
NPI: 1437606126  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**DYLAKE, JASMINE C, CSW**  
Provider Gender: Female  
License number: 33-0743869  
NPI: 1659782498  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**ECKL, CATHERINE, CSW**  
Provider Gender: U  
License number: 11004  
NPI: 1841853322  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
215 W MADISON AVE  
EL CAJON, CA 92020-3405  
Phone: (619) 401-6236  
Fax: (619) 667-6036  
After Hours Phone: (619)  
401-6236  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M,W,F 4PM-7PM

**EDE, KEKOA, MD**  
Provider Gender: Male  
License number: A101211  
NPI: 1134224843  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Phone:* (619) 440-2751

*Fax:*

*After Hours Phone:* (619)  
440-2751

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Hindi, Nepali (Individual  
Language), Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M,W-F 8AM-5PM, TU  
8AM-8PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male

*License number:* G76886

*NPI:* 1952318289

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male

*License number:* G76886

*NPI:* 1952318289

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **FEDEROFF, MONICA, MD**

*Provider Gender:* Female

*License number:* A164677

*NPI:* 1912404492

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

680 FLETCHER PKWY STE 200

EL CAJON, CA 92020-2500

*Phone:* (619) 515-2338

*Fax:* (619) 269-0598

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5:30PM

### **FEDEROFF, MONICA, MD**

*Provider Gender:* Female

*License number:* A164677

*NPI:* 1912404492

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2499

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**  
*Provider Gender:* Female  
*License number:* A164677  
*NPI:* 1912404492  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**FIGUERED, BRUCE, PSY**  
*Provider Gender:* Male  
*License number:* PSY18899  
*NPI:* 1326086307  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
INTEGRATED HEALTH  
PARTNERS- BORREGO  
COMMUNITY HEALTH  
FOUNDAT  
133 W MAIN ST  
EL CAJON, CA 92020-3315  
*Phone:* (619) 401-0404  
*Fax:* (619) 401-0522  
*After Hours Phone:* (619)  
401-0404  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Mandarin, Spanish,  
Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**FLORES, MARY LUPE, CSW**  
*Provider Gender:* Female  
*License number:* 19815  
*NPI:* 1134147457  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**  
*Provider Gender:* Female  
*License number:* 19815  
*NPI:* 1134147457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**FLOWERS, LAURA L , CSW**  
*Provider Gender:* Female  
*License number:* 74705  
*NPI:* 1437648862  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**FLYNN CRUZ, MARY E , CSW**  
*Provider Gender:* Female  
*License number:* 92918  
*NPI:* 1942814181  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**FLYNN CRUZ, MARY E , CSW**  
*Provider Gender:* Female  
*License number:* 92918  
*NPI:* 1942814181  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**FONSECA, ALIYA, MFT**  
*Provider Gender:* Female  
*License number:* 47462  
*NPI:* 1467763896  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 WAKING UP ON THE TOILET  
 237 AVOCADO AVE STE 105  
 EL CAJON, CA 92020-4638  
*Phone:* (619) 447-0910  
*Fax:*  
*After Hours Phone:* (619)  
 447-0910  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **FRAGOSO, DOMINIQUE, CSW**

Provider Gender: U  
License number: 12601  
NPI: 1518521830  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
215 W MADISON AVE  
EL CAJON, CA 92020-3405  
Phone: (619) 401-6236  
Fax: (619) 667-6036  
After Hours Phone: (619) 401-6236  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M,W,F 4PM-7PM

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male  
License number: 71548  
NPI: 1952736043

Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male  
License number: 71548  
NPI: 1952736043  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2499

Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **FREEMAN, KAY M , MFT**

Provider Gender: Female  
License number: 16284  
NPI: 1588795298  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2499  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**FREEMAN, KAY M , MFT**

*Provider Gender:* Female  
*License number:* 16284  
*NPI:* 1588795298  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**FUKUI, TOMONORI, MD**

*Provider Gender:* Male  
*License number:* 75713  
*NPI:* 1366519670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Japanese, Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**FUKUI, TOMONORI, MD**

*Provider Gender:* Male  
*License number:* 75713  
*NPI:* 1366519670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese, Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

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## J. Mental Health Directory

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*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GANDY, SHARAREH, PSY**

*Provider Gender:* Female  
*License number:* PSY28097  
*NPI:* 1730310723  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT  
133 W MAIN ST  
EL CAJON, CA 92020-3315  
*Phone:* (619) 401-0404  
*Fax:* (619) 401-0522  
*After Hours Phone:* (619) 401-0404  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Mandarin, Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female  
*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499  
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female  
*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female  
*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
680 FLETCHER PKWY STE 200  
EL CAJON, CA 92020-2500  
*Phone:* (619) 515-2338  
*Fax:* (619) 269-0598  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5:30PM

### **GILLIS, RUTH, MFT**

*Provider Gender:* Female  
*License number:* 50313  
*NPI:* 1568588325  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST

EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **GILLIS, RUTH, MFT**

*Provider Gender:* Female  
*License number:* 50313  
*NPI:* 1568588325  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **GLASSMAN, JAGA NATH, MD**

*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **GLASSMAN, JAGA NATH, MD**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **GLASSMAN, JAGA NATH, MD**

*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
680 FLETCHER PKWY STE 200  
EL CAJON, CA 92020-2500

*Phone:* (619) 515-2338  
*Fax:* (619) 269-0598  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5:30PM

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female  
*License number:* 13685  
*NPI:* 1366641813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female  
*License number:* 13685  
*NPI:* 1366641813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **GOEHRING, KATHERINE R , NPA**

*Provider Gender:* Female  
*License number:* 95002763

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

**NPI:** 1972929404  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
 NEIGHBORHOOD  
 HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
**Phone:** (619) 440-2751  
**Fax:**  
**After Hours Phone:** (619)  
 440-2751  
**Website:**  
 www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Arabic, Hindi, Nepali (Individual  
 Language), Spanish  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
 Restrictions  
**American Sign Language (ASL):**  
 No  
 Please contact provider for  
 Accessibility information  
**Hours:** M,W-F 8AM-5PM, TU  
 8AM-8PM

### **GOMEZ-NARANJO, PATRICIA A , MD**

**Provider Gender:** Female  
**License number:** A55544  
**NPI:** 1053324541  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
**Cultural Competency:**  
 INTEGRATED HEALTH  
 PARTNERS- BORREGO  
 COMMUNITY HEALTH  
 FOUNDAT  
 133 W MAIN ST  
 EL CAJON, CA 92020-3315

**Phone:** (619) 401-0404  
**Fax:** (619) 401-0522  
**After Hours Phone:** (619)  
 401-0404  
**Website:**  
 www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Arabic, Mandarin, Spanish,  
 Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender  
 Restrictions  
**American Sign Language (ASL):**  
 No  
 Please contact provider for  
 Accessibility information  
**Hours:** M-F 8AM-5PM

### **GONZALEZ, ANDREA, CSW**

**Provider Gender:** Female  
**License number:** 97593  
**NPI:** 1326346198  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
**Phone:** (619) 515-2499  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619)  
 515-2499  
**Website:**  
 www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
 Restrictions  
**American Sign Language (ASL):**  
 Yes  
 Please contact provider for  
 Accessibility information  
**Hours:** M-F 8:30AM-5PM

### **GONZALEZ, ANDREA, CSW**

**Provider Gender:** Female  
**License number:** 97593  
**NPI:** 1326346198  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 680 FLETCHER PKWY STE 200  
 EL CAJON, CA 92020-2500  
**Phone:** (619) 515-2338  
**Fax:** (619) 269-0598  
**After Hours Phone:** (619)  
 515-2338  
**Website:**  
 www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Spanish  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
 Restrictions  
**American Sign Language (ASL):**  
 No  
 Please contact provider for  
 Accessibility information  
**Hours:** M-F 8:30AM-5:30PM

### **GONZALEZ, ANDREA, CSW**

**Provider Gender:** Female  
**License number:** 97593

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

NPI: 1326346198  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

**GOTTUNG, CHRISTINA, CSW**  
 Provider Gender: Female  
 License number: 87716  
 NPI: 1134597123  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**  
 Provider Gender: Female  
 License number: 87716  
 NPI: 1134597123  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

**GRAHAM, DEBRA JEANNE, NPA**  
 Provider Gender: Female  
 License number: NP15657  
 NPI: 1790757623  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT  
 133 W MAIN ST  
 EL CAJON, CA 92020-3315  
 Phone: (619) 401-0404  
 Fax: (619) 401-0522  
 After Hours Phone: (619) 401-0404  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, Mandarin, Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>GUARDADO SOTO, RAQUEL E , PSY</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 26883<br/> <i>NPI:</i> 1194999276<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> NEIGHBORHOOD HEALTHCARE<br/>             855 E MADISON AVE<br/>             EL CAJON, CA 92020-3819<br/> <i>Phone:</i> (619) 440-2751<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 440-2751<br/> <i>Website:</i> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i> Arabic, Hindi, Nepali (Individual Language), Spanish<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender Restrictions<br/> <i>American Sign Language (ASL):</i> No<br/>             Please contact provider for Accessibility information<br/> <i>Hours:</i> M,W-F 8AM-5PM, TU 8AM-8PM</p> | <p>1111 W CHASE AVE<br/>             EL CAJON, CA 92020-5710<br/> <i>Phone:</i> (619) 515-2499<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619) 515-2499<br/> <i>Website:</i> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i> American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender Restrictions<br/> <i>American Sign Language (ASL):</i> Yes<br/>             Please contact provider for Accessibility information<br/> <i>Hours:</i> M-F 8:30AM-5PM</p> | <p>Japanese, Portuguese, Russian, Spanish, Yue Chinese<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender Restrictions<br/> <i>American Sign Language (ASL):</i> Yes<br/>             Please contact provider for Accessibility information<br/> <i>Hours:</i> M-F 8AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>GUTIERREZ, APRIL P , CSW</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 86166<br/> <i>NPI:</i> 1356749949<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p><b>GUTIERREZ, APRIL P , CSW</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 86166<br/> <i>NPI:</i> 1356749949<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO<br/>             525 E MAIN ST<br/>             EL CAJON, CA 92020-4007<br/> <i>Phone:</i> (619) 515-2300<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619) 515-2300<br/> <i>Website:</i> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i> American Sign Language, Farsi,</p>                                     | <p><b>HALGEDAHL, YI TING, NPA</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 95006826<br/> <i>NPI:</i> 1619246907<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Mandarin, Chinese<br/> <i>Cultural Competency:</i> INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT<br/>             133 W MAIN ST<br/>             EL CAJON, CA 92020-3315<br/> <i>Phone:</i> (619) 401-0404<br/> <i>Fax:</i> (619) 401-0522<br/> <i>After Hours Phone:</i> (619) 401-0404<br/> <i>Website:</i> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i> Arabic, Mandarin, Spanish, Chinese<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 0/99<br/> <i>Gender Restriction:</i> No Gender Restrictions<br/> <i>American Sign Language (ASL):</i> No<br/>             Please contact provider for Accessibility information</p> |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Hours: M-F 8AM-5PM*

### **HANNA-HADDAD, WEGDAN, PSY**

*Provider Gender: Female*  
*License number: PSY26481*  
*NPI: 1457769333*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Arabic*  
*Cultural Competency: INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT*  
 133 W MAIN ST  
 EL CAJON, CA 92020-3315  
*Phone: (619) 401-0404*  
*Fax: (619) 401-0522*  
*After Hours Phone: (619) 401-0404*  
*Website: www.beaconhealthoptions.com*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Arabic, Mandarin, Spanish, Chinese*  
*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
 Please contact provider for Accessibility information  
*Hours: M-F 8AM-5PM*

### **HARRIMAN, CORAL, PSY**

*Provider Gender: Female*  
*License number: 26098*  
*NPI: 1417373069*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone: (619) 515-2300*  
*Fax:*  
*After Hours Phone: (619) 515-2300*  
*Website: www.beaconhealthoptions.com*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese*  
*TDD: No*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
 Please contact provider for Accessibility information  
*Hours: M-F 8AM-5PM*

### **HARRIMAN, CORAL, PSY**

*Provider Gender: Female*  
*License number: 26098*  
*NPI: 1417373069*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone: (619) 515-2499*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2499*  
*Website: www.beaconhealthoptions.com*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*

*Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese*  
*TDD: No*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
 Please contact provider for Accessibility information  
*Hours: M-F 8:30AM-5PM*

### **HAYDAR, SUSAN, PSY**

*Provider Gender: Female*  
*License number: PSY24934*  
*NPI: 1730452400*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Arabic*  
*Cultural Competency: NEIGHBORHOOD HEALTHCARE*  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone: (619) 440-2751*  
*Fax:*  
*After Hours Phone: (619) 440-2751*  
*Website: www.beaconhealthoptions.com*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Arabic, Hindi, Nepali (Individual Language), Spanish*  
*TDD: No*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
 Please contact provider for Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*Hours:* M,W-F 8AM-5PM, TU  
8AM-8PM

**HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**HECKMAN, KELEY, CSW**

*Provider Gender:* U  
*License number:* 68697  
*NPI:* 1801948187  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
215 W MADISON AVE  
EL CAJON, CA 92020-3405  
*Phone:* (619) 401-6236  
*Fax:* (619) 667-6036  
*After Hours Phone:* (619)  
401-6236  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M,W,F 4PM-7PM

**HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

NPI: 1154811636  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **HOLDEN, MATTHEW, PSY**

Provider Gender: Male  
 License number: PSY11197  
 NPI: 1740213487  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
 Phone: (619) 440-2751  
 Fax:  
 After Hours Phone: (619)  
 440-2751

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, Hindi, Nepali (Individual  
 Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M,W-F 8AM-5PM, TU  
 8AM-8PM

### **HORNBROOK, JESSICA, CSW**

Provider Gender: Female  
 License number: 26598  
 NPI: 1134401805  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **HUBER, REBECCA, MD**

Provider Gender: Female  
 License number: A133711  
 NPI: 1174960686  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:

After Hours Phone: (619)  
 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **HUBER, REBECCA, MD**

Provider Gender: Female  
 License number: A133711  
 NPI: 1174960686  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for

Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **JACKSON, TIENNA S , CSW**

*Provider Gender:* Female  
*License number:* 89122  
*NPI:* 1194976225  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **JALAN, DEVESH, MD**

*Provider Gender:* Male  
*License number:* A167754  
*NPI:* 1083092134  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

1111 W CHASE AVE  
EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male

License number: A167754

NPI: 1083092134

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female

License number: 20A13931

NPI: 1679834022

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female

License number: 20A13931

NPI: 1679834022

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **JASSO-RAMIREZ, MARTHA, CSW**

Provider Gender: Female

License number: 26493

NPI: 1871772020

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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## J. Mental Health Directory

1111 W CHASE AVE  
EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **JAUREGUI, CYNTHIA J , MFT**

Provider Gender: Female

License number: 46152

NPI: 1003953886

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **JAUREGUI, CYNTHIA J , MFT**

Provider Gender: Female

License number: 46152

NPI: 1003953886

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **JONES, ADELE, PSY**

Provider Gender: Female

License number: 25311

NPI: 1558602490

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **JONES, ADELE, PSY**

Provider Gender: Female

License number: 25311

NPI: 1558602490

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **JONES, ATAVIA L , CSW**

Provider Gender: Female

License number: LCSW76796

NPI: 1952734899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **JONES, ATAVIA L , CSW**

Provider Gender: Female

License number: LCSW76796

NPI: 1952734899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### **JONES, MICHAEL A , CSW**

Provider Gender: Male

License number: LCS 22452

NPI: 1548205719

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **JONES, MICHAEL A , CSW**

Provider Gender: Male

License number: LCS 22452

NPI: 1548205719

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KAHLY, BROOKE, CSW**

*Provider Gender:* U  
*License number:* 84367  
*NPI:* 1649833120  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 NEIGHBORHOOD HEALTHCARE  
 215 W MADISON AVE  
 EL CAJON, CA 92020-3405  
*Phone:* (619) 401-6236  
*Fax:* (619) 667-6036  
*After Hours Phone:* (619) 401-6236  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for Accessibility information  
*Hours:* M,W,F 4PM-7PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **KELLEY, KIMBERLY L , CSW**

*Provider Gender:* Female  
*License number:* 97888  
*NPI:* 1326447897  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

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## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**KELLEY, KIMBERLY L , CSW**  
*Provider Gender:* Female  
*License number:* 97888  
*NPI:* 1326447897  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**KHAN, MAYSUN, CSW**  
*Provider Gender:* Female  
*License number:* 71910  
*NPI:* 1033519632  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM  
**KHAN, MAYSUN, CSW**  
*Provider Gender:* Female  
*License number:* 71910  
*NPI:* 1033519632  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**KLEAST, RUTH A , CSW**  
*Provider Gender:* Female  
*License number:* LCSW28504  
*NPI:* 1326272378  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
 440-2751  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Arabic, Hindi, Nepali (Individual Language), Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: M,W-F 8AM-5PM, TU 8AM-8PM

### **KLOBERDANZ, KELSEY L , NPA**

Provider Gender: Female

License number: 95005293

NPI: 1235672502

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

Provider Gender: Female

License number: 95005293

NPI: 1235672502

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male

License number: A94460

NPI: 1851573554

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male

License number: A94460

NPI: 1851573554

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **KOH, STEVE H , MD**

Provider Gender: Male  
License number: A103468  
NPI: 1467650473  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **KOH, STEVE H , MD**

Provider Gender: Male  
License number: A103468  
NPI: 1467650473  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **KRITTMAN, STUART W , PSY**

Provider Gender: Male  
License number: PSY20233  
NPI: 1174964399  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **KRITTMAN, STUART W , PSY**

Provider Gender: Male  
License number: PSY20233  
NPI: 1174964399  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KYLE, MARCIE, CSW**

Provider Gender: Female  
 License number: LCSW78555  
 NPI: 1174981500  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **KYLE, MARCIE, CSW**

Provider Gender: Female

License number: LCSW78555  
 NPI: 1174981500  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LIDSTONE, PAVEN, MD**

Provider Gender: Female  
 License number: 161149  
 NPI: 1942662093  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LIDSTONE, PAVEN, MD**

Provider Gender: Female  
 License number: 161149  
 NPI: 1942662093  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 680 FLETCHER PKWY STE 200  
 EL CAJON, CA 92020-2500  
 Phone: (619) 515-2338  
 Fax: (619) 269-0598  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 TDD: No  
 Min/Max Age:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5:30PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female  
*License number:* 161149  
*NPI:* 1942662093  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300

*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **LIPPERT, HEATHER M , CSW**

*Provider Gender:* Female  
*License number:* 22526  
*NPI:* 1093991663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **LIPPERT, HEATHER M , CSW**

*Provider Gender:* Female

*License number:* 22526

*NPI:* 1093991663

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **LIU-BARBARO, DOROTHY, MD**

*Provider Gender:* Female

*License number:* A115342

*NPI:* 1851602270

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

855 E MADISON AVE

EL CAJON, CA 92020-3819

*Phone:* (619) 440-2751

*Fax:*

*After Hours Phone:* (619)

440-2751

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Hindi, Nepali (Individual Language), Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

### **LLAMAS, SASHA G , CSW**

*Provider Gender:* Female

*License number:* 94249

*NPI:* 1356713739

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **LLAMAS, SASHA G , CSW**

*Provider Gender:* Female

*License number:* 94249

*NPI:* 1356713739

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Accessibility information  
Hours: M-F 8:30AM-5PM

### **LOEB, CINDY, CSW**

Provider Gender: Female  
License number: 75333  
NPI: 1619108511  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **LOEB, CINDY, CSW**

Provider Gender: Female  
License number: 75333  
NPI: 1619108511  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **LYDIARD, JESSICA, MD**

Provider Gender: Female  
License number: A171775  
NPI: 1841731296  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **LYDIARD, JESSICA, MD**

Provider Gender: Female  
License number: A171775  
NPI: 1841731296  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
680 FLETCHER PKWY STE 200  
EL CAJON, CA 92020-2500  
Phone: (619) 515-2338  
Fax: (619) 269-0598  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5:30PM

### **LYDIARD, JESSICA, MD**

Provider Gender: Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* A171775  
*NPI:* 1841731296  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

*Provider Gender:* Male  
*License number:* 92724  
*NPI:* 1538704002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **LYONS, KEITH E , CSW**

*Provider Gender:* Male  
*License number:* 92724  
*NPI:* 1538704002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

*Provider Gender:* Male  
*License number:* 92724  
*NPI:* 1538704002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 215 W MADISON AVE  
 EL CAJON, CA 92020-3405  
*Phone:* (619) 401-6236  
*Fax:* (619) 667-6036  
*After Hours Phone:* (619)  
 401-6236  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M,W,F 4PM-7PM

### **MACIAS, ZIRLEY, CSW**

*Provider Gender:* Female  
*License number:* 96997  
*NPI:* 1245616887  
*Provider English Spoken:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:*

NEIGHBORHOOD  
HEALTHCARE

855 E MADISON AVE  
EL CAJON, CA 92020-3819

*Phone:* (619) 440-2751

*Fax:*

*After Hours Phone:* (619)  
440-2751

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Hindi, Nepali (Individual  
Language), Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M,W-F 8AM-5PM, TU  
8AM-8PM

### **MACMASTER, LINDSAY, PSY**

*Provider Gender:* Female

*License number:* 25570

*NPI:* 1659520179

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **MACMASTER, LINDSAY, PSY**

*Provider Gender:* Female

*License number:* 25570

*NPI:* 1659520179

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MAGOS, DANIEL, CSW**

*Provider Gender:* Male

*License number:* 88270

*NPI:* 1578983664

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

855 E MADISON AVE

EL CAJON, CA 92020-3819

*Phone:* (619) 440-2751

*Fax:*

*After Hours Phone:* (619)  
440-2751

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Hindi, Nepali (Individual  
Language), Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M,W-F 8AM-5PM, TU  
8AM-8PM

### **MAIETTA, KATHLEEN H , CSW**

*Provider Gender:* Female

*License number:* 88399

*NPI:* 1487128617

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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**SAN DIEGO**  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**MALAK, LAWRENCE, MD**  
Provider Gender: Male  
License number: A115345  
NPI: 1467773028  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**MALAK, LAWRENCE, MD**  
Provider Gender: Male  
License number: A115345  
NPI: 1467773028  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:

After Hours Phone: (619) 515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**MARTINEZ, IVONNE B , CSW**  
Provider Gender: Female  
License number: 85604  
NPI: 1225355498  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**MARTINEZ, STEPHANIE, MD**  
Provider Gender: Female  
License number: 152787  
NPI: 1699126367  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**MARTINEZ, STEPHANIE, MD**  
Provider Gender: Female  
License number: 152787  
NPI: 1699126367  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**MARTIR, MICHEL, CSW**  
Provider Gender: Female  
License number: 73174  
NPI: 1356528434  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**MARTIR, MICHEL, CSW**

Provider Gender: Female  
License number: 73174  
NPI: 1356528434  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2499  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**MATIALEU, LEOPOLDINE, MD**  
Provider Gender: Female  
License number: A152369  
NPI: 1255759718  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

Phone: (619) 440-2751  
 Fax:  
 After Hours Phone: (619) 440-2751  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M,W-F 8AM-5PM, TU 8AM-8PM

### **MAXWELL, MELISSA K , CSW**

Provider Gender: U  
 License number: 90791  
 NPI: 1275182826  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD HEALTHCARE  
 215 W MADISON AVE  
 EL CAJON, CA 92020-3405  
 Phone: (619) 401-6236  
 Fax: (619) 667-6036  
 After Hours Phone: (619) 401-6236  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender

Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M,W,F 4PM-7PM

### **MCADAMS, HILDA, NPA**

Provider Gender: Female  
 License number: 14201  
 NPI: 1396838082  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:

After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **MCADAMS, HILDA, NPA**

Provider Gender: Female  
 License number: 14201  
 NPI: 1396838082

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

Provider Gender: Female  
 License number: 14201  
 NPI: 1396838082  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 680 FLETCHER PKWY STE 200  
 EL CAJON, CA 92020-2500

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Phone:* (619) 515-2338  
*Fax:* (619) 269-0598  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5:30PM

### **MCGINLEY, NANCY R , MD**

*Provider Gender:* Female  
*License number:* A167231  
*NPI:* 1649765124  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **MCHENRY, KELLY, CSW**

*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 American Sign Language  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **MCHENRY, KELLY, CSW**

*Provider Gender:* Female  
*License number:* 29689

*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 American Sign Language  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MEJIAS, JUAN C , PSY**

*Provider Gender:* Male  
*License number:* 26953  
*NPI:* 1558560730  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Phone:* (619) 440-2751

*Fax:*

*After Hours Phone:* (619) 440-2751

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Hindi, Nepali (Individual Language), Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

### **MEJIA, RITA I , MFT**

*Provider Gender:* Female

*License number:* 99697

*NPI:* 1952741506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619) 515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MEJIA, RITA I , MFT**

*Provider Gender:* Female

*License number:* 99697

*NPI:* 1952741506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619) 515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **MENDEZ PEREZ, MARIA C , CSW**

*Provider Gender:* Female

*License number:* 89151

*NPI:* 1356902795

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619) 515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **MENDEZ, ANDRES G , PSY**

*Provider Gender:* Male

*License number:* 28907

*NPI:* 1841482692

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

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## J. Mental Health Directory

Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MERRILL, SARAH M , CSW**

Provider Gender: Female  
 License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MERRILL, SARAH M , CSW**

Provider Gender: Female  
 License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:

After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **MILLER, BRIAN P , MD**

Provider Gender: Male

License number: A68180  
 NPI: 1861411381  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MILLER, BRIAN  
 1460 E MAIN ST  
 EL CAJON, CA 92021-8617  
 Phone: (858) 939-4393  
 Fax: (619) 740-4807  
 After Hours Phone: (858) 939-4393  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

### **MILLICAN, RUTH, PSY**

Provider Gender: Female  
 License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**MILLICAN, RUTH, PSY**  
*Provider Gender:* Female  
*License number:* 25354  
*NPI:* 1346472305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**MODAD, ALBERT, PSY**  
*Provider Gender:* Female  
*License number:* 29697  
*NPI:* 1629453691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**  
*Provider Gender:* Female  
*License number:* 29697  
*NPI:* 1629453691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**MORALES MORENO, MINERVA, CSW**  
*Provider Gender:* Female  
*License number:* 63550  
*NPI:* 1841337565  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **MORALES MORENO, MINERVA, CSW**

Provider Gender: Female

License number: 63550

NPI: 1841337565

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **NADEAU MANNING, JULIE, CSW**

Provider Gender: Female

License number: 25094

NPI: 1275609760

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **NADEAU MANNING, JULIE, CSW**

Provider Gender: Female

License number: 25094

NPI: 1275609760

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **NARANJO, JORGE, MD**

Provider Gender: Male

License number: A62504

NPI: 1992838684

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

INTEGRATED HEALTH  
PARTNERS- BORREGO  
COMMUNITY HEALTH  
FOUNDAT

133 W MAIN ST

EL CAJON, CA 92020-3315

Phone: (619) 401-0404

Fax: (619) 401-0522

After Hours Phone: (619)

401-0404

Website:

www.beaconhealthoptions.com

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Mandarin, Spanish,  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**NAWROCKI, KSENIA, MD**  
*Provider Gender:* Female  
*License number:* A123879  
*NPI:* 1487882742  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Russian  
*Cultural Competency:*  
 COMMUNITY RESEARCH  
 FOUNDATION INC  
 1664 BROADWAY  
 EL CAJON, CA 92021-5201  
*Phone:* (619) 579-8685  
*Fax:* (619) 579-1969  
*After Hours Phone:* (619)  
 579-8685  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information

*Hours:*  
**NAZARIO, JACOBETH, PSY**  
*Provider Gender:* Female  
*License number:* PSY32092  
*NPI:* 1326648684  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 680 FLETCHER PKWY STE 200  
 EL CAJON, CA 92020-2500  
*Phone:* (619) 515-2338  
*Fax:* (619) 269-0598  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5:30PM

**NAZARIO, JACOBETH, PSY**  
*Provider Gender:* Female  
*License number:* PSY32092  
*NPI:* 1326648684  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**NOUHI, NUSHA, PSY**  
*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female

*License number:* 27670

*NPI:* 1942433917

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Farsi

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

*Provider Gender:* Male

*License number:* 27072

*NPI:* 1285984450

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **OBRYAN, KELLY, PSY**

*Provider Gender:* Female

*License number:* 24966

*NPI:* 1093882698

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619) 515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **OBRYAN, KELLY, PSY**

*Provider Gender:* Female

*License number:* 24966

*NPI:* 1093882698

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian,

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

### **OGLESBY, MONIQUE M , PSY**

Provider Gender: Female

License number: PSY26802

NPI: 1831240720

Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

855 E MADISON AVE

EL CAJON, CA 92020-3819

Phone: (619) 440-2751

Fax:

After Hours Phone: (619)

440-2751

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, Hindi, Nepali (Individual Language), Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: M,W-F 8AM-5PM, TU 8AM-8PM

### **OJHA, PRITI, MD**

Provider Gender: Female

License number: A139807

NPI: 1760897284

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

### **OJHA, PRITI, MD**

Provider Gender: Female

License number: A139807

NPI: 1760897284

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619) 515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **OLIVER, ELIZABETH, CSW**

Provider Gender: Female

License number: 66862

NPI: 1326296351

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **OMORODIN, AISHA, MD**

Provider Gender: Female  
 License number: A169651  
 NPI: 1629500301  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **OMORODIN, AISHA, MD**

Provider Gender: Female

License number: A169651  
 NPI: 1629500301  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 680 FLETCHER PKWY STE 200  
 EL CAJON, CA 92020-2500  
 Phone: (619) 515-2338  
 Fax: (619) 269-0598  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5:30PM

### **OMORODIN, AISHA, MD**

Provider Gender: Female  
 License number: A169651  
 NPI: 1629500301  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ORBE, KERIN, MD**

Provider Gender: Female  
 License number: 20A17225  
 NPI: 1114256690  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:

After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*American Sign Language (ASL):* EL CAJON, CA 92020-3819  
*Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8AM-5PM*

**OTIS, JOHN L , MD**  
*Provider Gender: Male*  
*License number: G28506*  
*NPI: 1235154535*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Arabic, Hindi, Nepali (Individual Language), Spanish*  
*Cultural Competency: TDD: No*  
 OTIS, JOHN  
 1580 BROADWAY  
 EL CAJON, CA 92021-5124  
*Phone: (619) 579-8745*  
*Fax: (619) 579-1328*  
*After Hours Phone: (619) 579-8745*  
*Website: www.beaconhealthoptions.com*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Arabic, Hindi, Nepali (Individual Language), Spanish*  
*TDD: No*  
*Min/Max Age: Please contact provider for Accessibility information*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
*Please contact provider for Accessibility information*  
*Hours: M,W-F 8AM-5PM, TU 8AM-8PM*

**PINEDO, YANELI, CSW**  
*Provider Gender: Male*  
*License number: 91103*  
*NPI: 1710361712*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Arabic, Hindi, Nepali (Individual Language), Spanish*  
*Cultural Competency: TDD: No*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone: (619) 515-2499*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2499*  
*Website: www.beaconhealthoptions.com*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian,*

*Spanish, Yue Chinese*  
*TDD: No*  
*Min/Max Age: Please contact provider for Accessibility information*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

**POSTLETHWAITE, ALEJANDRA, MD**  
*Provider Gender: Female*  
*License number: A88938*  
*NPI: 1750566915*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: NEIGHBORHOOD HEALTHCARE*  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone: (619) 440-2751*  
*Fax: 440-2751*  
*After Hours Phone: (619) 440-2751*  
*Website: www.beaconhealthoptions.com*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Arabic, Hindi, Nepali (Individual Language), Spanish*  
*TDD: No*  
*Min/Max Age: Please contact provider for Accessibility information*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
*Please contact provider for Accessibility information*  
*Hours: M,W-F 8AM-5PM, TU 8AM-8PM*

**PEDERSEN, SUESAN, MD**  
*Provider Gender: Female*  
*License number: A138369*  
*NPI: 1558603837*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: NEIGHBORHOOD HEALTHCARE*  
 855 E MADISON AVE

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **PRESLEY, ARNOLD S , PSY**

*Provider Gender:* Male  
*License number:* 23795  
*NPI:* 1205017688  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 CONCEPT HEALTHCARE  
 PSYCHOLOGY GROUP  
 1340 E MADISON AVE  
 EL CAJON, CA 92021-8501  
*Phone:* (866) 284-0478  
*Fax:* (888) 977-1204  
*After Hours Phone:* (866)  
 284-0478  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **PROCTOR, MELISSA S , CSW**

*Provider Gender:* Female  
*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PROOSASELTS, YULIYA, MD**

*Provider Gender:* Female  
*License number:* A133675

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

**NPI:** 1952747875  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Russian  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
**Phone:** (619) 515-2499  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2499  
**Website:**  
 www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:** American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**  
**Provider Gender:** Female  
**License number:** A133675  
**NPI:** 1952747875  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Russian  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

**Phone:** (619) 515-2300  
**Fax:**  
**After Hours Phone:** (619) 515-2300  
**Website:**  
 www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:** American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8AM-5PM

**QUIROZ, NORMA, MFT**  
**Provider Gender:** Female  
**License number:** 50504  
**NPI:** 1902945199  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
**Phone:** (619) 515-2499  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2499  
**Website:**  
 www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:** American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

**QUIROZ, NORMA, MFT**  
**Provider Gender:** Female  
**License number:** 50504  
**NPI:** 1902945199  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
**Phone:** (619) 515-2300  
**Fax:**  
**After Hours Phone:** (619) 515-2300  
**Website:**  
 www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:** American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8AM-5PM

**RABBAN, DIANA, CSW**  
**Provider Gender:** Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*License number:* 72987  
*NPI:* 1033426374  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**RAMOS, ELIZABETH, CSW**  
*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**RAMOS, ELIZABETH, CSW**  
*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**RATNIEWSKI, JANET, PSY**  
*Provider Gender:* Female  
*License number:* PSY26406  
*NPI:* 1245649599  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 INTEGRATED HEALTH  
 PARTNERS- BORREGO  
 COMMUNITY HEALTH  
 FOUNDAT  
 133 W MAIN ST  
 EL CAJON, CA 92020-3315  
*Phone:* (619) 401-0404  
*Fax:* (619) 401-0522  
*After Hours Phone:* (619)  
 401-0404  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Mandarin, Spanish,  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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### **RENTERIA, SABRINA, MD**

*Provider Gender:* Female  
*License number:* A145894  
*NPI:* 1285029421  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **RENTERIA, SABRINA, MD**

*Provider Gender:* Female  
*License number:* A145894  
*NPI:* 1285029421  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **RODARTE, GABRIEL, MD**

*Provider Gender:* Male  
*License number:* A87906  
*NPI:* 1184649212  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
440-2751  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Hindi, Nepali (Individual  
Language), Spanish  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU  
8AM-8PM

### **RODRIGUEZ, CHRISTINE, PSY**

*Provider Gender:* Female  
*License number:* 30472  
*NPI:* 1568656619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*License number:* 30472  
*NPI:* 1568656619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **ROSENFARB, BARBARA, CSW**

*Provider Gender:* Female  
*License number:* 28590  
*NPI:* 1447477781  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ROSENFARB, BARBARA, CSW**

*Provider Gender:* Female  
*License number:* 28590  
*NPI:* 1447477781  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **ROSS, ANNE T, NPA**

*Provider Gender:* Female  
*License number:* 53359  
*NPI:* 1447334883  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751

*Fax:*  
*After Hours Phone:* (619)  
 440-2751  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Hindi, Nepali (Individual  
 Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU  
 8AM-8PM

### **ROZELL, KATHY, CSW**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**  
*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**SABEN, LAURENCE R , MD**  
*Provider Gender:* Male  
*License number:* G27446  
*NPI:* 1669454898  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SABEN, LAURENCE  
 615 E LEXINGTON AVE  
 EL CAJON, CA 92020-4617  
*Phone:* (619) 440-7831  
*Fax:* (619) 440-0540  
*After Hours Phone:* (619)  
 440-7831  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 7AM-6PM

**SCHEUBER, TIMOTHY, PSY**  
*Provider Gender:* Male  
*License number:* PSY26681  
*NPI:* 1083017396  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 INTEGRATED HEALTH  
 PARTNERS- BORREGO  
 COMMUNITY HEALTH  
 FOUNDAT  
 133 W MAIN ST  
 EL CAJON, CA 92020-3315  
*Phone:* (619) 401-0404  
*Fax:* (619) 401-0522  
*After Hours Phone:* (619)  
 401-0404  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Mandarin, Spanish,  
 Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**SEPULVEDA, JOE, MD**  
*Provider Gender:* Male  
*License number:* A113283  
*NPI:* 1306165402  
*Provider English Spoken:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male  
*License number:* A113283  
*NPI:* 1306165402  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **SHEARED, JORDAN S , CSW**

*Provider Gender:* Female  
*License number:* ASW74739  
*NPI:* 1699121749  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SHEARED, JORDAN S , CSW**

*Provider Gender:* Female  
*License number:* ASW74739  
*NPI:* 1699121749  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **SIMPSON, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 82678  
*NPI:* 1740765866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**SIMPSON, JENNIFER, CSW**  
*Provider Gender:* Female  
*License number:* 82678  
*NPI:* 1740765866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2499  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**SINGH, PARDEEP, NPA**  
*Provider Gender:* Female  
*License number:* 95010750  
*NPI:* 1992279004  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**NEIGHBORHOOD HEALTHCARE**  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*

*After Hours Phone:* (619) 440-2751  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information

*Hours:* M,W-F 8AM-5PM, TU 8AM-8PM

**SIPIN, ELVIRA P , CSW**  
*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300

*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**SIPIN, ELVIRA P , CSW**  
*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

1111 W CHASE AVE  
EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **SIPIN, ELVIRA P , CSW**

Provider Gender: Female

License number: LCS15308

NPI: 1477759892

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

680 FLETCHER PKWY STE 200

EL CAJON, CA 92020-2500

Phone: (619) 515-2338

Fax: (619) 269-0598

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5:30PM

### **SPAHR, CHRISTIE C , MFT**

Provider Gender: Female

License number: 51792

NPI: 1295085736

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **STA ROMANA, JOSEFINA, MD**

Provider Gender: Female

License number: C52364

NPI: 1003972175

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

COMMUNITY RESEARCH  
FOUNDATION INC

460 N MAGNOLIA AVE STE 110

EL CAJON, CA 92020-3610

Phone: (619) 440-5133

Fax: (619) 440-8522

After Hours Phone: (619)

440-5133

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M,TU,TH,F 9AM-5PM, W  
9AM-7PM

### **STEWART, ANDREA M , MFT**

Provider Gender: U

License number: 45174

NPI: 1508993122

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **STEWART, ANDREA M , MFT**

*Provider Gender:* U  
*License number:* 45174  
*NPI:* 1508993122  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **STONE, CALVIN, MD**

*Provider Gender:* Male  
*License number:* 20A18127  
*NPI:* 1275995870  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*

*After Hours Phone:* (619)  
440-2751  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Hindi, Nepali (Individual  
Language), Spanish  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU  
8AM-8PM

### **SUOZZO, JOSEPH J , PSY**

*Provider Gender:* Male  
*License number:* 18393  
*NPI:* 1821013228  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
440-2751  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Hindi, Nepali (Individual  
Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU  
8AM-8PM

### **TAHBAZ, ASH, MFT**

*Provider Gender:* U  
*License number:* 87601  
*NPI:* 1205294543  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TAHBAZ, ASH, MFT**

*Provider Gender:* U  
*License number:* 87601  
*NPI:* 1205294543  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

Accessibility information  
*Hours:* M-F 8AM-5PM  
**TEETER-WITT, ALYSSA, PSY**  
*Provider Gender:* U  
*License number:* 31075  
*NPI:* 1932308442  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 855 E MADISON AVE  
 EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
 440-2751  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Hindi, Nepali (Individual  
 Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU  
 8AM-8PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2499  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **THIESSEN, BRUCE L , PSY**

*Provider Gender:* U  
*License number:* 14259  
*NPI:* 1841541984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **THOMAS, PAULA M , CSW**

*Provider Gender:* Female  
*License number:* 29517  
*NPI:* 1821389966  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*

*After Hours Phone:* (619)  
440-2751  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Hindi, Nepali (Individual  
Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU  
8AM-8PM

### **THOMPSON, STEPHANIE G , CSW**

*Provider Gender:* Female  
*License number:* 75185  
*NPI:* 1861938227  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE

855 E MADISON AVE  
EL CAJON, CA 92020-3819  
*Phone:* (619) 440-2751  
*Fax:*  
*After Hours Phone:* (619)  
440-2751  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Hindi, Nepali (Individual  
Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M,W-F 8AM-5PM, TU  
8AM-8PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Yue Chinese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
*Phone:* (619) 515-2499  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2499  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male

*License number:* A102192

*NPI:* 1831361278

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Yue Chinese

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **TORRES, LAURA, CSW**

*Provider Gender:* Female

*License number:* 65059

*NPI:* 1568612943

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **TORRES, LAURA, CSW**

*Provider Gender:* Female

*License number:* 65059

*NPI:* 1568612943

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **TRIANA, JENNIFER, CSW**

*Provider Gender:* Female

*License number:* 88589

*NPI:* 1073844460

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

680 FLETCHER PKWY STE 200

EL CAJON, CA 92020-2500

*Phone:* (619) 515-2338

*Fax:* (619) 269-0598

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5:30PM

### **TRIANA, JENNIFER, CSW**

Provider Gender: Female  
 License number: 88589  
 NPI: 1073844460  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **TRIANA, JENNIFER, CSW**

Provider Gender: Female  
 License number: 88589  
 NPI: 1073844460  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **TROYER, EMILY, PSY**

Provider Gender: Female  
 License number: A149101  
 NPI: 1326484437  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **TROYER, EMILY, PSY**

Provider Gender: Female  
 License number: A149101  
 NPI: 1326484437  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

*Hours: M-F 8:30AM-5PM*

### **VALLEZ BARLAM, ANDREA, PSY**

*Provider Gender: Female*

*License number: PSY9962*

*NPI: 1710902143*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

855 E MADISON AVE

EL CAJON, CA 92020-3819

*Phone: (619) 440-2751*

*Fax:*

*After Hours Phone: (619)*

440-2751

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Arabic, Hindi, Nepali (Individual Language), Spanish

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Hours: M,W-F 8AM-5PM, TU*

8AM-8PM

### **VAQUERO, JUANA, PSY**

*Provider Gender: Female*

*License number: PSY28364*

*NPI: 1023459708*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

855 E MADISON AVE

EL CAJON, CA 92020-3819

*Phone: (619) 440-2751*

*Fax:*

*After Hours Phone: (619)*

440-2751

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Arabic, Hindi, Nepali (Individual Language), Spanish

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Hours: M,W-F 8AM-5PM, TU*

8AM-8PM

### **WEAVER, JHOSMARA A , CSW**

*Provider Gender: Female*

*License number: 77233*

*NPI: 1982848594*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF

SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone: (619) 515-2499*

*Fax: (619) 702-8536*

*After Hours Phone: (619) 515-2499*

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

*Hours: M-F 8:30AM-5PM*

### **WEBSTER, KRISTIN K , CSW**

*Provider Gender: Female*

*License number: LCSW16118*

*NPI: 1902336837*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone: (619) 515-2499*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female  
 License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **WESH, MADELINE, PSY**

Provider Gender: Female

License number: 31736  
 NPI: 1285864918  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 NEIGHBORHOOD HEALTHCARE  
 215 W MADISON AVE  
 EL CAJON, CA 92020-3405  
 Phone: (619) 401-6236  
 Fax: (619) 667-6036  
 After Hours Phone: (619) 401-6236  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M,W,F 4PM-7PM

### **WIGLE, CHARLES E , MFT**

Provider Gender: Male  
 License number: MFC29757  
 NPI: 1407911878  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: (619) 515-2499  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2499  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WIGLE, CHARLES E , MFT**

Provider Gender: Male  
 License number: MFC29757  
 NPI: 1407911878  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **WILLIAMS, SHANTRICE M , NPA**

Provider Gender: Female  
License number: 19664  
NPI: 1578865549  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: NEIGHBORHOOD HEALTHCARE  
855 E MADISON AVE  
EL CAJON, CA 92020-3819  
Phone: (619) 440-2751  
Fax:  
After Hours Phone: (619) 440-2751  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Arabic, Hindi, Nepali (Individual Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M,W-F 8AM-5PM, TU 8AM-8PM

### **WILSON, NICOLE M , CSW**

Provider Gender: Female  
License number: 94855  
NPI: 1033576400  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2499  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **WITT, ANNETTE, CSW**

Provider Gender: Female  
License number: 15770  
NPI: 1912263468  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
1111 W CHASE AVE  
EL CAJON, CA 92020-5710  
Phone: (619) 515-2499  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2499  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes

Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **WITT, ANNETTE, CSW**

Provider Gender: Female  
License number: 15770  
NPI: 1912263468  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
525 E MAIN ST  
EL CAJON, CA 92020-4007  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Accessibility information

Hours: M-F 8AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female

License number: 95001899

NPI: 1245635564

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female

License number: 95001899

NPI: 1245635564

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **WOODWORTH, JENNIFER, PSY**

Provider Gender: Female

License number: 26963

NPI: 1639362494

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

855 E MADISON AVE

EL CAJON, CA 92020-3819

Phone: (619) 440-2751

Fax:

After Hours Phone: (619)

440-2751

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, Hindi, Nepali (Individual  
Language), Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M,W-F 8AM-5PM, TU  
8AM-8PM

### **YALYSHAVA, VOLHA, CSW**

Provider Gender: Female

License number: LCSW69810

NPI: 1821392002

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Russian

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

Phone: (619) 515-2499

Fax: (619) 702-8536

After Hours Phone: (619)

515-2499

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Hours:* M-F 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female

*License number:* LCSW69810

*NPI:* 1821392002

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Russian

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

**YSLA, FRANCIS M , MD**

*Provider Gender:* Male

*License number:* A155712

*NPI:* 1578978854

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

**ZAYAS, GILBERTO, MD**

*Provider Gender:* Male

*License number:* A136760

*NPI:* 1508174970

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

525 E MAIN ST

EL CAJON, CA 92020-4007

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

**ZAYAS, GILBERTO, MD**

*Provider Gender:* Male

*License number:* A136760

*NPI:* 1508174970

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1111 W CHASE AVE

EL CAJON, CA 92020-5710

*Phone:* (619) 515-2499

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2499

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

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# J. Mental Health Directory

Hours: M-F 8:30AM-5PM

## ENCINITAS

### **ALTAMIRANO, LEON, PSY**

*Provider Gender:* Male

*License number:* 23734

*NPI:* 1619271517

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

1130 2ND ST

ENCINITAS, CA 92024-5008

*Phone:* (760) 736-6767

*Fax:*

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **BUCKLEY, LISA J , PSY**

*Provider Gender:* Female

*License number:* 15155

*NPI:* 1699873976

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

BUCKLEY, LISA

1991 VILLAGE PARK WAY STE  
202B

ENCINITAS, CA 92024-1967

*Phone:* (760) 943-1226

*Fax:* (760) 634-7961

*After Hours Phone:* (760)

943-1226

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* TU,TH,F 8AM-5PM, W  
8AM-7PM

### **BURCIAGA, HENRY, MFT**

*Provider Gender:* Male

*License number:* MFT19940

*NPI:* 1487785705

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

1130 2ND ST

ENCINITAS, CA 92024-5008

*Phone:* (760) 736-6767

*Fax:*

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **CAI, SHEILA X , MD**

*Provider Gender:* Female

*License number:* C149845

*NPI:* 1780625012

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Chinese

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

1130 2ND ST

ENCINITAS, CA 92024-5008

*Phone:* (760) 736-6767

*Fax:*

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **CHALMERS, VIRGINIA, CSW**

*Provider Gender:* Female

*License number:* 28053

*NPI:* 1265613715

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760)  
736-6767  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **CHENG, JIM, NPA**

*Provider Gender:* Male  
*License number:* 22852  
*NPI:* 1790122638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760)  
736-6767  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **CORNER, EMILY, MFT**

*Provider Gender:* Female  
*License number:* 102353  
*NPI:* 1093225823  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760)  
736-6767  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **CORTIZO, ROSA, PSY**

*Provider Gender:* Female  
*License number:* 22278  
*NPI:* 1952316648  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760)  
736-6767  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **FLYNN (NEWMAN), DANIELLE I, PSY**

*Provider Gender:* U  
*License number:* 26184  
*NPI:* 1477785137  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



# J. Mental Health Directory

Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

**FREEMAN, WANDA, NPA**  
 Provider Gender: Female  
 License number: 95003903  
 NPI: 1659504264  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Chinese  
 Cultural Competency: NORTH COUNTY HEALTH SERVICES  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

**GARCIA, JANET A , CSW**  
 Provider Gender: Female  
 License number: 91462  
 NPI: 1790144756  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Chinese  
 Cultural Competency: NORTH COUNTY HEALTH SERVICES  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

**GEORGIEV, MARY JO C , PSY**  
 Provider Gender: Female  
 License number: 17954  
 NPI: 1518996875  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Chinese  
 Cultural Competency: NORTH COUNTY HEALTH SERVICES  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com

SERVICES  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

**GERAUGHTY (OLEARY), PAMELA J , CSW**  
 Provider Gender: Female  
 License number: 25138  
 NPI: 1063800217  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Chinese  
 Cultural Competency: NORTH COUNTY HEALTH SERVICES  
 1130 2ND ST  
 ENCINITAS, CA 92024-5008  
 Phone: (760) 736-6767  
 Fax:  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **GONZALEZ, JOSE, CSW**

Provider Gender: Male  
License number: 80920  
NPI: 1689844847  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
NORTH COUNTY HEALTH SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760) 736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **GUEVARA LEHMAN, NATALIE, CSW**

Provider Gender: Female  
License number: 63746

NPI: 1578835757  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency:  
NORTH COUNTY HEALTH SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760) 736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **JENSEN, BRIAN M , PSY**

Provider Gender: Male  
License number: 26041  
NPI: 1518138049  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
NORTH COUNTY HEALTH SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760) 736-6767

Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **KRAPES, MICHAEL B , PSY**

Provider Gender: Male  
License number: 25077  
NPI: 1215233028  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
NORTH COUNTY HEALTH SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760) 736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information

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## J. Mental Health Directory

Hours: M-F 8AM-5PM

### **MONTEZ, REBECCA, CSW**

Provider Gender: Female

License number: 26869

NPI: 1396047809

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

1130 2ND ST

ENCINITAS, CA 92024-5008

Phone: (760) 736-6767

Fax:

After Hours Phone: (760)  
736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **REBELO, MARCIA A , CSW**

Provider Gender: Female

License number: 65679

NPI: 1649720566

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

REBELO, MARCIA

187 CALLE MAGDALENA STE  
212

ENCINITAS, CA 92024-3709

Phone: (760) 846-1284

Fax: (760) 634-5397

After Hours Phone: (760)

846-1284

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours:

### **RESNICK, CECILY A , PSY**

Provider Gender: Female

License number: 16956

NPI: 1023122579

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

RESNICK, CECILY

535 ENCINITAS BLVD STE 110

ENCINITAS, CA 92024-3742

Phone: (760) 445-3737

Fax:

After Hours Phone: (760)  
445-3737

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for

Accessibility information

Hours: M,TU 9AM-6PM

### **RIVERA, DEAR , MFT**

Provider Gender: Female

License number: 39066

NPI: 1992967533

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

RIVERA, DEAR

826 2ND ST

ENCINITAS, CA 92024-4408

Phone: (760) 334-3077

Fax:

After Hours Phone: (760)  
334-3077

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M 12PM-8PM, TU  
8AM-8PM, SA 8AM-4PM

### **SIMMONS, LILIANA C , NPA**

Provider Gender: Female

License number: 177800

NPI: 1396113254

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**SIMMONS, SUZANNE, NPA**  
Provider Gender: Female  
License number: 95016129  
NPI: 1245733450  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age:

Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**SIMPSON, ERIC, PSY**  
Provider Gender: Male  
License number: 28885  
NPI: 1710110416  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com

Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**TAYLOR, CORRDERO A , CSW**  
Provider Gender: Male  
License number: 71284  
NPI: 1346501533  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**TORRES, HECTOR M , PSY**  
Provider Gender: Male  
License number: 13309  
NPI: 1720265614  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
Phone: (760) 736-6767  
Fax:  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **VETTER, JEAN L , CSW**

*Provider Gender:* Female  
*License number:* 93945  
*NPI:* 1659898641  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WALKER, SHAYNA T , MD**

*Provider Gender:* Female

*License number:* A107393  
*NPI:* 1760688295  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WELCH, MEGAN, MFT**

*Provider Gender:* Female  
*License number:* 113763  
*NPI:* 1689117400  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
1130 2ND ST  
ENCINITAS, CA 92024-5008  
*Phone:* (760) 736-6767  
*Fax:*  
*After Hours Phone:* (760) 736-6767

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

## ESCONDIDO

### **ANDERSEN, CLAIRE, MD**

*Provider Gender:* Female  
*License number:* 125942  
*NPI:* 1831418664  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD HEALTHCARE  
425 N DATE ST  
ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760) 520-8330  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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| <p>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8AM-5PM</p> <p><b>ANDERSEN, CLAIRE, MD</b><br/>Provider Gender: Female<br/>License number: 125942<br/>NPI: 1831418664<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>NEIGHBORHOOD<br/>HEALTHCARE<br/>550 W WASHINGTON AVE<br/>ESCONDIDO, CA 92025-1643<br/>Phone: (760) 466-8600<br/>Fax:<br/>After Hours Phone: (760)<br/>466-8600<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken: Hindi,<br/>Nepali (Individual Language),<br/>Spanish<br/>TDD: No<br/>Min/Max Age:<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8AM-5PM</p> <p><b>ANDERSEN, CLAIRE, MD</b><br/>Provider Gender: Female<br/>License number: 125942<br/>NPI: 1831418664<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>NEIGHBORHOOD</p> | <p>HEALTHCARE<br/>728 E VALLEY PKWY<br/>ESCONDIDO, CA 92025-3052<br/>Phone: (760) 737-6900<br/>Fax: (858) 633-4694<br/>After Hours Phone: (760)<br/>737-6900<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken: Hindi,<br/>Nepali (Individual Language),<br/>Spanish<br/>TDD: Yes<br/>Min/Max Age:<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8AM-5PM</p> <p><b>ANDERSEN, CLAIRE, MD</b><br/>Provider Gender: Female<br/>License number: 125942<br/>NPI: 1831418664<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>NEIGHBORHOOD<br/>HEALTHCARE<br/>488 E VALLEY PKWY STE 404<br/>ESCONDIDO, CA 92025-3379<br/>Phone: (760) 466-9800<br/>Fax: (858) 633-4694<br/>After Hours Phone: (760)<br/>466-9800<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken: Hindi,<br/>Nepali (Individual Language),</p> | <p>Spanish<br/>TDD: No<br/>Min/Max Age:<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8AM-5PM</p> <p><b>ANDERSEN, CLAIRE, MD</b><br/>Provider Gender: Female<br/>License number: 125942<br/>NPI: 1831418664<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>NEIGHBORHOOD<br/>HEALTHCARE<br/>460 N ELM ST<br/>ESCONDIDO, CA 92025-3002<br/>Phone: (760) 520-8100<br/>Fax: (858) 633-4691<br/>After Hours Phone: (760)<br/>520-8100<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken: Hindi,<br/>Nepali (Individual Language),<br/>Spanish<br/>TDD: Yes<br/>Min/Max Age:<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-W 8AM-8PM, TH,F<br/>8AM-5PM, SA 8AM-12PM</p> <p><b>ANDERSEN, CLAIRE, MD</b></p> |
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This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Provider Gender:* Female  
*License number:* 125942  
*NPI:* 1831418664  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760)  
 520-8200  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **ANDERSEN, CLAIRE, MD**

*Provider Gender:* Female  
*License number:* 125942  
*NPI:* 1831418664  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409

*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760)  
 690-5900  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **BARMAK, SHANT, PSY**

*Provider Gender:* Male  
*License number:* 24998  
*NPI:* 1235408972  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Armenian  
*Cultural Competency:*  
 MOUNTAIN HEALTH AND  
 COMMUNITY SERVICES INC  
 255 N ASH ST  
 ESCONDIDO, CA 92027-3068  
*Phone:* (619) 445-6200  
*Fax:* (619) 745-7847  
*After Hours Phone:* (619)  
 445-6200  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Armenian  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **BELINSKY, MARIA T , CSW**

*Provider Gender:* Female  
*License number:* LCSW69175  
*NPI:* 1760867824  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*

*After Hours Phone:* (760)  
 466-8600  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **BELINSKY, MARIA T , CSW**

*Provider Gender:* Female  
*License number:* LCSW69175  
*NPI:* 1760867824

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760) 520-8200  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**BELINSKY, MARIA T , CSW**  
*Provider Gender:* Female  
*License number:* LCSW69175  
*NPI:* 1760867824  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (858) 633-4691  
*After Hours Phone:* (760) 520-8100

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**BELINSKY, MARIA T , CSW**  
*Provider Gender:* Female  
*License number:* LCSW69175  
*NPI:* 1760867824  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 737-6900  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**BELINSKY, MARIA T , CSW**  
*Provider Gender:* Female  
*License number:* LCSW69175  
*NPI:* 1760867824  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*

*After Hours Phone:* (760) 690-5900  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**BELINSKY, MARIA T , CSW**  
*Provider Gender:* Female  
*License number:* LCSW69175  
*NPI:* 1760867824  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## J. Mental Health Directory

Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760)  
 520-8330  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**BELINSKY, MARIA T , CSW**  
*Provider Gender:* Female  
*License number:* LCSW69175  
*NPI:* 1760867824  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 488 E VALLEY PKWY STE 404  
 ESCONDIDO, CA 92025-3379  
*Phone:* (760) 466-9800  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760)  
 466-9800  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**  
*Provider Gender:* Female  
*License number:* 31625  
*NPI:* 1497081566  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi, Nepali (Individual  
 Language)  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 488 E VALLEY PKWY STE 404  
 ESCONDIDO, CA 92025-3379  
*Phone:* (760) 466-9800  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760)  
 466-9800  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No

Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**  
*Provider Gender:* Female  
*License number:* 31625  
*NPI:* 1497081566  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi, Nepali (Individual  
 Language)  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (858) 633-4691  
*After Hours Phone:* (760)  
 520-8100  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W 8AM-8PM, TH,F  
 8AM-5PM, SA 8AM-12PM

**BHAJU, JESHMIN, PSY**  
*Provider Gender:* Female  
*License number:* 31625  
*NPI:* 1497081566  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Hindi, Nepali (Individual Language)  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760) 466-8600  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**  
*Provider Gender:* Female  
*License number:* 31625  
*NPI:* 1497081566  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Nepali (Individual Language)  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 737-6900

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**  
*Provider Gender:* Female  
*License number:* 31625  
*NPI:* 1497081566  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Nepali (Individual Language)  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760) 690-5900  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**  
*Provider Gender:* Female  
*License number:* 31625  
*NPI:* 1497081566  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Nepali (Individual Language)  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760) 520-8330  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**BHAJU, JESHMIN, PSY**  
*Provider Gender:* Female  
*License number:* 31625  
*NPI:* 1497081566  
*Provider English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Provider Language(s) Spoken:*  
Hindi, Nepali (Individual Language)  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760) 520-8200  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**  
*Provider Gender:* Female  
*License number:* 29757  
*NPI:* 1134364698  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (858) 633-4691  
*After Hours Phone:* (760) 520-8100

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**CALOCA, LAURA, PSY**  
*Provider Gender:* Female  
*License number:* 29757  
*NPI:* 1134364698  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379  
*Phone:* (760) 466-9800  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 466-9800  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*  
No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**  
*Provider Gender:* Female  
*License number:* 29757  
*NPI:* 1134364698  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*

*After Hours Phone:* (760) 466-8600  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**  
*Provider Gender:* Female  
*License number:* 29757  
*NPI:* 1134364698  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760)  
 520-8200  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**  
*Provider Gender:* Female  
*License number:* 29757  
*NPI:* 1134364698  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760)  
 520-8330  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**CALOCA, LAURA, PSY**  
*Provider Gender:* Female  
*License number:* 29757  
*NPI:* 1134364698  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760)  
 690-5900  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for

Accessibility information  
*Hours:* M-F 8AM-5PM  
**CALOCA, LAURA, PSY**  
*Provider Gender:* Female  
*License number:* 29757  
*NPI:* 1134364698  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760)  
 737-6900  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**CARLTON PENN, CORNELIA, PSY**  
*Provider Gender:* Female  
*License number:* PSY14310  
*NPI:* 1891720611  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 NEIGHBORHOOD

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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### HEALTHCARE

488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379

Phone: (760) 466-9800

Fax: (858) 633-4694

After Hours Phone: (760)

466-9800

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **CARLTON PENN, CORNELIA, PSY**

Provider Gender: Female

License number: PSY14310

NPI: 1891720611

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052

Phone: (760) 737-6900

Fax: (858) 633-4694

After Hours Phone: (760)

737-6900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **CARLTON PENN, CORNELIA, PSY**

Provider Gender: Female

License number: PSY14310

NPI: 1891720611

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax: (858) 633-4691

After Hours Phone: (760)

520-8100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-W 8AM-8PM, TH,F

8AM-5PM, SA 8AM-12PM

### **CARLTON PENN, CORNELIA, PSY**

Provider Gender: Female

License number: PSY14310

NPI: 1891720611

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

Phone: (760) 690-5900

Fax:

After Hours Phone: (760)

690-5900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **CARLTON PENN, CORNELIA, PSY**

Provider Gender: Female

License number: PSY14310

NPI: 1891720611

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

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## J. Mental Health Directory

ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760) 520-8200  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **CARLTON PENN, CORNELIA, PSY**

*Provider Gender:* Female  
*License number:* PSY14310  
*NPI:* 1891720611  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760) 520-8330  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish

*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **CARLTON PENN, CORNELIA, PSY**

*Provider Gender:* Female  
*License number:* PSY14310  
*NPI:* 1891720611  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760) 466-8600  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **CASTILLO, TIFFANY A , MD**

*Provider Gender:* Female

*License number:* A158480  
*NPI:* 1114459252  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760) 520-8330  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **CELAYA, MARY, NPA**

*Provider Gender:* Female  
*License number:* 11425  
*NPI:* 1710060231  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Phone: (760) 520-8100  
Fax: (858) 633-4691  
After Hours Phone: (760) 520-8100  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**CELAYA, MARY, NPA**  
Provider Gender: Female  
License number: 11425  
NPI: 1710060231  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
425 N DATE ST  
ESCONDIDO, CA 92025-3413  
Phone: (760) 520-8330  
Fax:  
After Hours Phone: (760) 520-8330  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes

Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

**CELAYA, MARY, NPA**  
Provider Gender: Female  
License number: 11425  
NPI: 1710060231  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379  
Phone: (760) 466-9800  
Fax: (858) 633-4694  
After Hours Phone: (760) 466-9800  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No

Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

**CELAYA, MARY, NPA**  
Provider Gender: Female  
License number: 11425  
NPI: 1710060231

Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643  
Phone: (760) 466-8600  
Fax:  
After Hours Phone: (760) 466-8600  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

**CELAYA, MARY, NPA**  
Provider Gender: Female  
License number: 11425  
NPI: 1710060231  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
Phone: (760) 690-5900  
Fax:  
After Hours Phone: (760) 690-5900  
Website:  
www.beaconhealthoptions.com

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## J. Mental Health Directory

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **CELAYA, MARY, NPA**

Provider Gender: Female  
 License number: 11425  
 NPI: 1710060231  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
 Phone: (760) 737-6900  
 Fax: (858) 633-4694  
 After Hours Phone: (760) 737-6900  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

### **CELAYA, MARY, NPA**

Provider Gender: Female  
 License number: 11425  
 NPI: 1710060231  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
 Phone: (760) 520-8200  
 Fax: (858) 633-4695  
 After Hours Phone: (760) 520-8200  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **CHAFFEE, CHRISTI E, MFT**

Provider Gender: Female  
 License number: 28950  
 NPI: 1881641983  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: CHAFFEE, CHRISTI  
 327 S IVY ST  
 ESCONDIDO, CA 92025-4337

Phone: (760) 791-7922  
 Fax: (760) 294-2151  
 After Hours Phone: (760) 791-7922  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M 12PM-3:30PM, TU 8AM-8PM, W 2PM-8PM, TH 8AM-4PM

### **CHALMERS, VIRGINIA, CSW**

Provider Gender: Female  
 License number: 28053  
 NPI: 1265613715  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
 Phone: (760) 520-8330  
 Fax:  
 After Hours Phone: (760) 520-8330  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

---

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **CHALMERS, VIRGINIA, CSW**

*Provider Gender:* Female  
*License number:* 28053  
*NPI:* 1265613715  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760) 520-8200  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No

*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **CHAO, BRIAN, PSY**

*Provider Gender:* Male  
*License number:* 28796

*NPI:* 1114196987  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760) 690-5900  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **CHAO, BRIAN, PSY**

*Provider Gender:* Male  
*License number:* 28796  
*NPI:* 1114196987  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (858) 633-4691  
*After Hours Phone:* (760) 520-8100

*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

### **CHAO, BRIAN, PSY**

*Provider Gender:* Male  
*License number:* 28796  
*NPI:* 1114196987  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379  
*Phone:* (760) 466-9800  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 466-9800  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <p>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8AM-5PM</p> <p><b>CHAO, BRIAN, PSY</b><br/>Provider Gender: Male<br/>License number: 28796<br/>NPI: 1114196987<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>NEIGHBORHOOD<br/>HEALTHCARE<br/>1001 E GRAND AVE<br/>ESCONDIDO, CA 92025-4604<br/>Phone: (760) 520-8200<br/>Fax: (858) 633-4695<br/>After Hours Phone: (760)<br/>520-8200<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken: Hindi,<br/>Nepali (Individual Language),<br/>Spanish<br/>TDD: No<br/>Min/Max Age: 19/99<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8AM-5PM</p> <p><b>CHAO, BRIAN, PSY</b><br/>Provider Gender: Male<br/>License number: 28796<br/>NPI: 1114196987<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>NEIGHBORHOOD</p> | <p>HEALTHCARE<br/>550 W WASHINGTON AVE<br/>ESCONDIDO, CA 92025-1643<br/>Phone: (760) 466-8600<br/>Fax:<br/>After Hours Phone: (760)<br/>466-8600<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken: Hindi,<br/>Nepali (Individual Language),<br/>Spanish<br/>TDD: No<br/>Min/Max Age:<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8AM-5PM</p> <p><b>CLARK-JEFFERIES, TAKENYA<br/>C , CSW</b><br/>Provider Gender: Female<br/>License number: 62241<br/>NPI: 1205087657<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>NEIGHBORHOOD<br/>HEALTHCARE<br/>425 N DATE ST<br/>ESCONDIDO, CA 92025-3413<br/>Phone: (760) 520-8330<br/>Fax:<br/>After Hours Phone: (760)<br/>520-8330<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken: Hindi,<br/>Nepali (Individual Language),<br/>Spanish<br/>TDD: Yes<br/>Min/Max Age:<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8AM-5PM</p> <p><b>CORVINI, NICOLAS, NPA</b><br/>Provider Gender: Male<br/>License number: 55107<br/>NPI: 1194242461<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>NEIGHBORHOOD<br/>HEALTHCARE<br/>425 N DATE ST<br/>ESCONDIDO, CA 92025-3413<br/>Phone: (760) 520-8330<br/>Fax:<br/>After Hours Phone: (760)<br/>520-8330<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken: Hindi,<br/>Nepali (Individual Language),<br/>Spanish<br/>TDD: Yes<br/>Min/Max Age:<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8AM-5PM</p> <p><b>CORVINI, NICOLAS, NPA</b></p> | <p>Nepali (Individual Language),<br/>Spanish<br/>TDD: Yes<br/>Min/Max Age:<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8AM-5PM</p> <p><b>CORVINI, NICOLAS, NPA</b><br/>Provider Gender: Male<br/>License number: 55107<br/>NPI: 1194242461<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>NEIGHBORHOOD<br/>HEALTHCARE<br/>425 N DATE ST<br/>ESCONDIDO, CA 92025-3413<br/>Phone: (760) 520-8330<br/>Fax:<br/>After Hours Phone: (760)<br/>520-8330<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken: Hindi,<br/>Nepali (Individual Language),<br/>Spanish<br/>TDD: Yes<br/>Min/Max Age:<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8AM-5PM</p> <p><b>CORVINI, NICOLAS, NPA</b></p> |
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This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Provider Gender:* Male  
*License number:* 55107  
*NPI:* 1194242461  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (858) 633-4691  
*After Hours Phone:* (760)  
520-8100  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-W 8AM-8PM, TH,F  
8AM-5PM, SA 8AM-12PM

### **CORVINI, NICOLAS, NPA**

*Provider Gender:* Male  
*License number:* 55107  
*NPI:* 1194242461  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379

*Phone:* (760) 466-9800  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760)  
466-9800  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **CORVINI, NICOLAS, NPA**

*Provider Gender:* Male  
*License number:* 55107  
*NPI:* 1194242461  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760)  
466-8600  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **CORVINI, NICOLAS, NPA**

*Provider Gender:* Male  
*License number:* 55107  
*NPI:* 1194242461  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760)  
737-6900  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **CORVINI, NICOLAS, NPA**

*Provider Gender:* Male  
*License number:* 55107  
*NPI:* 1194242461  
*Provider English Spoken:* Yes

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## J. Mental Health Directory

---

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760)  
520-8200  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **CORVINI, NICOLAS, NPA**

*Provider Gender:* Male  
*License number:* 55107  
*NPI:* 1194242461  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760)  
690-5900  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **COSTELLO, JENNIFER R , CSW**

*Provider Gender:* Female  
*License number:* 84174  
*NPI:* 1619506250  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (858) 633-4691  
*After Hours Phone:* (760)  
520-8100  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information

*Hours:* M-W 8AM-8PM, TH,F  
8AM-5PM, SA 8AM-12PM

### **COSTELLO, JENNIFER R , CSW**

*Provider Gender:* Female  
*License number:* 84174  
*NPI:* 1619506250  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760)  
466-8600  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **COSTELLO, JENNIFER R , CSW**

*Provider Gender:* Female  
*License number:* 84174  
*NPI:* 1619506250  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
Phone: (760) 520-8200  
Fax: (858) 633-4695  
After Hours Phone: (760)  
520-8200  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **COSTELLO, JENNIFER R , CSW**

Provider Gender: Female  
License number: 84174  
NPI: 1619506250  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
Phone: (760) 737-6900  
Fax: (858) 633-4694  
After Hours Phone: (760)  
737-6900  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,

Nepali (Individual Language),  
Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **COSTELLO, JENNIFER R , CSW**

Provider Gender: Female  
License number: 84174  
NPI: 1619506250  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379  
Phone: (760) 466-9800  
Fax: (858) 633-4694  
After Hours Phone: (760)  
466-9800  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **COSTELLO, JENNIFER R , CSW**

Provider Gender: Female  
License number: 84174  
NPI: 1619506250  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
Phone: (760) 690-5900  
Fax:  
After Hours Phone: (760)  
690-5900  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **CRUZ, GUADALUPE, CSW**

Provider Gender: Male  
License number: 83597  
NPI: 1649727942  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
425 N DATE ST  
ESCONDIDO, CA 92025-3413

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## J. Mental Health Directory

*Phone:* (760) 520-8330

*Fax:*

*After Hours Phone:* (760) 520-8330

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish

*TDD:* Yes

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **DANIEL, BELINDA, MD**

*Provider Gender:* Female

*License number:* A158183

*NPI:* 1760913446

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

*Phone:* (760) 520-8330

*Fax:*

*After Hours Phone:* (760)

520-8330

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish

*TDD:* Yes

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **EDE, KEKOA, MD**

*Provider Gender:* Male

*License number:* A101211

*NPI:* 1134224843

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

*Phone:* (760) 520-8200

*Fax:* (858) 633-4695

*After Hours Phone:* (760)

520-8200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **EDE, KEKOA, MD**

*Provider Gender:* Male

*License number:* A101211

*NPI:* 1134224843

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

550 W WASHINGTON AVE

ESCONDIDO, CA 92025-1643

*Phone:* (760) 466-8600

*Fax:*

*After Hours Phone:* (760)

466-8600

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **EDE, KEKOA, MD**

*Provider Gender:* Male

*License number:* A101211

*NPI:* 1134224843

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

*Phone:* (760) 520-8100

*Fax:* (858) 633-4691

*After Hours Phone:* (760)

520-8100

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

### **EDE, KEKOA, MD**

*Provider Gender:* Male  
*License number:* A101211  
*NPI:* 1134224843  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760) 520-8330  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **EDE, KEKOA, MD**

*Provider Gender:* Male  
*License number:* A101211  
*NPI:* 1134224843  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 737-6900  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **EDE, KEKOA, MD**

*Provider Gender:* Male  
*License number:* A101211  
*NPI:* 1134224843  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409

*Phone:* (760) 690-5900

*Fax:*

*After Hours Phone:* (760) 690-5900

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **FERTIG, PATRICIA A , MD**

*Provider Gender:* Female  
*License number:* 20A14928  
*NPI:* 1457642803  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760) 520-8330  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*

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## J. Mental Health Directory

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **FRITZ, JENNIFER K , PSY**

*Provider Gender:* Female  
*License number:* PSY24350  
*NPI:* 1013071497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
 255 N ASH ST  
 ESCONDIDO, CA 92027-3068  
*Phone:* (619) 445-6200  
*Fax:* (619) 745-7847  
*After Hours Phone:* (619) 445-6200  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **GANDY, SHARAREH, PSY**

*Provider Gender:* Female  
*License number:* PSY28097  
*NPI:* 1730310723  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* INTEGRATED HEALTH PARTNERS- BORREGO COMMUNITY HEALTH FOUNDAT  
 1121 E WASHINGTON AVE  
 ESCONDIDO, CA 92025-2214  
*Phone:* (760) 871-0606  
*Fax:* (858) 634-6918  
*After Hours Phone:* (760) 871-0606  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Kiswahili, Swahili (Individual Language)  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **GARCIA, JANET A , CSW**

*Provider Gender:* Female  
*License number:* 91462  
*NPI:* 1790144756  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760) 466-8600  
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **GOEHRING, KATHERINE R , NPA**

*Provider Gender:* Female  
*License number:* 95002763  
*NPI:* 1972929404  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 488 E VALLEY PKWY STE 404  
 ESCONDIDO, CA 92025-3379  
*Phone:* (760) 466-9800  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 466-9800  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

Accessibility information

Hours: M-F 8AM-5PM

### **GOEHRING, KATHERINE R , NPA**

Provider Gender: Female

License number: 95002763

NPI: 1972929404

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

550 W WASHINGTON AVE

ESCONDIDO, CA 92025-1643

Phone: (760) 466-8600

Fax:

After Hours Phone: (760)

466-8600

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **GOEHRING, KATHERINE R , NPA**

Provider Gender: Female

License number: 95002763

NPI: 1972929404

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

Phone: (760) 520-8200

Fax: (858) 633-4695

After Hours Phone: (760)

520-8200

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **GOEHRING, KATHERINE R , NPA**

Provider Gender: Female

License number: 95002763

NPI: 1972929404

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax: (858) 633-4691

After Hours Phone: (760)

520-8100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-W 8AM-8PM, TH,F  
8AM-5PM, SA 8AM-12PM

### **GOEHRING, KATHERINE R , NPA**

Provider Gender: Female

License number: 95002763

NPI: 1972929404

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

Phone: (760) 690-5900

Fax:

After Hours Phone: (760)

690-5900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### **GUARDADO SOTO, RAQUEL E , PSY**

*Provider Gender:* Female  
*License number:* 26883  
*NPI:* 1194999276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760) 520-8200  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **GUARDADO SOTO, RAQUEL E , PSY**

*Provider Gender:* Female  
*License number:* 26883  
*NPI:* 1194999276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD

HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 737-6900  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **GUARDADO SOTO, RAQUEL E , PSY**

*Provider Gender:* Female  
*License number:* 26883  
*NPI:* 1194999276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760) 466-8600  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **GUARDADO SOTO, RAQUEL E , PSY**

*Provider Gender:* Female  
*License number:* 26883  
*NPI:* 1194999276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760) 520-8330  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Hours: M-F 8AM-5PM*

**GUARDADO SOTO, RAQUEL E , PSY**

*Provider Gender: Female*

*License number: 26883*

*NPI: 1194999276*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

*Phone: (760) 520-8100*

*Fax: (858) 633-4691*

*After Hours Phone: (760)*

*520-8100*

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish*

*TDD: Yes*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM*

**GUARDADO SOTO, RAQUEL E , PSY**

*Provider Gender: Female*

*License number: 26883*

*NPI: 1194999276*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

*Phone: (760) 690-5900*

*Fax:*

*After Hours Phone: (760)*

*690-5900*

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish*

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Hours: M-F 8AM-5PM*

**HAMISI, KHADIJA H , NPA**

*Provider Gender: Female*

*License number: 20560*

*NPI: 1225360498*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Kiswahili, Swahili (Individual Language)*

*Cultural Competency:*

INTEGRATED HEALTH

PARTNERS- BORREGO

COMMUNITY HEALTH

FOUNDAT

1121 E WASHINGTON AVE

ESCONDIDO, CA 92025-2214

*Phone: (760) 871-0606*

*Fax: (858) 634-6918*

*After Hours Phone: (760)*

*871-0606*

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish, Kiswahili, Swahili (Individual Language)

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Hours: M-F 8AM-5PM*

**HOLDEN, MATTHEW, PSY**

*Provider Gender: Male*

*License number: PSY11197*

*NPI: 1740213487*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

*Phone: (760) 690-5900*

*Fax:*

*After Hours Phone: (760)*

*690-5900*

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish*

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **HOLDEN, MATTHEW, PSY**

Provider Gender: Male  
License number: PSY11197  
NPI: 1740213487  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
Phone: (760) 520-8200  
Fax: (858) 633-4695  
After Hours Phone: (760)  
520-8200  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **HOLDEN, MATTHEW, PSY**

Provider Gender: Male  
License number: PSY11197  
NPI: 1740213487  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE

425 N DATE ST  
ESCONDIDO, CA 92025-3413  
Phone: (760) 520-8330  
Fax:  
After Hours Phone: (760)  
520-8330  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **HOLDEN, MATTHEW, PSY**

Provider Gender: Male  
License number: PSY11197  
NPI: 1740213487  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax: (858) 633-4691  
After Hours Phone: (760)  
520-8100  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-W 8AM-8PM, TH,F  
8AM-5PM, SA 8AM-12PM

### **HOLDEN, MATTHEW, PSY**

Provider Gender: Male  
License number: PSY11197  
NPI: 1740213487  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
Phone: (760) 737-6900  
Fax: (858) 633-4694  
After Hours Phone: (760)  
737-6900  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **HOLDEN, MATTHEW, PSY**

Provider Gender: Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* PSY11197  
*NPI:* 1740213487  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760)  
 466-8600  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **HORSLEY, DEBRA L , CSW**

*Provider Gender:* Female  
*License number:* 15974  
*NPI:* 1205849825  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 HORSLEY, DEBRA  
 332 S JUNIPER ST STE 203B  
 ESCONDIDO, CA 92025-4942  
*Phone:* (760) 233-7730  
*Fax:* (760) 233-7730  
*After Hours Phone:* (760)  
 233-7730

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-7PM, SA  
 8AM-3PM

### **KLEAST, RUTH A , CSW**

*Provider Gender:* Female  
*License number:* LCSW28504  
*NPI:* 1326272378  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 488 E VALLEY PKWY STE 404  
 ESCONDIDO, CA 92025-3379  
*Phone:* (760) 466-9800  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760)  
 466-9800  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for

Accessibility information  
*Hours:* M-F 8AM-5PM

Accessibility information  
*Hours:* M-F 8AM-5PM

### **KLEAST, RUTH A , CSW**

*Provider Gender:* Female  
*License number:* LCSW28504  
*NPI:* 1326272378  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (858) 633-4691  
*After Hours Phone:* (760)  
 520-8100  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W 8AM-8PM, TH,F  
 8AM-5PM, SA 8AM-12PM

Accessibility information  
*Hours:* M-F 8AM-5PM

### **KLEAST, RUTH A , CSW**

*Provider Gender:* Female  
*License number:* LCSW28504  
*NPI:* 1326272378  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
 Phone: (760) 520-8330  
 Fax:  
 After Hours Phone: (760)  
 520-8330  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Nepali (Individual Language),  
 Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**KLEAST, RUTH A , CSW**  
 Provider Gender: Female  
 License number: LCSW28504  
 NPI: 1326272378  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409  
 Phone: (760) 690-5900  
 Fax:  
 After Hours Phone: (760)  
 690-5900  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Nepali (Individual Language),  
 Spanish

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**KLEAST, RUTH A , CSW**  
 Provider Gender: Female  
 License number: LCSW28504  
 NPI: 1326272378  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
 Phone: (760) 520-8200  
 Fax: (858) 633-4695  
 After Hours Phone: (760)  
 520-8200

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Nepali (Individual Language),  
 Spanish  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**KLEAST, RUTH A , CSW**  
 Provider Gender: Female  
 License number: LCSW28504

NPI: 1326272378  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025-1643  
 Phone: (760) 466-8600  
 Fax:  
 After Hours Phone: (760)  
 466-8600  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Nepali (Individual Language),  
 Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**KLEAST, RUTH A , CSW**  
 Provider Gender: Female  
 License number: LCSW28504  
 NPI: 1326272378  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
 Phone: (760) 737-6900  
 Fax: (858) 633-4694  
 After Hours Phone: (760)  
 737-6900

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Website:</i><br/>www.beaconhealthoptions.com<br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish<br/><i>TDD:</i> Yes<br/><i>Min/Max Age:</i><br/><i>Gender Restriction:</i> No Gender Restrictions<br/><i>American Sign Language (ASL):</i> No<br/>Please contact provider for Accessibility information<br/><i>Hours:</i> M-F 8AM-5PM</p>                                                                                                                                                                                                                                                                                                  | <p>Please contact provider for Accessibility information<br/><i>Hours:</i> M-F 8AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <p>1001 E GRAND AVE<br/>ESCONDIDO, CA 92025-4604<br/><i>Phone:</i> (760) 520-8200<br/><i>Fax:</i> (858) 633-4695<br/><i>After Hours Phone:</i> (760) 520-8200<br/><i>Website:</i><br/>www.beaconhealthoptions.com<br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish<br/><i>TDD:</i> No<br/><i>Min/Max Age:</i> 19/99<br/><i>Gender Restriction:</i> No Gender Restrictions<br/><i>American Sign Language (ASL):</i> No<br/>Please contact provider for Accessibility information<br/><i>Hours:</i> M-F 8AM-5PM</p> |
| <p><b>LIU-BARBARO, DOROTHY, MD</b><br/><i>Provider Gender:</i> Female<br/><i>License number:</i> A115342<br/><i>NPI:</i> 1851602270<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i> NEIGHBORHOOD HEALTHCARE<br/>426 N DATE ST<br/>ESCONDIDO, CA 92025-3409<br/><i>Phone:</i> (760) 690-5900<br/><i>Fax:</i><br/><i>After Hours Phone:</i> (760) 690-5900<br/><i>Website:</i><br/>www.beaconhealthoptions.com<br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish<br/><i>TDD:</i> No<br/><i>Min/Max Age:</i><br/><i>Gender Restriction:</i> No Gender Restrictions<br/><i>American Sign Language (ASL):</i> No</p> | <p><b>LIU-BARBARO, DOROTHY, MD</b><br/><i>Provider Gender:</i> Female<br/><i>License number:</i> A115342<br/><i>NPI:</i> 1851602270<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i> NEIGHBORHOOD HEALTHCARE<br/>488 E VALLEY PKWY STE 404<br/>ESCONDIDO, CA 92025-3379<br/><i>Phone:</i> (760) 466-9800<br/><i>Fax:</i> (858) 633-4694<br/><i>After Hours Phone:</i> (760) 466-9800<br/><i>Website:</i><br/>www.beaconhealthoptions.com<br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish<br/><i>TDD:</i> No<br/><i>Min/Max Age:</i><br/><i>Gender Restriction:</i> No Gender Restrictions<br/><i>American Sign Language (ASL):</i> No<br/>Please contact provider for Accessibility information<br/><i>Hours:</i> M-F 8AM-5PM</p> | <p><b>LIU-BARBARO, DOROTHY, MD</b><br/><i>Provider Gender:</i> Female<br/><i>License number:</i> A115342<br/><i>NPI:</i> 1851602270<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i> NEIGHBORHOOD HEALTHCARE<br/>425 N DATE ST<br/>ESCONDIDO, CA 92025-3413<br/><i>Phone:</i> (760) 520-8330<br/><i>Fax:</i><br/><i>After Hours Phone:</i> (760) 520-8330<br/><i>Website:</i><br/>www.beaconhealthoptions.com<br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i> Hindi, Nepali (Individual Language), Spanish</p>                 |

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## J. Mental Health Directory

TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **LIU-BARBARO, DOROTHY, MD**

Provider Gender: Female  
 License number: A115342  
 NPI: 1851602270  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
 Phone: (760) 520-8100  
 Fax: (858) 633-4691  
 After Hours Phone: (760) 520-8100  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

### **LIU-BARBARO, DOROTHY, MD**

Provider Gender: Female

License number: A115342  
 NPI: 1851602270  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025-1643  
 Phone: (760) 466-8600

Fax:  
 After Hours Phone: (760) 466-8600  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **LIU-BARBARO, DOROTHY, MD**

Provider Gender: Female  
 License number: A115342  
 NPI: 1851602270  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
 Phone: (760) 737-6900  
 Fax: (858) 633-4694  
 After Hours Phone: (760) 737-6900

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **LONGACRE, BRETT, NPA**

Provider Gender: Male  
 License number: 95003600  
 NPI: 1295089332  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
 Phone: (760) 520-8330  
 Fax:

After Hours Phone: (760) 520-8330  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

---

Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **LONGACRE, BRETT, NPA**

Provider Gender: Male  
License number: 95003600  
NPI: 1295089332  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
Phone: (760) 520-8200  
Fax: (858) 633-4695  
After Hours Phone: (760)  
520-8200  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **MACIAS, ZIRLEY, CSW**

Provider Gender: Female  
License number: 96997  
NPI: 1245616887  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE

550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643  
Phone: (760) 466-8600  
Fax:  
After Hours Phone: (760)  
466-8600  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **MACIAS, ZIRLEY, CSW**

Provider Gender: Female  
License number: 96997  
NPI: 1245616887  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
Phone: (760) 690-5900  
Fax:  
After Hours Phone: (760)  
690-5900  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish

TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **MACIAS, ZIRLEY, CSW**

Provider Gender: Female  
License number: 96997  
NPI: 1245616887  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379  
Phone: (760) 466-9800  
Fax: (858) 633-4694  
After Hours Phone: (760)  
466-9800  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**MACIAS, ZIRLEY, CSW**  
Provider Gender: Female  
License number: 96997

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*NPI: 1245616887*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

*Phone: (760) 520-8200*

*Fax: (858) 633-4695*

*After Hours Phone: (760)*

*520-8200*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken: Hindi,*

*Nepali (Individual Language),*

*Spanish*

*TDD: No*

*Min/Max Age: 19/99*

*Gender Restriction: No Gender*

*Restrictions*

*American Sign Language (ASL):*

*No*

*Please contact provider for*

*Accessibility information*

*Hours: M-F 8AM-5PM*

### **MACIAS, ZIRLEY, CSW**

*Provider Gender: Female*

*License number: 96997*

*NPI: 1245616887*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

*Phone: (760) 520-8330*

*Fax:*

*After Hours Phone: (760)*

*520-8330*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken: Hindi,*

*Nepali (Individual Language),*

*Spanish*

*TDD: Yes*

*Min/Max Age:*

*Gender Restriction: No Gender*

*Restrictions*

*American Sign Language (ASL):*

*No*

*Please contact provider for*

*Accessibility information*

*Hours: M-F 8AM-5PM*

### **MACIAS, ZIRLEY, CSW**

*Provider Gender: Female*

*License number: 96997*

*NPI: 1245616887*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052

*Phone: (760) 737-6900*

*Fax: (858) 633-4694*

*After Hours Phone: (760)*

*737-6900*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken: Hindi,*

*Nepali (Individual Language),*

*Spanish*

*TDD: Yes*

*Min/Max Age:*

*Gender Restriction: No Gender*

*Restrictions*

*American Sign Language (ASL):*

*No*

*Please contact provider for*

*Accessibility information*

*Hours: M-F 8AM-5PM*

### **MACIAS, ZIRLEY, CSW**

*Provider Gender: Female*

*License number: 96997*

*NPI: 1245616887*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

*Phone: (760) 520-8100*

*Fax: (858) 633-4691*

*After Hours Phone: (760)*

*520-8100*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken: Hindi,*

*Nepali (Individual Language),*

*Spanish*

*TDD: Yes*

*Min/Max Age:*

*Gender Restriction: No Gender*

*Restrictions*

*American Sign Language (ASL):*

*No*

*Please contact provider for*

*Accessibility information*

*Hours: M-W 8AM-8PM, TH,F*

*8AM-5PM, SA 8AM-12PM*

### **MAGOS, DANIEL, CSW**

*Provider Gender: Male*

*License number: 88270*

*NPI: 1578983664*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

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# J. Mental Health Directory

HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
Phone: (760) 737-6900  
Fax: (858) 633-4694  
After Hours Phone: (760) 737-6900  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

**MAGOS, DANIEL, CSW**  
Provider Gender: Male  
License number: 88270  
NPI: 1578983664  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
NEIGHBORHOOD HEALTHCARE  
550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643  
Phone: (760) 466-8600  
Fax:  
After Hours Phone: (760) 466-8600  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language),

Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

**MAGOS, DANIEL, CSW**  
Provider Gender: Male  
License number: 88270  
NPI: 1578983664  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
NEIGHBORHOOD HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax: (858) 633-4691  
After Hours Phone: (760) 520-8100  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**MAGOS, DANIEL, CSW**

Provider Gender: Male  
License number: 88270  
NPI: 1578983664  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
NEIGHBORHOOD HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
Phone: (760) 690-5900  
Fax:  
After Hours Phone: (760) 690-5900  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

**MAGOS, DANIEL, CSW**  
Provider Gender: Male  
License number: 88270  
NPI: 1578983664  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
NEIGHBORHOOD HEALTHCARE  
425 N DATE ST  
ESCONDIDO, CA 92025-3413

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## J. Mental Health Directory

---

*Phone:* (760) 520-8330

*Fax:*

*After Hours Phone:* (760)  
520-8330

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish

*TDD:* Yes

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **MAGOS, DANIEL, CSW**

*Provider Gender:* Male

*License number:* 88270

*NPI:* 1578983664

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025-3379

*Phone:* (760) 466-9800

*Fax:* (858) 633-4694

*After Hours Phone:* (760)

466-9800

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **MAGOS, DANIEL, CSW**

*Provider Gender:* Male

*License number:* 88270

*NPI:* 1578983664

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

*Phone:* (760) 520-8200

*Fax:* (858) 633-4695

*After Hours Phone:* (760)

520-8200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **MANESS, PAULA J , PSY**

*Provider Gender:* Female

*License number:* 23787

*NPI:* 1437312097

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MOUNTAIN HEALTH AND  
COMMUNITY SERVICES INC

255 N ASH ST

ESCONDIDO, CA 92027-3068

*Phone:* (619) 445-6200

*Fax:* (619) 745-7847

*After Hours Phone:* (619)

445-6200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Armenian

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **MARTINEZ, NORAYMA, CSW**

*Provider Gender:* Female

*License number:* 100019

*NPI:* 1669808267

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052

*Phone:* (760) 737-6900

*Fax:* (858) 633-4694

*After Hours Phone:* (760)

737-6900

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

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## J. Mental Health Directory

*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

*Provider Gender:* Male  
*License number:* 26953  
*NPI:* 1558560730  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760)  
520-8200  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

*Provider Gender:* Male  
*License number:* 26953  
*NPI:* 1558560730  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (858) 633-4691  
*After Hours Phone:* (760)  
520-8100  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-W 8AM-8PM, TH,F  
8AM-5PM, SA 8AM-12PM

### **MEJIAS, JUAN C , PSY**

*Provider Gender:* Male  
*License number:* 26953  
*NPI:* 1558560730  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE

550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760)  
466-8600  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

*Provider Gender:* Male  
*License number:* 26953  
*NPI:* 1558560730  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760)  
690-5900  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

Provider Gender: Male  
License number: 26953  
NPI: 1558560730  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: NEIGHBORHOOD HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
Phone: (760) 737-6900  
Fax: (858) 633-4694  
After Hours Phone: (760) 737-6900  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

Provider Gender: Male  
License number: 26953  
NPI: 1558560730  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: NEIGHBORHOOD HEALTHCARE  
488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379  
Phone: (760) 466-9800  
Fax: (858) 633-4694  
After Hours Phone: (760) 466-9800  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

Provider Gender: Male  
License number: 26953  
NPI: 1558560730  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: NEIGHBORHOOD HEALTHCARE  
425 N DATE ST  
ESCONDIDO, CA 92025-3413

Phone: (760) 520-8330  
Fax:  
After Hours Phone: (760) 520-8330  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **NAVA-HERBERGER, ALEJANDRA, NPA**

Provider Gender: Female  
License number: 555127  
NPI: 1093138422  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: NEIGHBORHOOD HEALTHCARE  
425 N DATE ST  
ESCONDIDO, CA 92025-3413  
Phone: (760) 520-8330  
Fax:  
After Hours Phone: (760) 520-8330  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*TDD: Yes*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8AM-5PM*

### **NIAKAMAL, EVAN, NPA**

*Provider Gender: Male*  
*License number: 58707*  
*NPI: 1639796873*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE*  
*425 N DATE ST*  
*ESCONDIDO, CA 92025-3413*  
*Phone: (760) 520-8330*  
*Fax:*  
*After Hours Phone: (760) 520-8330*  
*Website:*  
*www.beaconhealthoptions.com*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish*  
*TDD: Yes*

*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8AM-5PM*

### **OSHRIN, HARVEY, MD**

*Provider Gender: Male*  
*License number: G7257*

*NPI: 1952326324*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE*  
*425 N DATE ST*  
*ESCONDIDO, CA 92025-3413*  
*Phone: (760) 520-8330*  
*Fax:*  
*After Hours Phone: (760) 520-8330*  
*Website:*  
*www.beaconhealthoptions.com*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish*  
*TDD: Yes*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8AM-5PM*

### **PEDERSEN, SUESAN, MD**

*Provider Gender: Female*  
*License number: A138369*  
*NPI: 1558603837*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE*  
*488 E VALLEY PKWY STE 404*  
*ESCONDIDO, CA 92025-3379*  
*Phone: (760) 466-9800*  
*Fax: (858) 633-4694*  
*After Hours Phone: (760) 466-9800*

*Website:*  
*www.beaconhealthoptions.com*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish*  
*TDD: No*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8AM-5PM*

### **PEDERSEN, SUESAN, MD**

*Provider Gender: Female*  
*License number: A138369*  
*NPI: 1558603837*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE*  
*460 N ELM ST*  
*ESCONDIDO, CA 92025-3002*  
*Phone: (760) 520-8100*  
*Fax: (858) 633-4691*  
*After Hours Phone: (760) 520-8100*  
*Website:*  
*www.beaconhealthoptions.com*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish*  
*TDD: Yes*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Please contact provider for  
Accessibility information  
*Hours:* M-W 8AM-8PM, TH,F  
8AM-5PM, SA 8AM-12PM

**PEDERSEN, SUESAN, MD**

*Provider Gender:* Female  
*License number:* A138369  
*NPI:* 1558603837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
425 N DATE ST  
ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760)  
520-8330  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**PEDERSEN, SUESAN, MD**

*Provider Gender:* Female  
*License number:* A138369  
*NPI:* 1558603837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD

HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760)  
737-6900  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**PEDERSEN, SUESAN, MD**

*Provider Gender:* Female  
*License number:* A138369  
*NPI:* 1558603837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760)  
690-5900  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),

Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**PEDERSEN, SUESAN, MD**

*Provider Gender:* Female  
*License number:* A138369  
*NPI:* 1558603837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760)  
466-8600  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**PEDERSEN, SUESAN, MD**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

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*License number:* A138369  
*NPI:* 1558603837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760)  
520-8200  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **POPOCA LOGUE, ANA J , NPA**

*Provider Gender:* Female  
*License number:* 12900  
*NPI:* 1437262219  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
425 N DATE ST  
ESCONDIDO, CA 92025-3413

*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760)  
520-8330  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **POSTLETHWAITE, ALEJANDRA, MD**

*Provider Gender:* Female  
*License number:* A88938  
*NPI:* 1750566915  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760)  
737-6900  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish

*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **POSTLETHWAITE, ALEJANDRA, MD**

*Provider Gender:* Female  
*License number:* A88938  
*NPI:* 1750566915  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379  
*Phone:* (760) 466-9800  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760)  
466-9800  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **POSTLETHWAITE,**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

# J. Mental Health Directory

## ALEJANDRA, MD

*Provider Gender:* Female  
*License number:* A88938  
*NPI:* 1750566915  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760) 520-8330  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

## POSTLETHWAITE, ALEJANDRA, MD

*Provider Gender:* Female  
*License number:* A88938  
*NPI:* 1750566915  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 426 N DATE ST

ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760) 690-5900  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

## POSTLETHWAITE, ALEJANDRA, MD

*Provider Gender:* Female  
*License number:* A88938  
*NPI:* 1750566915  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (858) 633-4691  
*After Hours Phone:* (760) 520-8100  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language),

Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

## POSTLETHWAITE, ALEJANDRA, MD

*Provider Gender:* Female  
*License number:* A88938  
*NPI:* 1750566915  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760) 466-8600  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

### **POSTLETHWAITE, ALEJANDRA, MD**

*Provider Gender:* Female  
*License number:* A88938  
*NPI:* 1750566915  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760) 520-8200  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **RATNIEWSKI, JANET, PSY**

*Provider Gender:* Female  
*License number:* PSY26406  
*NPI:* 1245649599  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* INTEGRATED HEALTH PARTNERS- BORREGO

COMMUNITY HEALTH FOUNDAT  
1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025-2214  
*Phone:* (760) 871-0606  
*Fax:* (858) 634-6918  
*After Hours Phone:* (760) 871-0606  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Kiswahili, Swahili (Individual Language)  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **RINGEL, BRENDA L , MD**

*Provider Gender:* Female  
*License number:* A65800  
*NPI:* 1689869976  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: EXODUS RECOVERY, INC.  
1520 S ESCONDIDO BLVD  
ESCONDIDO, CA 92025-6017  
*Phone:* (760) 870-2020  
*Fax:* (760) 489-1321  
*After Hours Phone:* (760) 870-2020  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* TDD: No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-4:30PM

### **RODARTE, GABRIEL, MD**

*Provider Gender:* Male  
*License number:* A87906  
*NPI:* 1184649212  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760) 466-8600  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **RODARTE, GABRIEL, MD**

*Provider Gender:* Male  
*License number:* A87906  
*NPI:* 1184649212

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Provider English Spoken: Yes*  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404  
 ESCONDIDO, CA 92025-3379

*Phone: (760) 466-9800*

*Fax: (858) 633-4694*

*After Hours Phone: (760)*  
 466-9800

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken: Hindi,*  
 Nepali (Individual Language),  
 Spanish

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender*  
 Restrictions

*American Sign Language (ASL):*  
 No

Please contact provider for  
 Accessibility information

*Hours: M-F 8AM-5PM*

### **RODARTE, GABRIEL, MD**

*Provider Gender: Male*

*License number: A87906*

*NPI: 1184649212*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

*Phone: (760) 690-5900*

*Fax:*

*After Hours Phone: (760)*

690-5900

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken: Hindi,*  
 Nepali (Individual Language),  
 Spanish

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender*  
 Restrictions

*American Sign Language (ASL):*  
 No

Please contact provider for  
 Accessibility information

*Hours: M-F 8AM-5PM*

### **RODARTE, GABRIEL, MD**

*Provider Gender: Male*

*License number: A87906*

*NPI: 1184649212*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

*Phone: (760) 520-8330*

*Fax:*

*After Hours Phone: (760)*

520-8330

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken: Hindi,*  
 Nepali (Individual Language),  
 Spanish

*TDD: Yes*

*Min/Max Age:*

*Gender Restriction: No Gender*  
 Restrictions

*American Sign Language (ASL):*  
 No

Please contact provider for  
 Accessibility information

*Hours: M-F 8AM-5PM*

### **RODARTE, GABRIEL, MD**

*Provider Gender: Male*

*License number: A87906*

*NPI: 1184649212*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

*Phone: (760) 520-8200*

*Fax: (858) 633-4695*

*After Hours Phone: (760)*

520-8200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken: Hindi,*  
 Nepali (Individual Language),  
 Spanish

*TDD: No*

*Min/Max Age: 19/99*

*Gender Restriction: No Gender*  
 Restrictions

*American Sign Language (ASL):*  
 No

Please contact provider for  
 Accessibility information

*Hours: M-F 8AM-5PM*

### **RODARTE, GABRIEL, MD**

*Provider Gender: Male*

*License number: A87906*

*NPI: 1184649212*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Phone: (760) 520-8100  
Fax: (858) 633-4691  
After Hours Phone: (760) 520-8100  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**RODARTE, GABRIEL, MD**  
Provider Gender: Male  
License number: A87906  
NPI: 1184649212  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
Phone: (760) 737-6900  
Fax: (858) 633-4694  
After Hours Phone: (760) 737-6900  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes

Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

**ROSS, ANNE T , NPA**  
Provider Gender: Female  
License number: 53359  
NPI: 1447334883  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
Phone: (760) 520-8200  
Fax: (858) 633-4695  
After Hours Phone: (760) 520-8200  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No

Min/Max Age: 19/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

**ROSS, ANNE T , NPA**  
Provider Gender: Female  
License number: 53359  
NPI: 1447334883

Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
Phone: (760) 737-6900  
Fax: (858) 633-4694  
After Hours Phone: (760) 737-6900  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

**ROSS, ANNE T , NPA**  
Provider Gender: Female  
License number: 53359  
NPI: 1447334883  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax: (858) 633-4691  
After Hours Phone: (760) 520-8100  
Website:  
www.beaconhealthoptions.com

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**ROSS, ANNE T , NPA**  
 Provider Gender: Female  
 License number: 53359  
 NPI: 1447334883  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
 Phone: (760) 520-8330  
 Fax:  
 After Hours Phone: (760) 520-8330  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for

Accessibility information  
 Hours: M-F 8AM-5PM  
**ROSS, ANNE T , NPA**  
 Provider Gender: Female  
 License number: 53359  
 NPI: 1447334883  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 488 E VALLEY PKWY STE 404  
 ESCONDIDO, CA 92025-3379  
 Phone: (760) 466-9800  
 Fax: (858) 633-4694  
 After Hours Phone: (760) 466-9800  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

**ROSS, ANNE T , NPA**  
 Provider Gender: Female  
 License number: 53359  
 NPI: 1447334883  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 550 W WASHINGTON AVE

ESCONDIDO, CA 92025-1643  
 Phone: (760) 466-8600  
 Fax:  
 After Hours Phone: (760) 466-8600  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

**ROSS, ANNE T , NPA**  
 Provider Gender: Female  
 License number: 53359  
 NPI: 1447334883  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409  
 Phone: (760) 690-5900  
 Fax:  
 After Hours Phone: (760) 690-5900  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**SCHEUBER, TIMOTHY, PSY**

*Provider Gender:* Male  
*License number:* PSY26681  
*NPI:* 1083017396  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* NEIGHBORHOOD HEALTHCARE  
425 N DATE ST  
ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760) 520-8330  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**SINGH, PARDEEP, NPA**

*Provider Gender:* Female  
*License number:* 95010750  
*NPI:* 1992279004

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* NEIGHBORHOOD HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760) 690-5900  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**SINGH, PARDEEP, NPA**

*Provider Gender:* Female  
*License number:* 95010750  
*NPI:* 1992279004  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* NEIGHBORHOOD HEALTHCARE  
488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379  
*Phone:* (760) 466-9800  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 466-9800  
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**SINGH, PARDEEP, NPA**

*Provider Gender:* Female  
*License number:* 95010750  
*NPI:* 1992279004  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* NEIGHBORHOOD HEALTHCARE  
425 N DATE ST  
ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760) 520-8330  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Hours: M-F 8AM-5PM

**SINGH, PARDEEP, NPA**

Provider Gender: Female

License number: 95010750

NPI: 1992279004

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

550 W WASHINGTON AVE

ESCONDIDO, CA 92025-1643

Phone: (760) 466-8600

Fax:

After Hours Phone: (760)

466-8600

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

**SINGH, PARDEEP, NPA**

Provider Gender: Female

License number: 95010750

NPI: 1992279004

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax: (858) 633-4691

After Hours Phone: (760)

520-8100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-W 8AM-8PM, TH,F  
8AM-5PM, SA 8AM-12PM

**SINGH, PARDEEP, NPA**

Provider Gender: Female

License number: 95010750

NPI: 1992279004

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

728 E VALLEY PKWY

ESCONDIDO, CA 92025-3052

Phone: (760) 737-6900

Fax: (858) 633-4694

After Hours Phone: (760)

737-6900

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

**SINGH, PARDEEP, NPA**

Provider Gender: Female

License number: 95010750

NPI: 1992279004

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

1001 E GRAND AVE

ESCONDIDO, CA 92025-4604

Phone: (760) 520-8200

Fax: (858) 633-4695

After Hours Phone: (760)

520-8200

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

**STANIGAR, JUDITH, CSW**

Provider Gender: Female

License number: 25701

NPI: 1255501870

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hebrew  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 1002 E GRAND AVE  
 ESCONDIDO, CA 92025-4605  
*Phone:* (760) 741-2660  
*Fax:* (760) 741-2647  
*After Hours Phone:* (760)  
 741-2660  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Hebrew  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**STONE, CALVIN, MD**  
*Provider Gender:* Male  
*License number:* 20A18127  
*NPI:* 1275995870  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 488 E VALLEY PKWY STE 404  
 ESCONDIDO, CA 92025-3379  
*Phone:* (760) 466-9800  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760)  
 466-9800  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**STONE, CALVIN, MD**  
*Provider Gender:* Male  
*License number:* 20A18127  
*NPI:* 1275995870  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*

*After Hours Phone:* (760)  
 690-5900  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information

*Hours:* M-F 8AM-5PM

**STONE, CALVIN, MD**  
*Provider Gender:* Male  
*License number:* 20A18127  
*NPI:* 1275995870  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760)  
 520-8200  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Nepali (Individual Language),  
 Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**STONE, CALVIN, MD**  
*Provider Gender:* Male  
*License number:* 20A18127  
*NPI:* 1275995870  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NEIGHBORHOOD  
 HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Phone: (760) 737-6900  
Fax: (858) 633-4694  
After Hours Phone: (760) 737-6900

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

**STONE, CALVIN, MD**

Provider Gender: Male

License number: 20A18127

NPI: 1275995870

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

Phone: (760) 520-8100

Fax: (858) 633-4691

After Hours Phone: (760)

520-8100

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for

Accessibility information

Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

**STONE, CALVIN, MD**

Provider Gender: Male

License number: 20A18127

NPI: 1275995870

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

550 W WASHINGTON AVE

ESCONDIDO, CA 92025-1643

Phone: (760) 466-8600

**Fax:**

After Hours Phone: (760)

466-8600

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

**STONE, CALVIN, MD**

Provider Gender: Male

License number: 20A18127

NPI: 1275995870

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

Phone: (760) 520-8330

**Fax:**

After Hours Phone: (760)

520-8330

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish

TDD: Yes

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

**SUOZZO, JOSEPH J , PSY**

Provider Gender: Male

License number: 18393

NPI: 1821013228

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

Phone: (760) 690-5900

**Fax:**

After Hours Phone: (760)

690-5900

**Website:**

www.beaconhealthoptions.com

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

**SUOZZO, JOSEPH J , PSY**  
 Provider Gender: Male  
 License number: 18393  
 NPI: 1821013228  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
 Phone: (760) 520-8330  
 Fax:  
 After Hours Phone: (760) 520-8330  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information

Hours: M-F 8AM-5PM  
**SUOZZO, JOSEPH J , PSY**  
 Provider Gender: Male  
 License number: 18393  
 NPI: 1821013228  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
 Phone: (760) 737-6900  
 Fax: (858) 633-4694  
 After Hours Phone: (760) 737-6900  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

**SUOZZO, JOSEPH J , PSY**  
 Provider Gender: Male  
 License number: 18393  
 NPI: 1821013228  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025-1643

Phone: (760) 466-8600  
 Fax:  
 After Hours Phone: (760) 466-8600  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

**SUOZZO, JOSEPH J , PSY**  
 Provider Gender: Male  
 License number: 18393  
 NPI: 1821013228  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
 Phone: (760) 520-8100  
 Fax: (858) 633-4691  
 After Hours Phone: (760) 520-8100  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

### **SUOZZO, JOSEPH J , PSY**

*Provider Gender:* Male  
*License number:* 18393  
*NPI:* 1821013228  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760) 520-8200  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **TEETER-WITT, ALYSSA, PSY**

*Provider Gender:* U  
*License number:* 31075  
*NPI:* 1932308442

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379  
*Phone:* (760) 466-9800  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 466-9800  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **TEETER-WITT, ALYSSA, PSY**

*Provider Gender:* U  
*License number:* 31075  
*NPI:* 1932308442  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 737-6900  
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **TEETER-WITT, ALYSSA, PSY**

*Provider Gender:* U  
*License number:* 31075  
*NPI:* 1932308442  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (858) 633-4691  
*After Hours Phone:* (760) 520-8100  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Hours:* M-W 8AM-8PM, TH,F  
8AM-5PM, SA 8AM-12PM

**TEETER-WITT, ALYSSA, PSY**

*Provider Gender:* U

*License number:* 31075

*NPI:* 1932308442

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

550 W WASHINGTON AVE

ESCONDIDO, CA 92025-1643

*Phone:* (760) 466-8600

*Fax:*

*After Hours Phone:* (760)

466-8600

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,

Nepali (Individual Language),

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

**TEETER-WITT, ALYSSA, PSY**

*Provider Gender:* U

*License number:* 31075

*NPI:* 1932308442

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

425 N DATE ST

ESCONDIDO, CA 92025-3413

*Phone:* (760) 520-8330

*Fax:*

*After Hours Phone:* (760)

520-8330

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,

Nepali (Individual Language),

Spanish

*TDD:* Yes

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

**TEETER-WITT, ALYSSA, PSY**

*Provider Gender:* U

*License number:* 31075

*NPI:* 1932308442

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

426 N DATE ST

ESCONDIDO, CA 92025-3409

*Phone:* (760) 690-5900

*Fax:*

*After Hours Phone:* (760)

690-5900

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,

Nepali (Individual Language),

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

**THOMAS, PAULA M , CSW**

*Provider Gender:* Female

*License number:* 29517

*NPI:* 1821389966

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

*Phone:* (760) 520-8100

*Fax:* (858) 633-4691

*After Hours Phone:* (760)

520-8100

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,

Nepali (Individual Language),

Spanish

*TDD:* Yes

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-W 8AM-8PM, TH,F

8AM-5PM, SA 8AM-12PM

**THOMAS, PAULA M , CSW**

*Provider Gender:* Female

*License number:* 29517

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*NPI:* 1821389966  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760)  
690-5900  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**THOMAS, PAULA M , CSW**  
*Provider Gender:* Female  
*License number:* 29517  
*NPI:* 1821389966  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760)  
737-6900

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**THOMAS, PAULA M , CSW**  
*Provider Gender:* Female  
*License number:* 29517  
*NPI:* 1821389966  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
425 N DATE ST  
ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760)  
520-8330  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**THOMAS, PAULA M , CSW**  
*Provider Gender:* Female  
*License number:* 29517  
*NPI:* 1821389966  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760)  
466-8600  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**THOMAS, PAULA M , CSW**  
*Provider Gender:* Female  
*License number:* 29517  
*NPI:* 1821389966  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
Phone: (760) 520-8200  
Fax: (858) 633-4695  
After Hours Phone: (760)  
520-8200  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female  
License number: 75185  
NPI: 1861938227  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643  
Phone: (760) 466-8600  
Fax:  
After Hours Phone: (760)  
466-8600  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),

Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female  
License number: 75185  
NPI: 1861938227  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax: (858) 633-4691  
After Hours Phone: (760)  
520-8100  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-W 8AM-8PM, TH,F  
8AM-5PM, SA 8AM-12PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female  
License number: 75185  
NPI: 1861938227  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
Phone: (760) 737-6900  
Fax: (858) 633-4694  
After Hours Phone: (760)  
737-6900  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female  
License number: 75185  
NPI: 1861938227  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
426 N DATE ST

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

ESCONDIDO, CA 92025-3409  
Phone: (760) 690-5900  
Fax:  
After Hours Phone: (760) 690-5900  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female  
License number: 75185  
NPI: 1861938227  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
Phone: (760) 520-8200  
Fax: (858) 633-4695  
After Hours Phone: (760) 520-8200  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish

TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female  
License number: 75185  
NPI: 1861938227  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379  
Phone: (760) 466-9800  
Fax: (858) 633-4694  
After Hours Phone: (760) 466-9800  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

Provider Gender: Female  
License number: PSY9962  
NPI: 1710902143  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: NEIGHBORHOOD HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
Phone: (760) 690-5900  
Fax:  
After Hours Phone: (760) 690-5900  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

Provider Gender: Female  
License number: PSY9962  
NPI: 1710902143  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: NEIGHBORHOOD HEALTHCARE  
488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379

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## J. Mental Health Directory

Phone: (760) 466-9800  
 Fax: (858) 633-4694  
 After Hours Phone: (760) 466-9800  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

Provider Gender: Female  
 License number: PSY9962  
 NPI: 1710902143  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025-1643  
 Phone: (760) 466-8600  
 Fax:  
 After Hours Phone: (760) 466-8600  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

Provider Gender: Female  
 License number: PSY9962  
 NPI: 1710902143  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 1001 E GRAND AVE  
 ESCONDIDO, CA 92025-4604  
 Phone: (760) 520-8200  
 Fax: (858) 633-4695  
 After Hours Phone: (760) 520-8200  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA,**

### **PSY**

Provider Gender: Female  
 License number: PSY9962  
 NPI: 1710902143  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
 Phone: (760) 737-6900  
 Fax: (858) 633-4694  
 After Hours Phone: (760) 737-6900  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

Provider Gender: Female  
 License number: PSY9962  
 NPI: 1710902143  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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ESCONDIDO, CA 92025-3413  
Phone: (760) 520-8330  
Fax:  
After Hours Phone: (760) 520-8330  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

Provider Gender: Female  
License number: PSY9962  
NPI: 1710902143  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: NEIGHBORHOOD HEALTHCARE  
460 N ELM ST  
ESCONDIDO, CA 92025-3002  
Phone: (760) 520-8100  
Fax: (858) 633-4691  
After Hours Phone: (760) 520-8100  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language),

Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

### **VAQUERO, JUANA, PSY**

Provider Gender: Female  
License number: PSY28364  
NPI: 1023459708  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
Phone: (760) 520-8200  
Fax: (858) 633-4695  
After Hours Phone: (760) 520-8200  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **VAQUERO, JUANA, PSY**

Provider Gender: Female  
License number: PSY28364  
NPI: 1023459708  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379  
Phone: (760) 466-9800  
Fax: (858) 633-4694  
After Hours Phone: (760) 466-9800

Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **VAQUERO, JUANA, PSY**

Provider Gender: Female  
License number: PSY28364  
NPI: 1023459708  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 737-6900  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**VAQUERO, JUANA, PSY**  
*Provider Gender:* Female  
*License number:* PSY28364  
*NPI:* 1023459708  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST  
 ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760) 520-8330  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**VAQUERO, JUANA, PSY**  
*Provider Gender:* Female  
*License number:* PSY28364  
*NPI:* 1023459708  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* NEIGHBORHOOD HEALTHCARE  
 426 N DATE ST  
 ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760) 690-5900  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**VAQUERO, JUANA, PSY**  
*Provider Gender:* Female  
*License number:* PSY28364  
*NPI:* 1023459708  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* NEIGHBORHOOD HEALTHCARE  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (858) 633-4691  
*After Hours Phone:* (760) 520-8100  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes

**VAQUERO, JUANA, PSY**  
*Provider Gender:* Female  
*License number:* PSY28364  
*NPI:* 1023459708  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* NEIGHBORHOOD HEALTHCARE  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760) 466-8600  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**VAQUERO, JUANA, PSY**  
*Provider Gender:* Female  
*License number:* PSY28364  
*NPI:* 1023459708  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* NEIGHBORHOOD HEALTHCARE  
 460 N ELM ST  
 ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (858) 633-4691  
*After Hours Phone:* (760) 520-8100  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

### **WILLIAMS, SHANTRICE M , NPA**

*Provider Gender:* Female  
*License number:* 19664  
*NPI:* 1578865549  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
 488 E VALLEY PKWY STE 404 ESCONDIDO, CA 92025-3379  
*Phone:* (760) 466-9800  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 466-9800  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No

Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WILLIAMS, SHANTRICE M , NPA**

*Provider Gender:* Female  
*License number:* 19664  
*NPI:* 1578865549  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
 425 N DATE ST ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*

*After Hours Phone:* (760) 520-8330  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WILLIAMS, SHANTRICE M , NPA**

*Provider Gender:* Female  
*License number:* 19664  
*NPI:* 1578865549  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
 426 N DATE ST ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760) 690-5900  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WILLIAMS, SHANTRICE M , NPA**

*Provider Gender:* Female  
*License number:* 19664  
*NPI:* 1578865549  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
 460 N ELM ST ESCONDIDO, CA 92025-3002  
*Phone:* (760) 520-8100  
*Fax:* (858) 633-4691  
*After Hours Phone:* (760) 520-8100

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-W 8AM-8PM, TH,F 8AM-5PM, SA 8AM-12PM

### **WILLIAMS, SHANTRICE M , NPA**

*Provider Gender:* Female  
*License number:* 19664  
*NPI:* 1578865549  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 737-6900  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender

*Restrictions*  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WILLIAMS, SHANTRICE M , NPA**

*Provider Gender:* Female  
*License number:* 19664  
*NPI:* 1578865549  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
1001 E GRAND AVE  
ESCONDIDO, CA 92025-4604  
*Phone:* (760) 520-8200  
*Fax:* (858) 633-4695  
*After Hours Phone:* (760) 520-8200  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WILLIAMS, SHANTRICE M , NPA**

*Provider Gender:* Female  
*License number:* 19664

*NPI:* 1578865549  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760) 466-8600  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WINTER, JEFFERY C , PSY**

*Provider Gender:* Male  
*License number:* 6795  
*NPI:* 1396904850  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* *Cultural Competency:* MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
255 N ASH ST  
ESCONDIDO, CA 92027-3068  
*Phone:* (619) 445-6200  
*Fax:* (619) 745-7847  
*After Hours Phone:* (619) 445-6200

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WOODWORTH, JENNIFER, PSY**

*Provider Gender:* Female  
*License number:* 26963  
*NPI:* 1639362494  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD HEALTHCARE  
425 N DATE ST  
ESCONDIDO, CA 92025-3413  
*Phone:* (760) 520-8330  
*Fax:*  
*After Hours Phone:* (760) 520-8330  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No

Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WOODWORTH, JENNIFER, PSY**

*Provider Gender:* Female  
*License number:* 26963  
*NPI:* 1639362494  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD HEALTHCARE  
426 N DATE ST  
ESCONDIDO, CA 92025-3409  
*Phone:* (760) 690-5900  
*Fax:*  
*After Hours Phone:* (760) 690-5900  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WOODWORTH, JENNIFER, PSY**

*Provider Gender:* Female  
*License number:* 26963  
*NPI:* 1639362494  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

NEIGHBORHOOD HEALTHCARE  
550 W WASHINGTON AVE  
ESCONDIDO, CA 92025-1643  
*Phone:* (760) 466-8600  
*Fax:*  
*After Hours Phone:* (760) 466-8600  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WOODWORTH, JENNIFER, PSY**

*Provider Gender:* Female  
*License number:* 26963  
*NPI:* 1639362494  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD HEALTHCARE  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025-3052  
*Phone:* (760) 737-6900  
*Fax:* (858) 633-4694  
*After Hours Phone:* (760) 737-6900  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish

*TDD:* Yes

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **WOODWORTH, JENNIFER, PSY**

*Provider Gender:* Female

*License number:* 26963

*NPI:* 1639362494

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025-3379

*Phone:* (760) 466-9800

*Fax:* (858) 633-4694

*After Hours Phone:* (760)

466-9800

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **WOODWORTH, JENNIFER, PSY**

*Provider Gender:* Female

*License number:* 26963

*NPI:* 1639362494

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

460 N ELM ST

ESCONDIDO, CA 92025-3002

*Phone:* (760) 520-8100

*Fax:* (858) 633-4691

*After Hours Phone:* (760)

520-8100

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish

*TDD:* Yes

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-W 8AM-8PM, TH,F  
8AM-5PM, SA 8AM-12PM

### **IMPERIAL BEACH**

### **BARTHOLOMEW, SARAH C , CSW**

*Provider Gender:* Female

*License number:* 86542

*NPI:* 1720339708

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

### **FAMILY HEALTH CENTERS OF SAN DIEGO**

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

*Phone:* (619) 906-5322

*Fax:* (619) 271-4963

*After Hours Phone:* (619)

906-5322

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
Spanish

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:*

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female

*License number:* 97277

*NPI:* 1124457023

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

*Phone:* (619) 906-5322

*Fax:* (619) 271-4963

*After Hours Phone:* (619)

906-5322

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:*

### **DUNFORD, KATELYN C , MFT**

*Provider Gender:* Female

*License number:* 126626

*NPI:* 1437517497

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

*Phone:* (619) 906-5322

*Fax:* (619) 271-4963

*After Hours Phone:* (619)

906-5322

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:*

### **FEDEROFF, MONICA, MD**

*Provider Gender:* Female

*License number:* A164677

*NPI:* 1912404492

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

*Phone:* (619) 906-5322

*Fax:* (619) 271-4963

*After Hours Phone:* (619)

906-5322

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:*

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female

*License number:* 170667

*NPI:* 1508151598

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

*Phone:* (619) 906-5322

*Fax:* (619) 271-4963

*After Hours Phone:* (619) 906-5322

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:*

### **GLASSMAN, JAGA NATH, MD**

*Provider Gender:* Male

*License number:* G55004

*NPI:* 1558409771

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

*Phone:* (619) 906-5322

*Fax:* (619) 271-4963

*After Hours Phone:* (619)

906-5322

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender

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## J. Mental Health Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Restrictions<br/> <i>American Sign Language (ASL):</i><br/>           No<br/>           Please contact provider for<br/>           Accessibility information<br/> <i>Hours:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p><i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i><br/>           IMPERIAL BEACH HEALTH<br/>           CENTER<br/>           949 PALM AVE<br/>           IMPERIAL BEACH, CA<br/>           91932-1503<br/> <i>Phone:</i> (619) 429-3733<br/> <i>Fax:</i> (619) 575-7972<br/> <i>After Hours Phone:</i> (619)<br/>           429-3733<br/> <i>Website:</i><br/>           www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/>           Spanish<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 13/99<br/> <i>Gender Restriction:</i> No Gender<br/>           Restrictions<br/> <i>American Sign Language (ASL):</i><br/>           No<br/>           Please contact provider for<br/>           Accessibility information<br/> <i>Hours:</i></p> | <p><i>Website:</i><br/>           www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/>           Spanish<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 19/99<br/> <i>Gender Restriction:</i> No Gender<br/>           Restrictions<br/> <i>American Sign Language (ASL):</i><br/>           No<br/>           Please contact provider for<br/>           Accessibility information<br/> <i>Hours:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>GONZALEZ, ANDREA, CSW</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 97593<br/> <i>NPI:</i> 1326346198<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>           Spanish<br/> <i>Cultural Competency:</i><br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>           742 10TH ST<br/>           IMPERIAL BEACH, CA<br/>           91932-2216<br/> <i>Phone:</i> (619) 906-5322<br/> <i>Fax:</i> (619) 271-4963<br/> <i>After Hours Phone:</i> (619)<br/>           906-5322<br/> <i>Website:</i><br/>           www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/>           Spanish<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 19/99<br/> <i>Gender Restriction:</i> No Gender<br/>           Restrictions<br/> <i>American Sign Language (ASL):</i><br/>           No<br/>           Please contact provider for<br/>           Accessibility information<br/> <i>Hours:</i></p> | <p><i>Provider Language(s) Spoken:</i><br/>           www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/>           Spanish<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 13/99<br/> <i>Gender Restriction:</i> No Gender<br/>           Restrictions<br/> <i>American Sign Language (ASL):</i><br/>           No<br/>           Please contact provider for<br/>           Accessibility information<br/> <i>Hours:</i> M-TH 8AM-8PM, F<br/>           8AM-5PM, SA 8AM-12PM</p>                                                                                                                                                                                                                                                                                     | <p><b>LYDIARD, JESSICA, MD</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> A171775<br/> <i>NPI:</i> 1841731296<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i><br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>           742 10TH ST<br/>           IMPERIAL BEACH, CA<br/>           91932-2216<br/> <i>Phone:</i> (619) 906-5322<br/> <i>Fax:</i> (619) 271-4963<br/> <i>After Hours Phone:</i> (619)<br/>           906-5322<br/> <i>Website:</i><br/>           www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/>           Spanish<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 19/99<br/> <i>Gender Restriction:</i> No Gender<br/>           Restrictions<br/> <i>American Sign Language (ASL):</i><br/>           No<br/>           Please contact provider for</p> |
| <p><b>GONZALEZ, CLAUDIA, CSW</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 100328<br/> <i>NPI:</i> 1770055543<br/> <i>Provider English Spoken:</i> Yes</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>LIDSTONE, PAVEN, MD</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 161149<br/> <i>NPI:</i> 1942662093<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i><br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>           742 10TH ST<br/>           IMPERIAL BEACH, CA<br/>           91932-2216<br/> <i>Phone:</i> (619) 906-5322<br/> <i>Fax:</i> (619) 271-4963<br/> <i>After Hours Phone:</i> (619)<br/>           906-5322</p>                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Accessibility information

Hours:

### **MCADAMS, HILDA, NPA**

Provider Gender: Female

License number: 14201

NPI: 1396838082

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

742 10TH ST

IMPERIAL BEACH, CA

91932-2216

Phone: (619) 906-5322

Fax: (619) 271-4963

After Hours Phone: (619)

906-5322

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours:

### **NGUYEN, MAILY, NPA**

Provider Gender: Female

License number: 95000861

NPI: 1255732160

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

IMPERIAL BEACH HEALTH  
CENTER

949 PALM AVE

IMPERIAL BEACH, CA

91932-1503

Phone: (619) 429-3733

Fax: (619) 575-7972

After Hours Phone: (619)

429-3733

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 13/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 8AM-12PM

### **ROEHR, ARTHUR, NPA**

Provider Gender: Male

License number: 95012079

NPI: 1851946016

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

IMPERIAL BEACH HEALTH  
CENTER

949 PALM AVE

IMPERIAL BEACH, CA

91932-1503

Phone: (619) 429-3733

Fax: (619) 575-7972

After Hours Phone: (619)

429-3733

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 13/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 8AM-12PM

### **SOLTANI, MARYAM, MD**

Provider Gender: Female

License number: A139075

NPI: 1518372267

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

IMPERIAL BEACH HEALTH  
CENTER

949 PALM AVE

IMPERIAL BEACH, CA

91932-1503

Phone: (619) 429-3733

Fax: (619) 575-7972

After Hours Phone: (619)

429-3733

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 13/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-TH 8AM-8PM, F  
8AM-5PM, SA 8AM-12PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### **TRIANA, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 88589  
*NPI:* 1073844460  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 742 10TH ST  
 IMPERIAL BEACH, CA 91932-2216  
*Phone:* (619) 906-5322  
*Fax:* (619) 271-4963  
*After Hours Phone:* (619) 906-5322  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:*

### **ZUREK, BEDEANIA R , CSW**

*Provider Gender:* Female  
*License number:* LCSW74215  
*NPI:* 1942375811  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 IMPERIAL BEACH HEALTH CENTER  
 949 PALM AVE

IMPERIAL BEACH, CA 91932-1503  
*Phone:* (619) 429-3733  
*Fax:* (619) 575-7972  
*After Hours Phone:* (619) 429-3733  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*TDD:* No  
*Min/Max Age:* 13/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-8PM, F 8AM-5PM, SA 8AM-12PM

### **LA JOLLA**

### **HINTZ, SONYA D , MD**

*Provider Gender:* Female  
*License number:* G58561  
*NPI:* 1790774446  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 HINTZ, SONYA  
 3252 HOLIDAY CT STE 100  
 LA JOLLA, CA 92037-1807  
*Phone:* (858) 455-6511  
*Fax:* (858) 455-5747  
*After Hours Phone:* (858) 455-6511  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-TH 7AM-7PM, F 9AM-6PM

### **OTIS, JOHN L , MD**

*Provider Gender:* Male  
*License number:* G28506  
*NPI:* 1235154535  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 OTIS, JOHN  
 8950 VILLA LA JOLLA DR STE A215  
 LA JOLLA, CA 92037-1711  
*Phone:* (858) 457-2180  
*Fax:* (858) 457-2194  
*After Hours Phone:* (858) 457-2180  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M,TU,TH 2:30PM-5:30PM

### **LA MESA**

### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female  
*License number:* 29990

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## J. Mental Health Directory

NPI: 1699840587  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619)  
 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**  
 Provider Gender: Female  
 License number: 74440  
 NPI: 1306151998  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619)  
 515-2383

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**ALTERS, DENNIS, MD**  
 Provider Gender: Male  
 License number: G36206  
 NPI: 1457371635  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619)  
 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**ALVAREZ, DIANA P , CSW**  
 Provider Gender: Female  
 License number: 81025  
 NPI: 1013200617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619)  
 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**ANDERSON, NICOLE M , CSW**  
 Provider Gender: Female  
 License number: LCSW28443  
 NPI: 1679766380  
 Provider English Spoken: Yes

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## J. Mental Health Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

*Phone:* (619) 515-2383

*Fax:* (619) 269-0883

*After Hours Phone:* (619)

515-2383

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **ARIELLA, LYNDIA R , PSY**

*Provider Gender:* Female

*License number:* 19450

*NPI:* 1073518965

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

*Phone:* (619) 515-2383

*Fax:* (619) 269-0883

*After Hours Phone:* (619)

515-2383

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **ASH, VIVIAN, CSW**

*Provider Gender:* Female

*License number:* 14619

*NPI:* 1033623293

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

*Phone:* (619) 515-2383

*Fax:* (619) 269-0883

*After Hours Phone:* (619)

515-2383

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **ASUNCION, JENNIFER, CSW**

*Provider Gender:* Male

*License number:* LCSW75956

*NPI:* 1083056279

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

*Phone:* (619) 515-2383

*Fax:* (619) 269-0883

*After Hours Phone:* (619)

515-2383

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **ATALLAH, HANI M , MD**

*Provider Gender:* Male

*License number:* 132530

*NPI:* 1104169655

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF

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## J. Mental Health Directory

**SAN DIEGO**  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**  
*Provider Gender:* Male  
*License number:* 24707  
*NPI:* 1699007609  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
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American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**AVILA, RADOMIR M , CSW**  
*Provider Gender:* Male  
*License number:* 75520  
*NPI:* 1487937330  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Portuguese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
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 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information

*Hours:* M-TH 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male  
*License number:* 90529  
*NPI:* 1194159871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
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 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**BARTHOLOMEW, SARAH C , CSW**

*Provider Gender:* Female  
*License number:* 86542  
*NPI:* 1720339708  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

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Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-TH 8:30AM-5PM

### **BENNETT, RACHEL Q , CSW**

Provider Gender: Female

License number: 76466

NPI: 1558659797

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
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Spanish, Yue Chinese

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-TH 8:30AM-5PM

### **BERKSON, BARRIE, CSW**

Provider Gender: Female

License number: 63313

NPI: 1922305465

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

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TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-TH 8:30AM-5PM

### **BIRNBAUM, DEBORAH, MD**

Provider Gender: Female

License number: 20A11387

NPI: 1639308265

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

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Site Language(s) Spoken:

American Sign Language, Farsi,

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Spanish, Yue Chinese

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-TH 8:30AM-5PM

### **BOND, ALAN, PSY**

Provider Gender: Male

License number: PSY25805

NPI: 1881927184

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**BORREGO, DIANA E , NPA**  
*Provider Gender:* Female  
*License number:* 95005019  
*NPI:* 1184012866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
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*Site Language(s) Spoken:*  
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*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**BUBY, MYRA, CSW**  
*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
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*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
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*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**BUTERBAUGH, KRISTY L , CSW**  
*Provider Gender:* Female  
*License number:* 65477  
*NPI:* 1346615838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **CABREJOS, CLAUDIO, MD**

Provider Gender: Male  
License number: A71653  
NPI: 1033133483  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Portuguese, Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
Phone: (619) 515-2383  
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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **CARILLO, KRYSTAL I, CSW**

Provider Gender: Female  
License number: 80068  
NPI: 1871906735  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
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Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **CARINO DIOKNO, RHODA,**

### **PSY**

Provider Gender: Female  
License number: 28073  
NPI: 1629109483  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **CHEN, ANGELA, MFT**

Provider Gender: Female  
License number: LMFT40923  
NPI: 1811027956  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
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Japanese, Portuguese, Russian,  
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*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
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*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **COMBS, LAURI, CSW**

*Provider Gender:* Female  
*License number:* LCSW75330  
*NPI:* 1538398979  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
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*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
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*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **DALONSO, SANDRA L, CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
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*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **DAN, WENDY L , CSW**

*Provider Gender:* Female  
*License number:* 26015  
*NPI:* 1700224037  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
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*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
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Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
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Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male  
*License number:* G57276  
*NPI:* 1548318348  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
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*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
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Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male  
*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
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LA MESA, CA 91942-3050

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## J. Mental Health Directory

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*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**DWYER, GEORGE, CSW**  
*Provider Gender:* Male  
*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
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515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**FAJARDO, JACQUELINE M ,  
CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
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515-2383  
*Website:*  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**FEDEROFF, MONICA, MD**  
*Provider Gender:* Female  
*License number:* A164677  
*NPI:* 1912404492  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **FLORES, MARY LUPE, CSW**

Provider Gender: Female  
License number: 19815  
NPI: 1134147457  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
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Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male  
License number: 71548  
NPI: 1952736043  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
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Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **FUKUI, TOMONORI, MD**

Provider Gender: Male

License number: 75713  
NPI: 1366519670  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Japanese, Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
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Accepting New Patients: Yes  
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Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **GALAPON, DIXIE L , PSY**

Provider Gender: Female  
License number: 16711  
NPI: 1174646301  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050

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 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**GAUD, KRISTINA G , MD**  
 Provider Gender: Female  
 License number: 170667  
 NPI: 1508151598  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
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 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**  
 Provider Gender: Male  
 License number: G55004  
 NPI: 1558409771  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
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 515-2383  
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 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**GLEASON, SHEILA, PSY**  
 Provider Gender: Female

License number: 13685  
 NPI: 1366641813  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
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 515-2383  
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 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**GONZALES, JULIANA, CSW**  
 Provider Gender: Female  
 License number: 83254  
 NPI: 1821487406  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050

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 After Hours Phone: (619) 515-2383  
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 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**  
 Provider Gender: Female  
 License number: 97593  
 NPI: 1326346198  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619) 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**  
 Provider Gender: Female  
 License number: 87716  
 NPI: 1134597123  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619) 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**GRACE, MONIKA M , PSY**

Provider Gender: Female  
 License number: 24462  
 NPI: 1497985832  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Modern Greek, French,  
 Portuguese, Spanish  
 Cultural Competency:  
 GRACE COUNSELING AND  
 PSYCHOTHERAPY  
 5575 LAKE PARK WAY STE  
 100-6  
 LA MESA, CA 91942-1664  
 Phone: (619) 381-8472  
 Fax:  
 After Hours Phone: (619) 381-8472  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Modern Greek, French,  
 Portuguese, Spanish  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-SU 8AM-8PM

**GUTIERREZ, APRIL P , CSW**  
 Provider Gender: Female  
 License number: 86166  
 NPI: 1356749949  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050

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*After Hours Phone:* (619) 515-2383  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **HARADON, SUSAN, PSY**

*Provider Gender:* Female  
*License number:* 6075  
*NPI:* 1841289246  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 HARADON, SUSAN  
 4700 SPRING ST STE 306  
 LA MESA, CA 91942-2294  
*Phone:* (619) 462-1611  
*Fax:* (619) 460-8093  
*After Hours Phone:* (619) 462-1611  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:* 19/64  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-TH 9AM-7PM, F 9AM-5PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female  
*License number:* 26098  
*NPI:* 1417373069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
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*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **HUBER, REBECCA, MD**

*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
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*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
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 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **JALAN, DEVESH, MD**

*Provider Gender:* Male  
*License number:* A167754  
*NPI:* 1083092134  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
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*Site Language(s) Spoken:*  
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 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **JAMES, CHRISTINE E , MD**

*Provider Gender:* Female  
*License number:* 20A13931  
*NPI:* 1679834022  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
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*After Hours Phone:* (619)  
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*Website:*  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender:* Female  
*License number:* 26493  
*NPI:* 1871772020  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
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*Website:*  
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*Accepting New Patients:* Yes

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 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
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 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**JENSEN, DEXTER, MD**  
*Provider Gender:* Male  
*License number:* A67960  
*NPI:* 1740465541  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

Accessibility information  
*Hours:* M-TH 8:30AM-5PM  
**JONES, ADELE, PSY**  
*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**JONES, ATAVIA L , CSW**  
*Provider Gender:* Female  
*License number:* LCSW76796  
*NPI:* 1952734899  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
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 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**JONES, MICHAEL A , CSW**  
*Provider Gender:* Male  
*License number:* LCS 22452  
*NPI:* 1548205719  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,

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## J. Mental Health Directory

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Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **JOSHI, YASH, MD**

*Provider Gender:* Male  
*License number:* A147156  
*NPI:* 1598151433  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
YASH JOSHI  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
*Phone:* (619) 740-6000  
*Fax:*  
*After Hours Phone:* (619)  
740-6000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266

*NPI:* 1396150041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
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*Fax:* (619) 269-0883  
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515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

*Provider Gender:* Female  
*License number:* 95005293  
*NPI:* 1235672502  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050

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515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

*Provider Gender:* Male  
*License number:* A94460  
*NPI:* 1851573554  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
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*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **KOH, STEVE H , MD**

Provider Gender: Male  
 License number: A103468  
 NPI: 1467650473  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
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 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **KYLE, MARCIE, CSW**

Provider Gender: Female

License number: LCSW78555  
 NPI: 1174981500  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
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 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **LIDSTONE, PAVEN, MD**

Provider Gender: Female  
 License number: 161149  
 NPI: 1942662093  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050

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 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **LIM, SANDRA S , MD**

Provider Gender: Female  
 License number: 20A13075  
 NPI: 1083963094  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
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 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **LIPPERT, HEATHER M , CSW**

Provider Gender: Female  
 License number: 22526  
 NPI: 1093991663  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619) 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **LOEB, CINDY, CSW**

Provider Gender: Female

License number: 75333  
 NPI: 1619108511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619) 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **LYDIARD, JESSICA, MD**

Provider Gender: Female  
 License number: A171775  
 NPI: 1841731296  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050

Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619) 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male  
 License number: 92724  
 NPI: 1538704002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619) 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female  
 License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619) 515-2383  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female

License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619) 515-2383  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female  
 License number: 88399  
 NPI: 1487128617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050

Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619) 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **MARTIR, MICHEL, CSW**

Provider Gender: Female  
 License number: 73174  
 NPI: 1356528434  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619) 515-2383  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian,

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## J. Mental Health Directory

---

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

*Provider Gender:* Female

*License number:* 14201

*NPI:* 1396838082

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

*Phone:* (619) 515-2383

*Fax:* (619) 269-0883

*After Hours Phone:* (619)

515-2383

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **MCHENRY, KELLY, CSW**

*Provider Gender:* Female

*License number:* 29689

*NPI:* 1851544340

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

American Sign Language

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

*Phone:* (619) 515-2383

*Fax:* (619) 269-0883

*After Hours Phone:* (619)

515-2383

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **MEJIA, RITA I , MFT**

*Provider Gender:* Female

*License number:* 99697

*NPI:* 1952741506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

8851 CENTER DR STE 312

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **MENDEZ, ANDRES G , PSY**

*Provider Gender:* Male

*License number:* 28907

*NPI:* 1841482692

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

8851 CENTER DR STE 312

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515-2383

*Website:*

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian,

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## J. Mental Health Directory

---

Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-TH 8:30AM-5PM

### **MERRILL, SARAH M , CSW**

Provider Gender: Female  
License number: 79014  
NPI: 1639403884  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
Phone: (619) 515-2383  
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Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-TH 8:30AM-5PM

### **MILLER, BRIAN P , MD**

Provider Gender: Male  
License number: A68180  
NPI: 1861411381  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
MILLER, BRIAN  
5555 GROSSMONT CENTER DR  
LA MESA, CA 91942-3019  
Phone: (858) 939-4393  
Fax: (619) 740-5055  
After Hours Phone: (858) 939-4393  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours:

### **MILLICAN, RUTH, PSY**

Provider Gender: Female  
License number: 25354  
NPI: 1346472305  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
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Min/Max Age: 19/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-TH 8:30AM-5PM

### **MODAD, ALBERT, PSY**

Provider Gender: Female  
License number: 29697  
NPI: 1629453691  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
Phone: (619) 515-2383  
Fax: (619) 269-0883  
After Hours Phone: (619) 515-2383  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender Restrictions

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **MORALES MORENO, MINERVA, CSW**

*Provider Gender:* Female  
*License number:* 63550  
*NPI:* 1841337565  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **MORRISON, TYLER E , MD**

*Provider Gender:* Male  
*License number:* A144917  
*NPI:* 1912391814  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Japanese  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **MOYER, TRENTON E , MD**

*Provider Gender:* Male  
*License number:* A78165  
*NPI:* 1437180791  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: MOYER, TRENTON  
 5555 GROSSMONT CENTER DR  
 LA MESA, CA 91942-3019  
*Phone:* (619) 740-4800  
*Fax:* 740-4800  
*After Hours Phone:* (619) 740-4800

*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* TDD: No  
*Min/Max Age:* 13/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:*

### **MUNOZ, VIVIANA, CSW**

*Provider Gender:* Female  
*License number:* 66637  
*NPI:* 1497987713  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for

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## J. Mental Health Directory

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Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**

*Provider Gender:* Female  
*License number:* PSY32092  
*NPI:* 1326648684  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**NOUHI, NUSHA, PSY**

*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**NWANGANGA, OKECHUKU R, CSW**

*Provider Gender:* Male  
*License number:* 27072  
*NPI:* 1285984450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619)  
515-2383  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for

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## J. Mental Health Directory

Accessibility information  
Hours: M-TH 8:30AM-5PM

### **OBRYAN, KELLY, PSY**

Provider Gender: Female  
License number: 24966  
NPI: 1093882698  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
Phone: (619) 515-2383  
Fax: (619) 269-0883  
After Hours Phone: (619)  
515-2383  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **OMORODIN, AISHA, MD**

Provider Gender: Female  
License number: A169651  
NPI: 1629500301  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
Phone: (619) 515-2383  
Fax: (619) 269-0883  
After Hours Phone: (619)  
515-2383  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **OTIS, JOHN L , MD**

Provider Gender: Male  
License number: G28506  
NPI: 1235154535  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
OTIS, JOHN  
5555 GROSSMONT CENTER  
DR  
LA MESA, CA 91942-3019  
Phone: (858) 457-2180  
Fax:  
After Hours Phone: (858)  
457-2180  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
TDD: No

Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours:

### **PINEDO, YANELI, CSW**

Provider Gender: Male  
License number: 91103  
NPI: 1710361712  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8851 CENTER DR STE 312  
LA MESA, CA 91942-3050  
Phone: (619) 515-2383  
Fax: (619) 269-0883  
After Hours Phone: (619)  
515-2383  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

Provider Gender: Female  
License number: 95004145

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

**NPI:** 1932566031

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF  
SAN DIEGO**

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

*Phone:* (619) 515-2383

*Fax:* (619) 269-0883

*After Hours Phone:* (619)

515-2383

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **PROCTOR, MELISSA S , CSW**

*Provider Gender:* Female

*License number:* 62650

*NPI:* 1336188655

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF  
SAN DIEGO**

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

*Phone:* (619) 515-2383

*Fax:* (619) 269-0883

*After Hours Phone:* (619)

515-2383

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **PROOSASELTS, YULIYA, MD**

*Provider Gender:* Female

*License number:* A133675

*NPI:* 1952747875

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Russian

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF  
SAN DIEGO**

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

*Phone:* (619) 515-2383

*Fax:* (619) 269-0883

*After Hours Phone:* (619)

515-2383

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female

*License number:* 73374

*NPI:* 1992046890

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF  
SAN DIEGO**

8851 CENTER DR STE 312

LA MESA, CA 91942-3050

*Phone:* (619) 515-2383

*Fax:* (619) 269-0883

*After Hours Phone:* (619)

515-2383

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 19/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

*Provider Gender:* Female

*License number:* 30472

*NPI:* 1568656619

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## J. Mental Health Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**  
*Provider Gender:* Female  
*License number:* 28590  
*NPI:* 1447477781  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**ROZELL, KATHY, CSW**  
*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**SACHS, MELISSA R, CSW**  
*Provider Gender:* Female  
*License number:* 76968  
*NPI:* 1649760356  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
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*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**SEPULVEDA, JOE, MD**  
*Provider Gender:* Male  
*License number:* A113283  
*NPI:* 1306165402  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## J. Mental Health Directory

Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**SIPIN, ELVIRA P , CSW**  
*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**  
*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
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*After Hours Phone:* (619) 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*

Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM  
**TONG, GARRICK, MD**  
*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Yue Chinese  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
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*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM  
**TORRES, LAURA, CSW**  
*Provider Gender:* Female  
*License number:* 65059  
*NPI:* 1568612943  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## J. Mental Health Directory

*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **TRIANA, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 88589  
*NPI:* 1073844460  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **VILLAFANA, JOSE E , MFT**

*Provider Gender:* Male  
*License number:* 36841  
*NPI:* 1831228824  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**VILLAFANA, JOSE**  
 8080 LA MESA BLVD STE 204  
 LA MESA, CA 91942-0362  
*Phone:* (619) 540-0700  
*Fax:* (619) 462-1856  
*After Hours Phone:* (619) 540-0700  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*TDD:* No  
*Min/Max Age:* 0/64  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information

*Hours:* M-F 8AM-6PM

### **WEBSTER, KRISTIN K , CSW**

*Provider Gender:* Female  
*License number:* LCSW16118  
*NPI:* 1902336837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **WITT, ANNETTE, CSW**

*Provider Gender:* Female  
*License number:* 15770  
*NPI:* 1912263468  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8851 CENTER DR STE 312

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## J. Mental Health Directory

LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **WOLF, CELIA C , NPA**

*Provider Gender:* Female  
*License number:* 95001899  
*NPI:* 1245635564  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **WOOD, KEEGAN, NPA**

*Provider Gender:* Male  
*License number:* NP95006887  
*NPI:* 1417471459  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Russian  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
*Phone:* (619) 515-2383  
*Fax:* (619) 269-0883  
*After Hours Phone:* (619) 515-2383  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **YODER, BRENT E , CSW**

*Provider Gender:* Male  
*License number:* 9305  
*NPI:* 1831184639  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 YODER, BRENT  
 8432 LEMON AVE  
 LA MESA, CA 91941-5310

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# J. Mental Health Directory

Phone: (619) 447-7917  
 Fax: (619) 447-7917  
 After Hours Phone: (619) 447-7917  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No

Min/Max Age: 13/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 12PM-8PM, F 8AM-5PM

## **ZAYAS, GILBERTO, MD**

Provider Gender: Male  
 License number: A136760  
 NPI: 1508174970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8851 CENTER DR STE 312  
 LA MESA, CA 91942-3050  
 Phone: (619) 515-2383  
 Fax: (619) 269-0883  
 After Hours Phone: (619) 515-2383  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

## **LAKESIDE**

## **ANDERSEN, CLAIRE, MD**

Provider Gender: Female  
 License number: 125942  
 NPI: 1831418664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD HEALTHCARE  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
 Phone: (619) 390-9975  
 Fax: (858) 633-4690  
 After Hours Phone: (619) 390-9975  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

## **BELINSKY, MARIA T , CSW**

Provider Gender: Female

License number: LCSW69175  
 NPI: 1760867824  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 NEIGHBORHOOD HEALTHCARE  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
 Phone: (619) 390-9975  
 Fax: (858) 633-4690  
 After Hours Phone: (619) 390-9975  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

## **BHAJU, JESHMIN, PSY**

Provider Gender: Female  
 License number: 31625  
 NPI: 1497081566  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Nepali (Individual Language)  
 Cultural Competency:  
 NEIGHBORHOOD HEALTHCARE  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120

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## J. Mental Health Directory

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Phone: (619) 390-9975  
Fax: (858) 633-4690  
After Hours Phone: (619) 390-9975  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **CALOCA, LAURA, PSY**

Provider Gender: Female  
License number: 29757  
NPI: 1134364698  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: NEIGHBORHOOD HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120  
Phone: (619) 390-9975  
Fax: (858) 633-4690  
After Hours Phone: (619) 390-9975  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No

Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **CARLTON PENN, CORNELIA, PSY**

Provider Gender: Female  
License number: PSY14310  
NPI: 1891720611  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120  
Phone: (619) 390-9975  
Fax: (858) 633-4690  
After Hours Phone: (619) 390-9975  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **CELAYA, MARY, NPA**

Provider Gender: Female  
License number: 11425

NPI: 1710060231  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120  
Phone: (619) 390-9975  
Fax: (858) 633-4690  
After Hours Phone: (619) 390-9975  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **CHAO, BRIAN, PSY**

Provider Gender: Male  
License number: 28796  
NPI: 1114196987  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120  
Phone: (619) 390-9975  
Fax: (858) 633-4690  
After Hours Phone: (619) 390-9975

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## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **CORVINI, NICOLAS, NPA**

*Provider Gender:* Male  
*License number:* 55107  
*NPI:* 1194242461  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
10039 VINE ST  
LAKE SIDE, CA 92040-3120  
*Phone:* (619) 390-9975  
*Fax:* (858) 633-4690  
*After Hours Phone:* (619) 390-9975  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No

Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **COSTELLO, JENNIFER R , CSW**

*Provider Gender:* Female  
*License number:* 84174  
*NPI:* 1619506250  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
10039 VINE ST  
LAKE SIDE, CA 92040-3120  
*Phone:* (619) 390-9975  
*Fax:* (858) 633-4690  
*After Hours Phone:* (619) 390-9975  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No

Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **EDE, KEKOA, MD**

*Provider Gender:* Male  
*License number:* A101211  
*NPI:* 1134224843  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD

HEALTHCARE  
10039 VINE ST  
LAKE SIDE, CA 92040-3120  
*Phone:* (619) 390-9975  
*Fax:* (858) 633-4690  
*After Hours Phone:* (619) 390-9975  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **GOEHRING, KATHERINE R , NPA**

*Provider Gender:* Female  
*License number:* 95002763  
*NPI:* 1972929404  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
10039 VINE ST  
LAKE SIDE, CA 92040-3120  
*Phone:* (619) 390-9975  
*Fax:* (858) 633-4690  
*After Hours Phone:* (619) 390-9975  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,

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## J. Mental Health Directory

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Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **GUARDADO SOTO, RAQUEL E , PSY**

Provider Gender: Female

License number: 26883

NPI: 1194999276

Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)

390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **HOLDEN, MATTHEW, PSY**

Provider Gender: Male

License number: PSY11197

NPI: 1740213487

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)

390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **KLEAST, RUTH A , CSW**

Provider Gender: Female

License number: LCSW28504

NPI: 1326272378

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (619) 390-9975

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390-9975

Website:

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Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **LIU-BARBARO, DOROTHY, MD**

Provider Gender: Female

License number: A115342

NPI: 1851602270

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)

390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age:

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## J. Mental Health Directory

---

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **MACIAS, ZIRLEY, CSW**

*Provider Gender:* Female  
*License number:* 96997  
*NPI:* 1245616887  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120  
*Phone:* (619) 390-9975  
*Fax:* (858) 633-4690  
*After Hours Phone:* (619) 390-9975  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **MAGOS, DANIEL, CSW**

*Provider Gender:* Male  
*License number:* 88270  
*NPI:* 1578983664  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Cultural Competency: NEIGHBORHOOD HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120  
*Phone:* (619) 390-9975  
*Fax:* (858) 633-4690  
*After Hours Phone:* (619) 390-9975  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

*Provider Gender:* Male  
*License number:* 26953  
*NPI:* 1558560730  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120  
*Phone:* (619) 390-9975  
*Fax:* (858) 633-4690  
*After Hours Phone:* (619) 390-9975  
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **METZLER, CINDEA J , MFT**

*Provider Gender:* Female  
*License number:* LMFT38808  
*NPI:* 1487690483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: CINDEA J METZLER, LMFT  
10653 PALM ROW DR  
LAKESIDE, CA 92040-1638  
*Phone:* (858) 254-6590  
*Fax:*  
*After Hours Phone:* (858) 254-6590  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* TU 7PM-8PM

### **MILLER BRUNETTO, HEIDI,**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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### **PSY**

*Provider Gender:* Female  
*License number:* PSY26809  
*NPI:* 1023250453  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120  
*Phone:* (619) 390-9975  
*Fax:* (858) 633-4690  
*After Hours Phone:* (619) 390-9975  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **PEDERSEN, SUESAN, MD**

*Provider Gender:* Female  
*License number:* A138369  
*NPI:* 1558603837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120

*Phone:* (619) 390-9975  
*Fax:* (858) 633-4690  
*After Hours Phone:* (619) 390-9975  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **POSTLETHWAITE, ALEJANDRA, MD**

*Provider Gender:* Female  
*License number:* A88938  
*NPI:* 1750566915  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120  
*Phone:* (619) 390-9975  
*Fax:* (858) 633-4690  
*After Hours Phone:* (619) 390-9975  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **RODARTE, GABRIEL, MD**

*Provider Gender:* Male  
*License number:* A87906  
*NPI:* 1184649212  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120  
*Phone:* (619) 390-9975  
*Fax:* (858) 633-4690  
*After Hours Phone:* (619) 390-9975  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **ROSS, ANNE T , NPA**

*Provider Gender:* Female  
*License number:* 53359

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## J. Mental Health Directory

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**NPI:** 1447334883

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

*Phone:* (619) 390-9975

*Fax:* (858) 633-4690

*After Hours Phone:* (619)

390-9975

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,

Nepali (Individual Language),

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **SINGH, PARDEEP, NPA**

*Provider Gender:* Female

*License number:* 95010750

*NPI:* 1992279004

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

*Phone:* (619) 390-9975

*Fax:* (858) 633-4690

*After Hours Phone:* (619)

390-9975

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,

Nepali (Individual Language),

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **STONE, CALVIN, MD**

*Provider Gender:* Male

*License number:* 20A18127

*NPI:* 1275995870

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

*Phone:* (619) 390-9975

*Fax:* (858) 633-4690

*After Hours Phone:* (619)

390-9975

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,

Nepali (Individual Language),

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **SUOZZO, JOSEPH J , PSY**

*Provider Gender:* Male

*License number:* 18393

*NPI:* 1821013228

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

*Phone:* (619) 390-9975

*Fax:* (858) 633-4690

*After Hours Phone:* (619)

390-9975

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,

Nepali (Individual Language),

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **THOMAS, PAULA M , CSW**

*Provider Gender:* Female

*License number:* 29517

*NPI:* 1821389966

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NEIGHBORHOOD

HEALTHCARE

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## J. Mental Health Directory

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10039 VINE ST  
LAKESIDE, CA 92040-3120  
Phone: (619) 390-9975  
Fax: (858) 633-4690  
After Hours Phone: (619)  
390-9975  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

Provider Gender: Female  
License number: 75185  
NPI: 1861938227  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120  
Phone: (619) 390-9975  
Fax: (858) 633-4690  
After Hours Phone: (619)  
390-9975  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),

Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

Provider Gender: Female  
License number: PSY9962  
NPI: 1710902143  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120  
Phone: (619) 390-9975  
Fax: (858) 633-4690  
After Hours Phone: (619)  
390-9975  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: No

Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **VAQUERO, JUANA, PSY**

Provider Gender: Female  
License number: PSY28364  
NPI: 1023459708  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
10039 VINE ST  
LAKESIDE, CA 92040-3120  
Phone: (619) 390-9975  
Fax: (858) 633-4690  
After Hours Phone: (619)  
390-9975  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,  
Nepali (Individual Language),  
Spanish  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **WILLIAMS, SHANTRICE M , NPA**

Provider Gender: Female  
License number: 19664  
NPI: 1578865549  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
NEIGHBORHOOD  
HEALTHCARE  
10039 VINE ST

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## J. Mental Health Directory

LAKESIDE, CA 92040-3120

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)

390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **WOODWORTH, JENNIFER, PSY**

Provider Gender: Female

License number: 26963

NPI: 1639362494

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NEIGHBORHOOD

HEALTHCARE

10039 VINE ST

LAKESIDE, CA 92040-3120

Phone: (619) 390-9975

Fax: (858) 633-4690

After Hours Phone: (619)

390-9975

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Nepali (Individual Language),

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **LEMON GROVE**

### **ABDULLAH, KERI, PSY**

Provider Gender: Female

License number: 29990

NPI: 1699840587

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

91945-1604

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### **AGUIRRE, LEAH B , CSW**

Provider Gender: Female

License number: 74440

NPI: 1306151998

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

91945-1604

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### **AGUIRRE, WENDY, CSW**

Provider Gender: Female

License number: 74219

NPI: 1205946282

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

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## J. Mental Health Directory

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **ALTERS, DENNIS, MD**

Provider Gender: Male  
License number: G36206  
NPI: 1457371635  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **ARAGON, DARINKA M , MD**

Provider Gender: Female  
License number: A139241  
NPI: 1114347291  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

Accessibility information  
Hours: M-F 8:30AM-5PM

### **ARIELLA, LYNDIA R , PSY**

Provider Gender: Female  
License number: 19450  
NPI: 1073518965  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
License number: 14619  
NPI: 1033623293  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**ASUNCION, JENNIFER, CSW**  
Provider Gender: Male  
License number: LCSW75956  
NPI: 1083056279  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes

Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**  
Provider Gender: Male  
License number: 24707  
NPI: 1699007609  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**AVILA, RADOMIR M , CSW**  
Provider Gender: Male  
License number: 75520  
NPI: 1487937330  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Portuguese, Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**BARCELOS ANTONIO, TIAGO, CSW**  
Provider Gender: Male  
License number: 90529  
NPI: 1194159871  
Provider English Spoken: Yes

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## J. Mental Health Directory

*Provider Language(s) Spoken:* Phone: (619) 515-2338  
*Cultural Competency:* Fax: (619) 702-8536  
 FAMILY HEALTH CENTERS OF After Hours Phone: (619)  
 SAN DIEGO 515-2338  
 7592 BROADWAY Website:  
 LEMON GROVE, CA www.beaconhealthoptions.com  
 91945-1604  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**BARTHOLOMEW, SARAH C ,  
CSW**  
*Provider Gender:* Female  
*License number:* 86542  
*NPI:* 1720339708  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**  
*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**BERKSON, BARRIE, CSW**  
*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
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 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

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## J. Mental Health Directory

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### **BIRNBAUM, DEBORAH, MD**

*Provider Gender:* Female  
*License number:* 20A11387  
*NPI:* 1639308265  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY

LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

*Provider Gender:* Female  
*License number:* 95005019  
*NPI:* 1184012866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for

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## J. Mental Health Directory

Accessibility information  
Hours: M-F 8:30AM-5PM

### **BURGOS, EDNA, CSW**

Provider Gender: Female  
License number: 85597  
NPI: 1134591167  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **BUTERBAUGH, KRISTY L , CSW**

Provider Gender: Female  
License number: 65477  
NPI: 1346615838  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **CABREJOS, CLAUDIO, MD**

Provider Gender: Male  
License number: A71653  
NPI: 1033133483  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Portuguese, Spanish  
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

Provider Gender: Male  
License number: A137940  
NPI: 1811212145  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender

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## J. Mental Health Directory

|                                  |                                |                                |
|----------------------------------|--------------------------------|--------------------------------|
| Restrictions                     | License number: 82782          | Phone: (619) 515-2338          |
| American Sign Language (ASL):    | NPI: 1598165441                | Fax: (619) 702-8536            |
| Yes                              | Provider English Spoken: Yes   | After Hours Phone: (619)       |
| Please contact provider for      | Provider Language(s) Spoken:   | 515-2338                       |
| Accessibility information        | Cultural Competency:           | Website:                       |
| Hours: M-F 8:30AM-5PM            | FAMILY HEALTH CENTERS OF       | www.beaconhealthoptions.com    |
|                                  | SAN DIEGO                      | Accepting New Patients: Yes    |
| <b>CARINO DIOKNO, RHODA,</b>     | 7592 BROADWAY                  | Site English Spoken: Yes       |
| <b>PSY</b>                       | LEMON GROVE, CA                | Site Language(s) Spoken:       |
| Provider Gender: Female          | 91945-1604                     | American Sign Language, Farsi, |
| License number: 28073            | Phone: (619) 515-2338          | Japanese, Portuguese, Russian, |
| NPI: 1629109483                  | Fax: (619) 702-8536            | Spanish, Yue Chinese           |
| Provider English Spoken: Yes     | After Hours Phone: (619)       | TDD: No                        |
| Provider Language(s) Spoken:     | 515-2338                       | Min/Max Age: 0/99              |
| Cultural Competency:             | Website:                       | Gender Restriction: No Gender  |
| FAMILY HEALTH CENTERS OF         | www.beaconhealthoptions.com    | Restrictions                   |
| SAN DIEGO                        | Accepting New Patients: Yes    | American Sign Language (ASL):  |
| 7592 BROADWAY                    | Site English Spoken: Yes       | Yes                            |
| LEMON GROVE, CA                  | Site Language(s) Spoken:       | Please contact provider for    |
| 91945-1604                       | American Sign Language, Farsi, | Accessibility information      |
| Phone: (619) 515-2338            | Japanese, Portuguese, Russian, | Hours: M-F 8:30AM-5PM          |
| Fax: (619) 702-8536              | Spanish, Yue Chinese           |                                |
| After Hours Phone: (619)         | TDD: No                        | <b>CHRISTENSEN, MELISSA,</b>   |
| 515-2338                         | Min/Max Age: 0/99              | <b>CSW</b>                     |
| Website:                         | Gender Restriction: No Gender  | Provider Gender: Female        |
| www.beaconhealthoptions.com      | Restrictions                   | License number: 69616          |
| Accepting New Patients: Yes      | American Sign Language (ASL):  | NPI: 1922313394                |
| Site English Spoken: Yes         | Yes                            | Provider English Spoken: Yes   |
| Site Language(s) Spoken:         | Please contact provider for    | Provider Language(s) Spoken:   |
| American Sign Language, Farsi,   | Accessibility information      | Cultural Competency:           |
| Japanese, Portuguese, Russian,   | Hours: M-F 8:30AM-5PM          | FAMILY HEALTH CENTERS OF       |
| Spanish, Yue Chinese             |                                | SAN DIEGO                      |
| TDD: No                          | <b>CHEN, ANGELA, MFT</b>       | 7592 BROADWAY                  |
| Min/Max Age: 0/99                | Provider Gender: Female        | LEMON GROVE, CA                |
| Gender Restriction: No Gender    | License number: LMFT40923      | 91945-1604                     |
| Restrictions                     | NPI: 1811027956                | Phone: (619) 515-2338          |
| American Sign Language (ASL):    | Provider English Spoken: Yes   | Fax: (619) 702-8536            |
| Yes                              | Provider Language(s) Spoken:   | After Hours Phone: (619)       |
| Please contact provider for      | Cultural Competency:           | 515-2338                       |
| Accessibility information        | FAMILY HEALTH CENTERS OF       | Website:                       |
| Hours: M-F 8:30AM-5PM            | SAN DIEGO                      | www.beaconhealthoptions.com    |
|                                  | 7592 BROADWAY                  | Accepting New Patients: Yes    |
| <b>CASTELLANOS, TERESITA D ,</b> | LEMON GROVE, CA                | Site English Spoken: Yes       |
| <b>CSW</b>                       | 91945-1604                     | Site Language(s) Spoken:       |
| Provider Gender: Female          |                                | American Sign Language, Farsi, |

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## J. Mental Health Directory

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

Provider Gender: Male  
License number: 28313  
NPI: 1780031831  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **DALONSO, SANDRA L , CSW**

Provider Gender: Female  
License number: 82240  
NPI: 1841797644  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **DAN, WENDY L , CSW**

Provider Gender: Female  
License number: 26015  
NPI: 1700224037  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

Provider Gender: Female  
License number: 97277  
NPI: 1124457023  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes

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## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male  
*License number:* G57276  
*NPI:* 1548318348  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
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*Site Language(s) Spoken:*  
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Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for

Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male  
*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
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*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DUNFORD, KATELYN C , MFT**

*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DWYER, GEORGE, CSW**

*Provider Gender:* Male  
*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

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## J. Mental Health Directory

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*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FAJARDO, JACQUELINE M , CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FEDEROFF, MONICA, MD**

*Provider Gender:* Female  
*License number:* A164677  
*NPI:* 1912404492  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FLORES, MARY LUPE, CSW**

*Provider Gender:* Female  
*License number:* 19815  
*NPI:* 1134147457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 7592 BROADWAY  
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 91945-1604  
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 515-2338

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## J. Mental Health Directory

### Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male

License number: 71548

NPI: 1952736043

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

91945-1604

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Fax: (619) 702-8536

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Website:

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Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

### Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **FUKUI, TOMONORI, MD**

Provider Gender: Male

License number: 75713

NPI: 1366519670

Provider English Spoken: Yes

Provider Language(s) Spoken:

Japanese, Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

91945-1604

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Website:

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Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **GALAPON, DIXIE L , PSY**

Provider Gender: Female

License number: 16711

NPI: 1174646301

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

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515-2338

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Accepting New Patients: Yes

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Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **GAUD, KRISTINA G , MD**

Provider Gender: Female

License number: 170667

NPI: 1508151598

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GLASSMAN, JAGA NATH, MD**

*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
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Japanese, Portuguese, Russian,

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*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female  
*License number:* 13685  
*NPI:* 1366641813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
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Japanese, Portuguese, Russian,  
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*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GONZALES, JULIANA, CSW**

*Provider Gender:* Female  
*License number:* 83254  
*NPI:* 1821487406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
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*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GONZALEZ, ANDREA, CSW**

*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF

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## J. Mental Health Directory

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Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**  
Provider Gender: Female  
License number: 87716  
NPI: 1134597123  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
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Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**GUTIERREZ, APRIL P, CSW**  
Provider Gender: Female  
License number: 86166  
NPI: 1356749949  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
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Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**HARRIMAN, CORAL, PSY**  
Provider Gender: Female  
License number: 26098  
NPI: 1417373069  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**  
Provider Gender: Female  
License number: PSY19313  
NPI: 1366951105  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:

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## J. Mental Health Directory

### FAMILY HEALTH CENTERS OF SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

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Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### HEDMAN, TERI LEE, CSW

Provider Gender: U

License number: 74947

NPI: 1154811636

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

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After Hours Phone: (619)

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Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### HORNBROOK, JESSICA, CSW

Provider Gender: Female

License number: 26598

NPI: 1134401805

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

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After Hours Phone: (619)

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Website:

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Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### HUBER, REBECCA, MD

Provider Gender: Female

License number: A133711

NPI: 1174960686

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA  
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Website:

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Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### HUDSON, KATE, CSW

Provider Gender: Female

License number: 83712

NPI: 1194159384

Provider English Spoken: Yes

Provider Language(s) Spoken:

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## J. Mental Health Directory

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### *Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **ISHIDA, YO, CSW**

*Provider Gender:* Female

*License number:* 29526

*NPI:* 1225154081

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
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*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **JALAN, DEVESH, MD**

*Provider Gender:* Male

*License number:* A167754

*NPI:* 1083092134

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

### *Restrictions*

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **JAMES, CHRISTINE E , MD**

*Provider Gender:* Female

*License number:* 20A13931

*NPI:* 1679834022

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender:* Female

*License number:* 26493

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## J. Mental Health Directory

**NPI:** 1871772020  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
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**Website:**  
 www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:** American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

### **JONES, ADELE, PSY**

**Provider Gender:** Female  
**License number:** 25311  
**NPI:** 1558602490  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
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**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

### **JONES, ATAVIA L , CSW**

**Provider Gender:** Female  
**License number:** LCSW76796  
**NPI:** 1952734899  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
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**Site Language(s) Spoken:** American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

### **JONES, MICHAEL A , CSW**

**Provider Gender:** Male  
**License number:** LCS 22452  
**NPI:** 1548205719  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
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**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

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## J. Mental Health Directory

### **KEI, JUSTIN, MD**

*Provider Gender:* Male

*License number:* A138266

*NPI:* 1396150041

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

91945-1604

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

*Provider Gender:* Female

*License number:* 95005293

*NPI:* 1235672502

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA

91945-1604

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

*Provider Gender:* Male

*License number:* A94460

*NPI:* 1851573554

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

91945-1604

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

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515-2338

*Website:*

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **KOH, STEVE H , MD**

*Provider Gender:* Male

*License number:* A103468

*NPI:* 1467650473

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY

LEMON GROVE, CA

91945-1604

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515-2338

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

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## J. Mental Health Directory

Accessibility information  
Hours: M-F 8:30AM-5PM

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LEBLANC, ASHLEY B , CSW**

*Provider Gender:* Female  
*License number:* 83136  
*NPI:* 1275905622  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female  
*License number:* 161149  
*NPI:* 1942662093  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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515-2338  
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*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
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*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes

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## J. Mental Health Directory

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **LIPPERT, HEATHER M , CSW**

*Provider Gender:* Female  
*License number:* 22526  
*NPI:* 1093991663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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*Accepting New Patients:* Yes  
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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **LOEB, CINDY, CSW**

*Provider Gender:* Female  
*License number:* 75333  
*NPI:* 1619108511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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515-2338  
*Website:*  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **LYDIARD, JESSICA, MD**

*Provider Gender:* Female  
*License number:* A171775  
*NPI:* 1841731296  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

*Provider Gender:* Male  
*License number:* 92724  
*NPI:* 1538704002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*

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## J. Mental Health Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes<br>Please contact provider for<br>Accessibility information<br>Hours: M-F 8:30AM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <i>Cultural Competency:</i><br>FAMILY HEALTH CENTERS OF<br>SAN DIEGO<br>7592 BROADWAY<br>LEMON GROVE, CA<br>91945-1604<br><i>Phone:</i> (619) 515-2338<br><i>Fax:</i> (619) 702-8536<br><i>After Hours Phone:</i> (619)<br>515-2338<br><i>Website:</i><br>www.beaconhealthoptions.com<br><i>Accepting New Patients:</i> Yes<br><i>Site English Spoken:</i> Yes<br><i>Site Language(s) Spoken:</i><br>American Sign Language, Farsi,<br>Japanese, Portuguese, Russian,<br>Spanish, Yue Chinese<br><i>TDD:</i> No<br><i>Min/Max Age:</i> 0/99<br><i>Gender Restriction:</i> No Gender<br>Restrictions<br><i>American Sign Language (ASL):</i><br>Yes<br>Please contact provider for<br>Accessibility information<br>Hours: M-F 8:30AM-5PM | <i>Website:</i><br>www.beaconhealthoptions.com<br><i>Accepting New Patients:</i> Yes<br><i>Site English Spoken:</i> Yes<br><i>Site Language(s) Spoken:</i><br>American Sign Language, Farsi,<br>Japanese, Portuguese, Russian,<br>Spanish, Yue Chinese<br><i>TDD:</i> No<br><i>Min/Max Age:</i> 0/99<br><i>Gender Restriction:</i> No Gender<br>Restrictions<br><i>American Sign Language (ASL):</i><br>Yes<br>Please contact provider for<br>Accessibility information<br>Hours: M-F 8:30AM-5PM                                                                                                                                                                                                                                                               |
| <b>MACMASTER, LINDSAY, PSY</b><br><i>Provider Gender:</i> Female<br><i>License number:</i> 25570<br><i>NPI:</i> 1659520179<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br><i>Cultural Competency:</i><br>FAMILY HEALTH CENTERS OF<br>SAN DIEGO<br>7592 BROADWAY<br>LEMON GROVE, CA<br>91945-1604<br><i>Phone:</i> (619) 515-2338<br><i>Fax:</i> (619) 702-8536<br><i>After Hours Phone:</i> (619)<br>515-2338<br><i>Website:</i><br>www.beaconhealthoptions.com<br><i>Accepting New Patients:</i> Yes<br><i>Site English Spoken:</i> Yes<br><i>Site Language(s) Spoken:</i><br>American Sign Language, Farsi,<br>Japanese, Portuguese, Russian,<br>Spanish, Yue Chinese<br><i>TDD:</i> No<br><i>Min/Max Age:</i> 0/99<br><i>Gender Restriction:</i> No Gender<br>Restrictions<br><i>American Sign Language (ASL):</i><br>Yes<br>Please contact provider for<br>Accessibility information<br>Hours: M-F 8:30AM-5PM | <b>MAIETTA, KATHLEEN H , CSW</b><br><i>Provider Gender:</i> Female<br><i>License number:</i> 88399<br><i>NPI:</i> 1487128617<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br><i>Cultural Competency:</i><br>FAMILY HEALTH CENTERS OF<br>SAN DIEGO<br>7592 BROADWAY<br>LEMON GROVE, CA<br>91945-1604<br><i>Phone:</i> (619) 515-2338<br><i>Fax:</i> (619) 702-8536<br><i>After Hours Phone:</i> (619)<br>515-2338                                                                                                                                                                                                                                                                                       | <b>MARTIR, MICHEL, CSW</b><br><i>Provider Gender:</i> Female<br><i>License number:</i> 73174<br><i>NPI:</i> 1356528434<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br>Spanish<br><i>Cultural Competency:</i><br>FAMILY HEALTH CENTERS OF<br>SAN DIEGO<br>7592 BROADWAY<br>LEMON GROVE, CA<br>91945-1604<br><i>Phone:</i> (619) 515-2338<br><i>Fax:</i> (619) 702-8536<br><i>After Hours Phone:</i> (619)<br>515-2338<br><i>Website:</i><br>www.beaconhealthoptions.com<br><i>Accepting New Patients:</i> Yes<br><i>Site English Spoken:</i> Yes<br><i>Site Language(s) Spoken:</i><br>American Sign Language, Farsi,<br>Japanese, Portuguese, Russian,<br>Spanish, Yue Chinese<br><i>TDD:</i> No<br><i>Min/Max Age:</i> 0/99 |
| <b>MAHONEY, PATRICIA A , CSW</b><br><i>Provider Gender:</i> Female<br><i>License number:</i> 22296<br><i>NPI:</i> 1700200888<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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## J. Mental Health Directory

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MCHENRY, KELLY, CSW**

*Provider Gender:* Female

*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* American Sign Language  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
*Phone:* (619) 515-2338  
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*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MEJIA, RITA I, MFT**

*Provider Gender:* Female  
*License number:* 99697  
*NPI:* 1952741506  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* American Sign Language  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

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*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MENDEZ, ANDRES G, PSY**

*Provider Gender:* Male  
*License number:* 28907  
*NPI:* 1841482692  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* American Sign Language  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
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## J. Mental Health Directory

Spanish, Yue Chinese

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

*Hours: M-F 8:30AM-5PM*

### **MERRILL, SARAH M , CSW**

*Provider Gender: Female*

*License number: 79014*

*NPI: 1639403884*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

**7592 BROADWAY**

**LEMON GROVE, CA**

**91945-1604**

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*After Hours Phone: (619)*

**515-2338**

*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

*Hours: M-F 8:30AM-5PM*

### **MILLICAN, RUTH, PSY**

*Provider Gender: Female*

*License number: 25354*

*NPI: 1346472305*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

**7592 BROADWAY**

**LEMON GROVE, CA**

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*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

*Hours: M-F 8:30AM-5PM*

### **MODAD, ALBERT, PSY**

*Provider Gender: Female*

*License number: 29697*

*NPI: 1629453691*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

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**LEMON GROVE, CA**

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*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

*Hours: M-F 8:30AM-5PM*

### **MORALES MORENO, MINERVA, CSW**

*Provider Gender: Female*

*License number: 63550*

*NPI: 1841337565*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

**7592 BROADWAY**

**LEMON GROVE, CA**

**91945-1604**

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

**515-2338**

*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MORRISON, TYLER E , MD**

*Provider Gender:* Male  
*License number:* A144917  
*NPI:* 1912391814  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Japanese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **NAZARIO, JACOBETH, PSY**

*Provider Gender:* Female  
*License number:* PSY32092  
*NPI:* 1326648684  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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515-2338

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## J. Mental Health Directory

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*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

*Provider Gender:* Male  
*License number:* 27072  
*NPI:* 1285984450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OBRYAN, KELLY, PSY**

*Provider Gender:* Female  
*License number:* 24966  
*NPI:* 1093882698  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OLIVER, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 66862

*NPI:* 1326296351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OMORODIN, AISHA, MD**

*Provider Gender:* Female  
*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

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## J. Mental Health Directory

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*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male  
*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
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*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
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*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PROCTOR, MELISSA S , CSW**

*Provider Gender:* Female  
*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
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*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PROOSASELTS, YULIYA, MD**

*Provider Gender:* Female  
*License number:* A133675  
*NPI:* 1952747875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Russian  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO

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## J. Mental Health Directory

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**  
Provider Gender: Female  
License number: 73374  
NPI: 1992046890  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes

Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**  
Provider Gender: Female  
License number: 30472  
NPI: 1568656619  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
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515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**ROSENFARB, BARBARA, CSW**  
Provider Gender: Female  
License number: 28590  
NPI: 1447477781  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
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Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**  
Provider Gender: Female  
License number: 25068  
NPI: 1578603973  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:

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## J. Mental Health Directory

### FAMILY HEALTH CENTERS OF SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

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515-2338

Website:

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Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### SACHS, MELISSA R , CSW

Provider Gender: Female

License number: 76968

NPI: 1649760356

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA  
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Accepting New Patients: Yes

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### SAMADI, ESTHER, MD

Provider Gender: Female

License number: A113657

NPI: 1396986204

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
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Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### SEPULVEDA, JOE, MD

Provider Gender: Male

License number: A113283

NPI: 1306165402

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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515-2338

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Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### SIMPSON, JENNIFER, CSW

Provider Gender: Female

License number: 82678

NPI: 1740765866

Provider English Spoken: Yes

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## J. Mental Health Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 7592 BROADWAY  
 LEMON GROVE, CA  
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 www.beaconhealthoptions.com  
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*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**SIPIN, ELVIRA P , CSW**  
*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 7592 BROADWAY  
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 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**  
*Provider Gender:* U  
*License number:* 45174  
*NPI:* 1508993122  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender

*Restrictions*  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**  
*Provider Gender:* U  
*License number:* 87601  
*NPI:* 1205294543  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 7592 BROADWAY  
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*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**THICKSTUN, MARY SUSAN, CSW**  
*Provider Gender:* Female  
*License number:* 21573

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## J. Mental Health Directory

**NPI:** 1437354875  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**7592 BROADWAY**  
**LEMON GROVE, CA**  
**91945-1604**  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**  
**Provider Gender:** U  
**License number:** 14259  
**NPI:** 1841541984  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**7592 BROADWAY**  
**LEMON GROVE, CA**  
**91945-1604**

**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

**TONG, GARRICK, MD**  
**Provider Gender:** Male  
**License number:** A102192  
**NPI:** 1831361278  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish, Yue Chinese  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**7592 BROADWAY**  
**LEMON GROVE, CA**  
**91945-1604**  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

**TORRES, LAURA, CSW**  
**Provider Gender:** Female  
**License number:** 65059  
**NPI:** 1568612943  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**7592 BROADWAY**  
**LEMON GROVE, CA**  
**91945-1604**  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

### **TRIANA, JENNIFER, CSW**

*Provider Gender:* Female

*License number:* 88589

*NPI:* 1073844460

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **TROYER, EMILY, PSY**

*Provider Gender:* Female

*License number:* A149101

*NPI:* 1326484437

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **WAUGH, BRANDON, CSW**

*Provider Gender:* Male

*License number:* 83457

*NPI:* 1619459187

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **WEAVER, JHOSMARA A , CSW**

*Provider Gender:* Female

*License number:* 77233

*NPI:* 1982848594

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

7592 BROADWAY  
LEMON GROVE, CA  
91945-1604

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Accessibility information  
Hours: M-F 8:30AM-5PM

**WEBSTER, KRISTIN K , CSW**

*Provider Gender:* Female  
*License number:* LCSW16118  
*NPI:* 1902336837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**

*Provider Gender:* Female  
*License number:* 15770  
*NPI:* 1912263468  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**WOLF, CELIA C , NPA**

*Provider Gender:* Female  
*License number:* 95001899  
*NPI:* 1245635564  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**WOOD, KEEGAN, NPA**

*Provider Gender:* Male  
*License number:* NP95006887  
*NPI:* 1417471459  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes

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## J. Mental Health Directory

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **ZAYAS, GILBERTO, MD**

*Provider Gender:* Male  
*License number:* A136760  
*NPI:* 1508174970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
7592 BROADWAY  
LEMON GROVE, CA  
91945-1604  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

## NATIONAL CITY

### **BAHENA, SANDRA, PSY**

*Provider Gender:* Female  
*License number:* 29792  
*NPI:* 1073742268  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
LA MAESTRA COMMUNITY  
HEALTH CENTERS  
217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518

*Phone:* (619) 434-7308  
*Fax:* (619) 434-7308  
*After Hours Phone:* (619)  
434-7308  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*TDD:* No  
*Min/Max Age:* 0/64  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-6PM

### **BARI, MOHAMMED A , MD**

*Provider Gender:* Male  
*License number:* A46396  
*NPI:* 1679588370  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hindi  
*Cultural Competency:*  
PACIFIC HEALTH SYSTEMS LP  
610 EUCLID AVE STE 200  
NATIONAL CITY, CA  
91950-2951  
*Phone:* (619) 267-9257  
*Fax:* (619) 267-9273  
*After Hours Phone:* (619)  
267-9257  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **BARI, MOHAMMED A , MD**

*Provider Gender:* Male  
*License number:* A46396  
*NPI:* 1679588370  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hindi  
*Cultural Competency:*  
PACIFIC HEALTH SYSTEMS LP  
1908 SWEETWATER RD  
NATIONAL CITY, CA  
91950-7628  
*Phone:* (619) 327-0146  
*Fax:* (619) 327-0150  
*After Hours Phone:* (619)  
327-0146  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 9AM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

*Provider Gender:* Female  
*License number:* 86542  
*NPI:* 1720339708  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
*Phone:* (619) 515-2399  
*Fax:* (619) 269-0199  
*After Hours Phone:* (619)  
515-2399  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Portuguese, Spanish  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BHATIA, PRAKASH K , MD**

*Provider Gender:* Male  
*License number:* A74848  
*NPI:* 1164464137  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
PACIFIC HEALTH SYSTEMS LP  
1908 SWEETWATER RD  
NATIONAL CITY, CA  
91950-7628  
*Phone:* (619) 327-0146  
*Fax:* (619) 327-0150  
*After Hours Phone:* (619)  
327-0146  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,  
Panjabi, Punjabi  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 9AM-5PM

### **BHATIA, PRAKASH K , MD**

*Provider Gender:* Male  
*License number:* A74848  
*NPI:* 1164464137  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
BHATIA HEALTH SERVICES A  
MEDICAL CORPORATION  
2345 E 8TH ST STE 111  
NATIONAL CITY, CA  
91950-2861  
*Phone:* (619) 267-9108  
*Fax:* (619) 267-9273  
*After Hours Phone:* (619)  
267-9108  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

### **BHATIA, PRAKASH K , MD**

*Provider Gender:* Male

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## J. Mental Health Directory

License number: A74848  
 NPI: 1164464137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 PACIFIC HEALTH SYSTEMS LP  
 610 EUCLID AVE STE 200  
 NATIONAL CITY, CA  
 91950-2951  
 Phone: (619) 267-9257  
 Fax: (619) 267-9273  
 After Hours Phone: (619)  
 267-9257  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**BINDAL, ANKUR, MD**  
 Provider Gender: Male  
 License number: A 132533  
 NPI: 1588820880  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Panjabi, Punjabi  
 Cultural Competency:  
 PACIFIC HEALTH SYSTEMS LP  
 1908 SWEETWATER RD  
 NATIONAL CITY, CA  
 91950-7628  
 Phone: (619) 327-0146  
 Fax: (619) 327-0150  
 After Hours Phone: (619)  
 327-0146

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Panjabi, Punjabi  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 9AM-5PM

**CABREJOS, CLAUDIO, MD**  
 Provider Gender: Male  
 License number: A71653  
 NPI: 1033133483  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Portuguese, Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
 Phone: (619) 515-2399  
 Fax: (619) 269-0199  
 After Hours Phone: (619)  
 515-2399  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Portuguese, Spanish  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No

Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**CARBONELL, SONIA, PSY**  
 Provider Gender: Female  
 License number: 19752  
 NPI: 1902976343  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 LA MAESTRA COMMUNITY  
 HEALTH CENTERS  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
 Phone: (619) 434-7308  
 Fax: (619) 434-7308  
 After Hours Phone: (619)  
 434-7308  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age: 0/64  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-6PM

**CARINO DIOKNO, RHODA, PSY**  
 Provider Gender: Female  
 License number: 28073  
 NPI: 1629109483  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:

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## J. Mental Health Directory

### FAMILY HEALTH CENTERS OF SAN DIEGO

1000 EUCLID AVE  
NATIONAL CITY, CA

91950-3856

Phone: (619) 515-2399

Fax: (619) 269-0199

After Hours Phone: (619)

515-2399

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Portuguese, Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### **CHAUDHRI, YASHWANT, MD**

Provider Gender: Male

License number: A67679

NPI: 1043258429

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Urdu

Cultural Competency:

OPERATION SAMAHAN

2743 HIGHLAND AVE

NATIONAL CITY, CA

91950-7410

Phone: (844) 200-2426

Fax: (858) 695-9074

After Hours Phone: (844)

200-2426

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Urdu

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M,TU,TH,F

8:30AM-5:30PM, W 10AM-7PM

### **CHAUDHRI, YASHWANT, MD**

Provider Gender: Male

License number: A67679

NPI: 1043258429

Provider English Spoken: Yes

Provider Language(s) Spoken:

Hindi, Urdu

Cultural Competency:

YASHWANT CHAUDRI MD A

PROF CORP

3035 E 8TH ST

NATIONAL CITY, CA

91950-3026

Phone: (619) 596-9890

Fax: (619) 596-9893

After Hours Phone: (619)

596-9890

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Urdu

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M,TH 8AM-4PM

### **CHAUHAN, SMIT S , MD**

Provider Gender: Male

License number: A123312

NPI: 1700083391

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

OPERATION SAMAHAN

2743 HIGHLAND AVE

NATIONAL CITY, CA

91950-7410

Phone: (844) 200-2426

Fax: (858) 695-9074

After Hours Phone: (844)

200-2426

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,

Urdu

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M,TU,TH,F

8:30AM-5:30PM, W 10AM-7PM

### **CUELLAR, BETHANY, MFT**

Provider Gender: Female

License number: 79616

NPI: 1720388374

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

LA MAESTRA COMMUNITY

HEALTH CENTERS

217 HIGHLAND AVE

NATIONAL CITY, CA

91950-1518

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 434-7308  
 Fax: (619) 434-7308  
 After Hours Phone: (619) 434-7308  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 TDD: No  
 Min/Max Age: 0/64  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-6PM

### **DIAZ, LIZETH, CSW**

Provider Gender: Female  
 License number: 97277  
 NPI: 1124457023  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
 Phone: (619) 515-2399  
 Fax: (619) 269-0199  
 After Hours Phone: (619) 515-2399  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Portuguese, Spanish  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender

Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **DOLNAK, DOUGLAS R , MD**

Provider Gender: Male  
 License number: 20A6059  
 NPI: 1316147085  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 PACIFIC HEALTH SYSTEMS LP  
 502 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2995  
 Phone: (619) 327-0146  
 Fax: (619) 327-0150  
 After Hours Phone: (619) 327-0146  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 9AM-5PM

### **DUNFORD, KATELYN C , MFT**

Provider Gender: Female  
 License number: 126626  
 NPI: 1437517497  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
 Phone: (619) 515-2399  
 Fax: (619) 269-0199  
 After Hours Phone: (619) 515-2399  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Portuguese, Spanish  
 TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **FEDEROFF, MONICA, MD**

Provider Gender: Female  
 License number: A164677  
 NPI: 1912404492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
 Phone: (619) 515-2399  
 Fax: (619) 269-0199  
 After Hours Phone: (619) 515-2399  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

Portuguese, Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **GAUD, KRISTINA G , MD**

Provider Gender: Female

License number: 170667

NPI: 1508151598

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1000 EUCLID AVE

NATIONAL CITY, CA

91950-3856

Phone: (619) 515-2399

Fax: (619) 269-0199

After Hours Phone: (619)

515-2399

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Portuguese, Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **GLASSMAN, JAGA NATH, MD**

Provider Gender: Male

License number: G55004

NPI: 1558409771

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1000 EUCLID AVE

NATIONAL CITY, CA

91950-3856

Phone: (619) 515-2399

Fax: (619) 269-0199

After Hours Phone: (619)

515-2399

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Portuguese, Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **GONZALEZ, ANDREA, CSW**

Provider Gender: Female

License number: 97593

NPI: 1326346198

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1000 EUCLID AVE

NATIONAL CITY, CA

91950-3856

Phone: (619) 515-2399

Fax: (619) 269-0199

After Hours Phone: (619) 515-2399

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Portuguese, Spanish

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **GRAHAM, DEBRA JEANNE, NPA**

Provider Gender: Female

License number: NP15657

NPI: 1790757623

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

OPERATION SAMAHAN

2743 HIGHLAND AVE

NATIONAL CITY, CA

91950-7410

Phone: (844) 200-2426

Fax: (858) 695-9074

After Hours Phone: (844)

200-2426

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi, Urdu

TDD: No

Min/Max Age:

Gender Restriction: No Gender

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU,TH,F  
 8:30AM-5:30PM, W 10AM-7PM

### **HODGE, ROGER G , PSY**

*Provider Gender:* Male  
*License number:* 26148  
*NPI:* 1306096714  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 OPERATION SAMAHAN  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
*Phone:* (844) 200-2426  
*Fax:* (858) 695-9074  
*After Hours Phone:* (844)  
 200-2426  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Urdu  
 TDD: No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU,TH,F  
 8:30AM-5:30PM, W 10AM-7PM

### **KUGEL, SAMUEL, MD**

*Provider Gender:* Male  
*License number:* A54412  
*NPI:* 1497813968  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Portuguese, Spanish  
*Cultural Competency:*  
 KUGEL, SAMUEL  
 502 EUCLID AVE STE 305  
 NATIONAL CITY, CA  
 91950-8901  
*Phone:* (619) 472-2600  
*Fax:* (619) 472-5700  
*After Hours Phone:* (619)  
 472-2600  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Portuguese, Spanish  
 TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 9AM-5:30PM, SA  
 8AM-1:30PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female  
*License number:* 161149  
*NPI:* 1942662093  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
*Phone:* (619) 515-2399  
*Fax:* (619) 269-0199  
*After Hours Phone:* (619)  
 515-2399

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Portuguese, Spanish  
 TDD: No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LYDIARD, JESSICA, MD**

*Provider Gender:* Female  
*License number:* A171775  
*NPI:* 1841731296  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
*Phone:* (619) 515-2399  
*Fax:* (619) 269-0199  
*After Hours Phone:* (619)  
 515-2399  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Portuguese, Spanish  
 TDD: No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Accessibility information  
Hours: M-F 8:30AM-5PM

### **MAPLES, RANDI C , PSY**

Provider Gender: Female  
License number: 22630  
NPI: 1023037561  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
PACIFIC HEALTH SYSTEMS LP  
610 EUCLID AVE STE 200  
NATIONAL CITY, CA  
91950-2951  
Phone: (619) 267-9257  
Fax: (619) 267-9273  
After Hours Phone: (619)  
267-9257  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **MCADAMS, HILDA, NPA**

Provider Gender: Female  
License number: 14201  
NPI: 1396838082  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1000 EUCLID AVE

NATIONAL CITY, CA  
91950-3856  
Phone: (619) 515-2399  
Fax: (619) 269-0199  
After Hours Phone: (619)  
515-2399  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Portuguese, Spanish  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **MEJIAS, JUAN C , PSY**

Provider Gender: Male  
License number: 26953  
NPI: 1558560730  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
LA MAESTRA COMMUNITY  
HEALTH CENTERS  
217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
Phone: (619) 434-7308  
Fax: (619) 434-7308  
After Hours Phone: (619)  
434-7308  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish

TDD: No  
Min/Max Age: 0/64  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-6PM

### **MIRANDA, CYNTHIA, PSY**

Provider Gender: Female  
License number: 21188  
NPI: 1023186970  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
LA MAESTRA COMMUNITY  
HEALTH CENTERS  
217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
Phone: (619) 434-7308  
Fax: (619) 434-7308  
After Hours Phone: (619)  
434-7308  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
TDD: No  
Min/Max Age: 0/64  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-6PM

### **NIDAY, TAKESHIA C , MD**

Provider Gender: Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* A113548  
*NPI:* 1932429289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 TAKESHIA NIDAY  
 2345 E 8TH ST STE 111  
 NATIONAL CITY, CA  
 91950-2861  
*Phone:* (619) 267-9257  
*Fax:*  
*After Hours Phone:* (619)  
 267-9257  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **REID, EMILY, NPA**

*Provider Gender:* Female  
*License number:* 95002766  
*NPI:* 1083081467  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 LA MAESTRA COMMUNITY  
 HEALTH CENTERS  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
*Phone:* (619) 434-7308  
*Fax:* (619) 434-7308  
*After Hours Phone:* (619)  
 434-7308

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:* 0/64  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-6PM

### **SALGUERO GALLAND, MARIO L, MD**

*Provider Gender:* Male  
*License number:* A122101  
*NPI:* 1487947826  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 LA MAESTRA COMMUNITY  
 HEALTH CENTERS  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
*Phone:* (619) 434-7308  
*Fax:* (619) 434-7308  
*After Hours Phone:* (619)  
 434-7308  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:* 0/64  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*

No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-6PM

### **SWEENEY, ZSA ZSA, NPA**

*Provider Gender:* Female  
*License number:* 95007730  
*NPI:* 1003159344  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 LA MAESTRA COMMUNITY  
 HEALTH CENTERS  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
*Phone:* (619) 434-7308  
*Fax:* (619) 434-7308  
*After Hours Phone:* (619)  
 434-7308  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:* 0/64  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-6PM

### **TRIANA, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 88589  
*NPI:* 1073844460  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

### FAMILY HEALTH CENTERS OF SAN DIEGO

1000 EUCLID AVE  
NATIONAL CITY, CA  
91950-3856  
Phone: (619) 515-2399  
Fax: (619) 269-0199  
After Hours Phone: (619)  
515-2399  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Portuguese, Spanish  
TDD: No  
Min/Max Age: 19/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **TUCKER, MEGAN, PSY**

Provider Gender: Female  
License number: 27333  
NPI: 1861877516  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
LA MAESTRA COMMUNITY  
HEALTH CENTERS  
217 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-1518  
Phone: (619) 434-7308  
Fax: (619) 434-7308  
After Hours Phone: (619)  
434-7308  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes

Site Language(s) Spoken:  
Spanish  
TDD: No  
Min/Max Age: 0/64  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-6PM

### OCEANSIDE

### **ACOSTA, AZUCENA, CSW**

Provider Gender: Female  
License number: 98304  
NPI: 1255937496  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
Phone: (760) 631-5009  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5009  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F

8AM-5PM

### **ACOSTA, AZUCENA, CSW**

Provider Gender: Female  
License number: 98304  
NPI: 1255937496  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **ACOSTA, AZUCENA, CSW**

Provider Gender: Female  
License number: 98304  
NPI: 1255937496  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

**ALTAMIRANO, LEON, PSY**

Provider Gender: Male  
License number: 23734  
NPI: 1619271517  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese

TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 7:30AM-6:30PM

**ALTAMIRANO, LEON, PSY**

Provider Gender: Male  
License number: 23734  
NPI: 1619271517  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
Phone: (760) 736-6767  
Fax: (760) 471-8946  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com

Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**ALTAMIRANO, LEON, PSY**

Provider Gender: Male  
License number: 23734

NPI: 1619271517  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
Phone: (760) 966-3306  
Fax: (760) 966-3340  
After Hours Phone: (760)  
966-3306  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 7:30AM-8PM, SA  
8AM-4:30PM

**ALTAMIRANO, LEON, PSY**

Provider Gender: Male  
License number: 23734  
NPI: 1619271517  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
605 CROUCH ST  
OCEANSIDE, CA 92054-4415

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Phone: (760) 736-6767  
 Fax: (760) 757-3004  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-W 8AM-7PM, TH-SA  
 8AM-5PM

### **BRAILOW, ANTHONY G , PSY**

Provider Gender: Male  
 License number: 12521  
 NPI: 1154356608  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 BRAILOW, ANTHONY  
 2181 S EL CAMINO REAL STE  
 101  
 OCEANSIDE, CA 92054-6267  
 Phone: (760) 622-9662  
 Fax: (760) 650-7363  
 After Hours Phone: (760)  
 622-9662  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 0/64  
 Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: TU-SA 9:30AM-7:30PM

### **BURCIAGA, HENRY, MFT**

Provider Gender: Male  
 License number: MFT19940  
 NPI: 1487785705  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH  
 SERVICES  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
 Phone: (760) 966-3306  
 Fax: (760) 966-3340  
 After Hours Phone: (760)  
 966-3306  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 7:30AM-8PM, SA  
 8AM-4:30PM

### **BURCIAGA, HENRY, MFT**

Provider Gender: Male  
 License number: MFT19940  
 NPI: 1487785705  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:

NORTH COUNTY HEALTH  
 SERVICES  
 619 CROUCH ST STE 100  
 OCEANSIDE, CA 92054-4460  
 Phone: (760) 736-6767  
 Fax: (760) 566-1501  
 After Hours Phone: (760)  
 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 7:30AM-6:30PM

### **BURCIAGA, HENRY, MFT**

Provider Gender: Male  
 License number: MFT19940  
 NPI: 1487785705  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH  
 SERVICES  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354  
 Phone: (760) 736-6767  
 Fax: (760) 471-8946  
 After Hours Phone: (760)  
 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **CAI, SHEILA X , MD**

Provider Gender: Female  
License number: C149845  
NPI: 1780625012  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Chinese  
Cultural Competency: NORTH COUNTY HEALTH SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760) 736-6767  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-TH 7:30AM-6:30PM

### **CAI, SHEILA X , MD**

Provider Gender: Female  
License number: C149845

NPI: 1780625012  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Chinese  
Cultural Competency: NORTH COUNTY HEALTH SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
Phone: (760) 736-6767  
Fax: (760) 471-8946  
After Hours Phone: (760) 736-6767  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **CAI, SHEILA X , MD**

Provider Gender: Female  
License number: C149845  
NPI: 1780625012  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Chinese  
Cultural Competency: NORTH COUNTY HEALTH SERVICES  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
Phone: (760) 966-3306  
Fax: (760) 966-3340  
After Hours Phone: (760) 966-3306

Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM

### **CAI, SHEILA X , MD**

Provider Gender: Female  
License number: C149845  
NPI: 1780625012  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Chinese  
Cultural Competency: NORTH COUNTY HEALTH SERVICES  
605 CROUCH ST  
OCEANSIDE, CA 92054-4415  
Phone: (760) 736-6767  
Fax: (760) 757-3004  
After Hours Phone: (760) 736-6767  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Please contact provider for  
Accessibility information  
*Hours:* M-W 8AM-7PM, TH-SA  
8AM-5PM

### **CHALMERS, VIRGINIA, CSW**

*Provider Gender:* Female  
*License number:* 28053  
*NPI:* 1265613715

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES

619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
*Phone:* (760) 736-6767

*Fax:* (760) 566-1501

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-TH 7:30AM-6:30PM

### **CHALMERS, VIRGINIA, CSW**

*Provider Gender:* Female

*License number:* 28053

*NPI:* 1265613715

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

605 CROUCH ST  
OCEANSIDE, CA 92054-4415

*Phone:* (760) 736-6767

*Fax:* (760) 757-3004

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-W 8AM-7PM, TH-SA  
8AM-5PM

### **CHALMERS, VIRGINIA, CSW**

*Provider Gender:* Female

*License number:* 28053

*NPI:* 1265613715

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701

*Phone:* (760) 966-3306

*Fax:* (760) 966-3340

*After Hours Phone:* (760)

966-3306

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 7:30AM-8PM, SA  
8AM-4:30PM

### **CHALMERS, VIRGINIA, CSW**

*Provider Gender:* Female

*License number:* 28053

*NPI:* 1265613715

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354

*Phone:* (760) 736-6767

*Fax:* (760) 471-8946

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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### **CHAUDHRI, YASHWANT, MD**

*Provider Gender:* Male  
*License number:* A67679  
*NPI:* 1043258429  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Urdu  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **CHAUDHRI, YASHWANT, MD**

*Provider Gender:* Male  
*License number:* A67679  
*NPI:* 1043258429  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Urdu  
*Cultural Competency:*  
YASHWANT CHAUDRI MD A  
PROF CORP

520 N COAST HWY STE 103  
OCEANSIDE, CA 92054-2184  
*Phone:* (619) 596-9890  
*Fax:* (619) 596-9893  
*After Hours Phone:* (619) 596-9890  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M,TH 8AM-4PM

### **CHAUDHRI, YASHWANT, MD**

*Provider Gender:* Male  
*License number:* A67679  
*NPI:* 1043258429  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Urdu  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **CHAUDHRI, YASHWANT, MD**

*Provider Gender:* Male  
*License number:* A67679  
*NPI:* 1043258429  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Urdu  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
*Phone:* (760) 631-5009  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5009  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

### **CHENG, JIM, NPA**

*Provider Gender:* Male  
*License number:* 22852  
*NPI:* 1790122638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:* (760) 966-3340  
*After Hours Phone:* (760) 966-3306  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

### **CHENG, JIM, NPA**

*Provider Gender:* Male  
*License number:* 22852  
*NPI:* 1790122638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354

*Phone:* (760) 736-6767  
*Fax:* (760) 471-8946  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **CHENG, JIM, NPA**

*Provider Gender:* Male  
*License number:* 22852  
*NPI:* 1790122638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
605 CROUCH ST  
OCEANSIDE, CA 92054-4415  
*Phone:* (760) 736-6767  
*Fax:* (760) 757-3004  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

### **CHENG, JIM, NPA**

*Provider Gender:* Male  
*License number:* 22852  
*NPI:* 1790122638  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
*Phone:* (760) 736-6767  
*Fax:* (760) 566-1501  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 7:30AM-6:30PM

### **CHRISTIANSON II, WARREN R , MD**

*Provider Gender:* Male  
*License number:* 20A9664  
*NPI:* 1932359445  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
631-5000

*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

### **CHRISTIANSON II, WARREN R , MD**

*Provider Gender:* Male

*License number:* 20A9664

*NPI:* 1932359445

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

VISTA COMMUNITY CLINIC

517 N HORNE ST

OCEANSIDE, CA 92054-2518

*Phone:* (760) 631-5009

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5009

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

### **CHRISTIANSON II, WARREN R , MD**

*Provider Gender:* Male

*License number:* 20A9664

*NPI:* 1932359445

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

VISTA COMMUNITY CLINIC

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

### **COOK, SHERYL G , PSY**

*Provider Gender:* Female

*License number:* 15449

*NPI:* 1750420816

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

619 CROUCH ST STE 100

OCEANSIDE, CA 92054-4460

*Phone:* (760) 736-6767

*Fax:* (760) 566-1501

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* M-TH 7:30AM-6:30PM

### **CORNER, EMILY, MFT**

*Provider Gender:* Female

*License number:* 102353

*NPI:* 1093225823

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
Phone: (760) 966-3306  
Fax: (760) 966-3340  
After Hours Phone: (760) 966-3306  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 7:30AM-8PM, SA  
8AM-4:30PM

**CORNER, EMILY, MFT**  
Provider Gender: Female  
License number: 102353  
NPI: 1093225823  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760) 736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No

Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 7:30AM-6:30PM

**CORNER, EMILY, MFT**  
Provider Gender: Female  
License number: 102353  
NPI: 1093225823  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
605 CROUCH ST  
OCEANSIDE, CA 92054-4415  
Phone: (760) 736-6767  
Fax: (760) 757-3004  
After Hours Phone: (760) 736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No

Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-W 8AM-7PM, TH-SA  
8AM-5PM

**CORNER, EMILY, MFT**  
Provider Gender: Female  
License number: 102353  
NPI: 1093225823

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
Phone: (760) 736-6767  
Fax: (760) 471-8946  
After Hours Phone: (760) 736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**CORTIZO, ROSA, PSY**  
Provider Gender: Female  
License number: 22278  
NPI: 1952316648  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
605 CROUCH ST  
OCEANSIDE, CA 92054-4415  
Phone: (760) 736-6767  
Fax: (760) 757-3004  
After Hours Phone: (760) 736-6767  
Website:  
www.beaconhealthoptions.com

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-W 8AM-7PM, TH-SA  
8AM-5PM

### **CORTIZO, ROSA, PSY**

*Provider Gender:* Female  
*License number:* 22278  
*NPI:* 1952316648  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:* (760) 966-3340  
*After Hours Phone:* (760)  
966-3306  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information

*Hours:* M-F 7:30AM-8PM, SA  
8AM-4:30PM

### **CORTIZO, ROSA, PSY**

*Provider Gender:* Female  
*License number:* 22278  
*NPI:* 1952316648  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
*Phone:* (760) 736-6767  
*Fax:* (760) 566-1501  
*After Hours Phone:* (760)  
736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 7:30AM-6:30PM

### **CORTIZO, ROSA, PSY**

*Provider Gender:* Female  
*License number:* 22278  
*NPI:* 1952316648  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES

3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
*Phone:* (760) 736-6767  
*Fax:* (760) 471-8946  
*After Hours Phone:* (760)  
736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **CRUZ, VANESSA, CSW**

*Provider Gender:* Female  
*License number:* 87166  
*NPI:* 1285170662  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
*Phone:* (760) 631-5009  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
631-5009  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
*TDD:* No

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## J. Mental Health Directory

---

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**CRUZ, VANESSA, CSW**

*Provider Gender:* Female  
*License number:* 87166  
*NPI:* 1285170662  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**CRUZ, VANESSA, CSW**

*Provider Gender:* Female

*License number:* 87166  
*NPI:* 1285170662  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**DEMALLIE, DIANE A , MD**

*Provider Gender:* Female  
*License number:* 55982  
*NPI:* 1437162898  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**DEMALLIE, DIANE A , MD**

*Provider Gender:* Female  
*License number:* 55982  
*NPI:* 1437162898  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **DEMALLIE, DIANE A , MD**

*Provider Gender:* Female  
*License number:* 55982  
*NPI:* 1437162898  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
*Phone:* (760) 631-5009  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5009  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **DESOCIO, KAREN, CSW**

*Provider Gender:* Female  
*License number:* 18451  
*NPI:* 1497727820  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
*Phone:* (760) 631-5009  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5009  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **DESOCIO, KAREN, CSW**

*Provider Gender:* Female  
*License number:* 18451  
*NPI:* 1497727820  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* VISTA COMMUNITY CLINIC  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000

*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **DESOCIO, KAREN, CSW**

*Provider Gender:* Female  
*License number:* 18451  
*NPI:* 1497727820  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* VISTA COMMUNITY CLINIC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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### Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

### **DOUGHERTY, CHRISTINE, CSW**

*Provider Gender:* Female

*License number:* 26686

*NPI:* 1003194960

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

VISTA COMMUNITY CLINIC

517 N HORNE ST

OCEANSIDE, CA 92054-2518

*Phone:* (760) 631-5009

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5009

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu,

Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

### **DOUGHERTY, CHRISTINE, CSW**

*Provider Gender:* Female

*License number:* 26686

*NPI:* 1003194960

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

VISTA COMMUNITY CLINIC

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu,

Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-TH 8AM-7PM, F

8AM-5PM

### **DOUGHERTY, CHRISTINE, CSW**

*Provider Gender:* Female

*License number:* 26686

*NPI:* 1003194960

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

VISTA COMMUNITY CLINIC

818 PIER VIEW WAY

OCEANSIDE, CA 92054-2803

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu,

Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-TH 8AM-7PM, F

8AM-5PM

### **FLYNN (NEWMAN), DANIELLE I, PSY**

*Provider Gender:* U

*License number:* 26184

*NPI:* 1477785137

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH

SERVICES

605 CROUCH ST

OCEANSIDE, CA 92054-4415

*Phone:* (760) 736-6767

*Fax:* (760) 757-3004

*After Hours Phone:* (760)

736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-W 8AM-7PM, TH-SA 8AM-5PM

### **FLYNN (NEWMAN), DANIELLE**

#### **I, PSY**

Provider Gender: U  
 License number: 26184  
 NPI: 1477785137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: NORTH COUNTY HEALTH SERVICES  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
 Phone: (760) 966-3306  
 Fax: (760) 966-3340  
 After Hours Phone: (760) 966-3306  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM

### **FLYNN (NEWMAN), DANIELLE**

#### **I, PSY**

Provider Gender: U  
 License number: 26184  
 NPI: 1477785137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: NORTH COUNTY HEALTH SERVICES  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354  
 Phone: (760) 736-6767  
 Fax: (760) 471-8946  
 After Hours Phone: (760) 736-6767  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **FLYNN (NEWMAN), DANIELLE**

#### **I, PSY**

Provider Gender: U  
 License number: 26184  
 NPI: 1477785137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: NORTH COUNTY HEALTH SERVICES  
 619 CROUCH ST STE 100  
 OCEANSIDE, CA 92054-4460

Phone: (760) 736-6767  
 Fax: (760) 566-1501  
 After Hours Phone: (760) 736-6767  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 7:30AM-6:30PM

### **FREEMAN, WANDA, NPA**

Provider Gender: Female  
 License number: 95003903  
 NPI: 1659504264  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: NORTH COUNTY HEALTH SERVICES  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354  
 Phone: (760) 736-6767  
 Fax: (760) 471-8946  
 After Hours Phone: (760) 736-6767  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions

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## J. Mental Health Directory

*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **FREEMAN, WANDA, NPA**

*Provider Gender:* Female  
*License number:* 95003903  
*NPI:* 1659504264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Chinese  
*Cultural Competency:* NORTH COUNTY HEALTH SERVICES  
 619 CROUCH ST STE 100  
 OCEANSIDE, CA 92054-4460  
*Phone:* (760) 736-6767  
*Fax:* (760) 566-1501  
*After Hours Phone:* (760) 736-6767  
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-TH 7:30AM-6:30PM

### **FREEMAN, WANDA, NPA**

*Provider Gender:* Female  
*License number:* 95003903  
*NPI:* 1659504264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Chinese  
*Cultural Competency:* NORTH COUNTY HEALTH SERVICES

*SERVICES*  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:* (760) 966-3340  
*After Hours Phone:* (760) 966-3306  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* No  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

### **FREEMAN, WANDA, NPA**

*Provider Gender:* Female  
*License number:* 95003903  
*NPI:* 1659504264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Chinese  
*Cultural Competency:* NORTH COUNTY HEALTH SERVICES  
 605 CROUCH ST  
 OCEANSIDE, CA 92054-4415  
*Phone:* (760) 736-6767  
*Fax:* (760) 757-3004  
*After Hours Phone:* (760) 736-6767  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese

*TDD:* No  
*Min/Max Age:* No  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

### **GARCIA, JANET A , CSW**

*Provider Gender:* Female  
*License number:* 91462  
*NPI:* 1790144756  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Chinese  
*Cultural Competency:* NORTH COUNTY HEALTH SERVICES  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:* (760) 966-3340  
*After Hours Phone:* (760) 966-3306  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* No  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

### **GARCIA, JANET A , CSW**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*License number:* 91462  
*NPI:* 1790144756  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
*Phone:* (760) 736-6767  
*Fax:* (760) 471-8946  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**GARCIA, JANET A , CSW**  
*Provider Gender:* Female  
*License number:* 91462  
*NPI:* 1790144756  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
*Phone:* (760) 736-6767  
*Fax:* (760) 566-1501  
*After Hours Phone:* (760) 736-6767

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 7:30AM-6:30PM

**GEORGIEV, MARY JO C , PSY**  
*Provider Gender:* Female  
*License number:* 17954  
*NPI:* 1518996875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
605 CROUCH ST  
OCEANSIDE, CA 92054-4415  
*Phone:* (760) 736-6767  
*Fax:* (760) 757-3004  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information

*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**GEORGIEV, MARY JO C , PSY**  
*Provider Gender:* Female  
*License number:* 17954  
*NPI:* 1518996875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
*Phone:* (760) 736-6767  
*Fax:* (760) 471-8946  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**GEORGIEV, MARY JO C , PSY**  
*Provider Gender:* Female  
*License number:* 17954  
*NPI:* 1518996875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COGNITIVE HEALTH SOLUTIONS INC  
2131 S EL CAMINO REAL STE 102

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## J. Mental Health Directory

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OCEANSIDE, CA 92054-6217

Phone: (858) 227-0887

Fax: (858) 430-9611

After Hours Phone: (858)

227-0887

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 9AM-6PM

### **GEORGIEV, MARY JO C , PSY**

Provider Gender: Female

License number: 17954

NPI: 1518996875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH SERVICES

619 CROUCH ST STE 100

OCEANSIDE, CA 92054-4460

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)

736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-TH 7:30AM-6:30PM

### **GEORGIEV, MARY JO C , PSY**

Provider Gender: Female

License number: 17954

NPI: 1518996875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH SERVICES

2210 MESA DR STE 300

OCEANSIDE, CA 92054-3701

Phone: (760) 966-3306

Fax: (760) 966-3340

After Hours Phone: (760)

966-3306

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM

### **GERAUGHTY (OLEARY),**

**PAMELA J , CSW**

Provider Gender: Female

License number: 25138

NPI: 1063800217

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH SERVICES

2210 MESA DR STE 300

OCEANSIDE, CA 92054-3701

Phone: (760) 966-3306

Fax: (760) 966-3340

After Hours Phone: (760)

966-3306

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM

### **GERAUGHTY (OLEARY),**

**PAMELA J , CSW**

Provider Gender: Female

License number: 25138

NPI: 1063800217

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH SERVICES

619 CROUCH ST STE 100

OCEANSIDE, CA 92054-4460

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)

736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-TH 7:30AM-6:30PM

**GERAUGHTY (OLEARY),  
PAMELA J , CSW**

*Provider Gender:* Female

*License number:* 25138

*NPI:* 1063800217

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH SERVICES

3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354

*Phone:* (760) 736-6767

*Fax:* (760) 471-8946

*After Hours Phone:* (760)  
736-6767

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

**GIORGIO, CHRISTINA, CSW**

*Provider Gender:* Female

*License number:* 101690

*NPI:* 1457786774

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

VISTA COMMUNITY CLINIC

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)  
631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

**GIORGIO, CHRISTINA, CSW**

*Provider Gender:* Female

*License number:* 101690

*NPI:* 1457786774

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

VISTA COMMUNITY CLINIC

517 N HORNE ST

OCEANSIDE, CA 92054-2518

*Phone:* (760) 631-5009

*Fax:* (760) 414-3892

*After Hours Phone:* (760)  
631-5009

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

**GIORGIO, CHRISTINA, CSW**

*Provider Gender:* Female

*License number:* 101690

*NPI:* 1457786774

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

VISTA COMMUNITY CLINIC

818 PIER VIEW WAY

OCEANSIDE, CA 92054-2803

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **GODINEZ, BRENDA, CSW**

*Provider Gender:* Female

*License number:* 88306

*NPI:* 1568918647

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:*

VISTA COMMUNITY CLINIC

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760) 631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **GODINEZ, BRENDA, CSW**

*Provider Gender:* Female

*License number:* 88306

*NPI:* 1568918647

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:*

VISTA COMMUNITY CLINIC

818 PIER VIEW WAY

OCEANSIDE, CA 92054-2803

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760) 631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **GODINEZ, BRENDA, CSW**

*Provider Gender:* Female

*License number:* 88306

*NPI:* 1568918647

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:*

VISTA COMMUNITY CLINIC

517 N HORNE ST

OCEANSIDE, CA 92054-2518

*Phone:* (760) 631-5009

*Fax:* (760) 414-3892

*After Hours Phone:* (760) 631-5009

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **GONZALEZ, JOSE, CSW**

*Provider Gender:* Male

*License number:* 80920

*NPI:* 1689844847

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH SERVICES

2210 MESA DR STE 300

OCEANSIDE, CA 92054-3701

*Phone:* (760) 966-3306

*Fax:* (760) 966-3340

*After Hours Phone:* (760) 966-3306

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish, Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM

### **GONZALEZ, JOSE, CSW**

Provider Gender: Male  
 License number: 80920  
 NPI: 1689844847  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354  
 Phone: (760) 736-6767  
 Fax: (760) 471-8946  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **GONZALEZ, JOSE, CSW**

Provider Gender: Male  
 License number: 80920

NPI: 1689844847  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 619 CROUCH ST STE 100  
 OCEANSIDE, CA 92054-4460  
 Phone: (760) 736-6767  
 Fax: (760) 566-1501  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 7:30AM-6:30PM

### **GUERRERO, ADRIANA J , CSW**

Provider Gender: Female  
 License number: LCSW86435  
 NPI: 1356777361  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-7PM, F 8AM-5PM

### **GUERRERO, ADRIANA J , CSW**

Provider Gender: Female  
 License number: LCSW86435  
 NPI: 1356777361  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**GUERRERO, ADRIANA J ,  
CSW**

*Provider Gender:* Female  
*License number:* LCSW86435  
*NPI:* 1356777361  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
*Phone:* (760) 631-5009  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5009  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**GUEVARA LEHMAN, NATALIE,**

**CSW**

*Provider Gender:* Female  
*License number:* 63746  
*NPI:* 1578835757  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
*Phone:* (760) 736-6767  
*Fax:* (760) 566-1501  
*After Hours Phone:* (760) 736-6767  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 7:30AM-6:30PM

**GUEVARA LEHMAN, NATALIE,  
CSW**

*Provider Gender:* Female  
*License number:* 63746  
*NPI:* 1578835757  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354

*Phone:* (760) 736-6767  
*Fax:* (760) 471-8946  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**GUEVARA LEHMAN, NATALIE,  
CSW**

*Provider Gender:* Female  
*License number:* 63746  
*NPI:* 1578835757  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:* (760) 966-3340  
*After Hours Phone:* (760) 966-3306  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

### **HALGEDAHL, YI TING, NPA**

*Provider Gender:* Female  
*License number:* 95006826  
*NPI:* 1619246907  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin, Chinese  
*Cultural Competency:* VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **HALGEDAHL, YI TING, NPA**

*Provider Gender:* Female

*License number:* 95006826  
*NPI:* 1619246907  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin, Chinese  
*Cultural Competency:* VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **HALGEDAHL, YI TING, NPA**

*Provider Gender:* Female  
*License number:* 95006826  
*NPI:* 1619246907  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin, Chinese  
*Cultural Competency:* VISTA COMMUNITY CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518

*Phone:* (760) 631-5009  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5009  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **HARDIN INGRAM, ANDREA, CSW**

*Provider Gender:* Female  
*License number:* 28677  
*NPI:* 1801947692  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* COGNITIVE HEALTH SOLUTIONS INC  
 2131 S EL CAMINO REAL STE 102  
 OCEANSIDE, CA 92054-6217  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858) 227-0887  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 9AM-6PM

### **ISACESCU, VALENTIN, MD**

Provider Gender: Male  
 License number: A68103  
 NPI: 1972602720  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: French, Romanian  
 Cultural Competency: No  
 ISACESCU, VALENTIN  
 2122 S EL CAMINO REAL STE 100  
 OCEANSIDE, CA 92054-6209  
 Phone: (760) 726-6464  
 Fax: (760) 726-6483  
 After Hours Phone: (760) 726-6464  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: French, Romanian  
 TDD: No

Min/Max Age: 13/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 11AM-4PM

### **JAGANNATH, NIRMALA, CSW**

Provider Gender: Female  
 License number: 23183

NPI: 1639687726  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Tamil, Telugu  
 Cultural Competency: VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-7PM, F 8AM-5PM

### **JAGANNATH, NIRMALA, CSW**

Provider Gender: Female  
 License number: 23183  
 NPI: 1639687726  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Tamil, Telugu  
 Cultural Competency: VISTA COMMUNITY CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518

Phone: (760) 631-5009  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5009  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-7PM, F 8AM-5PM

### **JAGANNATH, NIRMALA, CSW**

Provider Gender: Female  
 License number: 23183  
 NPI: 1639687726  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Tamil, Telugu  
 Cultural Competency: VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu,

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-TH 8AM-7PM, F 8AM-5PM

### **JENSEN, BRIAN M , PSY**

Provider Gender: Male  
License number: 26041  
NPI: 1518138049  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES  
605 CROUCH ST  
OCEANSIDE, CA 92054-4415  
Phone: (760) 736-6767  
Fax: (760) 757-3004  
After Hours Phone: (760) 736-6767  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-W 8AM-7PM, TH-SA 8AM-5PM

### **JENSEN, BRIAN M , PSY**

Provider Gender: Male  
License number: 26041  
NPI: 1518138049  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
Phone: (760) 736-6767  
Fax: (760) 471-8946  
After Hours Phone: (760) 736-6767  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

**JENSEN, BRIAN M , PSY**  
Provider Gender: Male  
License number: 26041  
NPI: 1518138049  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760) 736-6767

Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-TH 7:30AM-6:30PM

**JENSEN, BRIAN M , PSY**  
Provider Gender: Male  
License number: 26041  
NPI: 1518138049  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
Phone: (760) 966-3306  
Fax: (760) 966-3340  
After Hours Phone: (760) 966-3306  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

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Hours: M-F 7:30AM-8PM, SA  
8AM-4:30PM

**KISTLER, JONATHAN, MD**

Provider Gender: Male  
License number: A73938  
NPI: 1033161740  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
COMMUNITY RESEARCH  
FOUNDATION INC  
1738 S TREMONT ST  
OCEANSIDE, CA 92054-5309  
Phone: (760) 439-2800  
Fax: (760) 433-5031  
After Hours Phone: (760)  
439-2800  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours:

**KONG, DARREN, CSW**

Provider Gender: Male  
License number: 88493  
NPI: 1447685078  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Khmer  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803

Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

**KONG, DARREN, CSW**

Provider Gender: Male  
License number: 88493  
NPI: 1447685078  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Khmer  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,

Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

**KONG, DARREN, CSW**

Provider Gender: Male  
License number: 88493  
NPI: 1447685078  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Khmer  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
Phone: (760) 631-5009  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5009  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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**KRAPES, MICHAEL B , PSY**

*Provider Gender:* Male  
*License number:* 25077  
*NPI:* 1215233028  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
*Phone:* (760) 736-6767  
*Fax:* (760) 471-8946  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**KRAPES, MICHAEL B , PSY**

*Provider Gender:* Male  
*License number:* 25077  
*NPI:* 1215233028  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460

*Phone:* (760) 736-6767  
*Fax:* (760) 566-1501  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 7:30AM-6:30PM

**KRAPES, MICHAEL B , PSY**

*Provider Gender:* Male  
*License number:* 25077  
*NPI:* 1215233028  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
605 CROUCH ST  
OCEANSIDE, CA 92054-4415  
*Phone:* (760) 736-6767  
*Fax:* (760) 757-3004  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**KRAPES, MICHAEL B , PSY**

*Provider Gender:* Male  
*License number:* 25077  
*NPI:* 1215233028  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:* (760) 966-3340  
*After Hours Phone:* (760) 966-3306  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

**MEYERHOF, GRETA, MFT**

*Provider Gender:* Female  
*License number:* 32299  
*NPI:* 1487196333  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

### **MEYERHOF, GRETA, MFT**

*Provider Gender:* Female  
*License number:* 32299  
*NPI:* 1487196333  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
*Phone:* (760) 631-5009  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5009  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

### **MEYERHOF, GRETA, MFT**

*Provider Gender:* Female  
*License number:* 32299  
*NPI:* 1487196333  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information

*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

### **MONTEZ, REBECCA, CSW**

*Provider Gender:* Female  
*License number:* 26869  
*NPI:* 1396047809  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:* (760) 966-3340  
*After Hours Phone:* (760) 966-3306  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 7:30AM-8PM, SA  
8AM-4:30PM

### **MONTEZ, REBECCA, CSW**

*Provider Gender:* Female  
*License number:* 26869  
*NPI:* 1396047809  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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### SERVICES

605 CROUCH ST  
OCEANSIDE, CA 92054-4415  
Phone: (760) 736-6767  
Fax: (760) 757-3004  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-W 8AM-7PM, TH-SA  
8AM-5PM

### MONTEZ, REBECCA, CSW

Provider Gender: Female  
License number: 26869  
NPI: 1396047809  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 7:30AM-6:30PM

### MONTEZ, REBECCA, CSW

Provider Gender: Female  
License number: 26869  
NPI: 1396047809  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
NORTH COUNTY HEALTH  
SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
Phone: (760) 736-6767  
Fax: (760) 471-8946  
After Hours Phone: (760)  
736-6767  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### NAVA, PETER B , NPA

Provider Gender: Male

License number: 95016584  
NPI: 1689251571  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

### NAVA, PETER B , NPA

Provider Gender: Male  
License number: 95016584  
NPI: 1689251571  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
Phone: (760) 631-5009  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5009

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
Restrictions  
**American Sign Language (ASL):**  
No  
Please contact provider for  
Accessibility information  
**Hours:** M-TH 8AM-7PM, F  
8AM-5PM

### **NAVA, PETER B , NPA**

**Provider Gender:** Male  
**License number:** 95016584  
**NPI:** 1689251571  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
VISTA COMMUNITY CLINIC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
**Phone:** (760) 631-5000  
**Fax:** (760) 414-3892  
**After Hours Phone:** (760)  
631-5000  
**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
Restrictions

**American Sign Language (ASL):**  
No  
Please contact provider for  
Accessibility information  
**Hours:** M-TH 8AM-7PM, F  
8AM-5PM

### **NEVILLE, MARGARET, CSW**

**Provider Gender:** Female  
**License number:** 82407  
**NPI:** 1073682407  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
VISTA COMMUNITY CLINIC  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803  
**Phone:** (760) 631-5000  
**Fax:** (760) 414-3892  
**After Hours Phone:** (760)  
631-5000  
**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
Restrictions  
**American Sign Language (ASL):**  
No  
Please contact provider for  
Accessibility information  
**Hours:** M-TH 8AM-7PM, F  
8AM-5PM

### **NEVILLE, MARGARET, CSW**

**Provider Gender:** Female  
**License number:** 82407  
**NPI:** 1073682407  
**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**  
**Cultural Competency:**  
VISTA COMMUNITY CLINIC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
**Phone:** (760) 631-5000  
**Fax:** (760) 414-3892  
**After Hours Phone:** (760)  
631-5000  
**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
Restrictions  
**American Sign Language (ASL):**  
No  
Please contact provider for  
Accessibility information  
**Hours:** M-TH 8AM-7PM, F  
8AM-5PM

### **NEVILLE, MARGARET, CSW**

**Provider Gender:** Female  
**License number:** 82407  
**NPI:** 1073682407  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
**Phone:** (760) 631-5009  
**Fax:** (760) 414-3892  
**After Hours Phone:** (760)  
631-5009  
**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
 8AM-5PM

### **SANCHEZ, ADRIANA, CSW**

*Provider Gender:* Female  
*License number:* 97093  
*NPI:* 1609450451  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No

Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
 8AM-5PM

### **SANCHEZ, ADRIANA, CSW**

*Provider Gender:* Female  
*License number:* 97093  
*NPI:* 1609450451  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518  
*Phone:* (760) 631-5009  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5009  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
 8AM-5PM

### **SANCHEZ, ADRIANA, CSW**

*Provider Gender:* Female  
*License number:* 97093  
*NPI:* 1609450451  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
 8AM-5PM

### **SIMMONS, LILIANA C , NPA**

*Provider Gender:* Female  
*License number:* 177800  
*NPI:* 1396113254  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 NORTH COUNTY HEALTH  
 SERVICES  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354  
*Phone:* (760) 736-6767  
*Fax:* (760) 471-8946  
*After Hours Phone:* (760)  
 736-6767

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **SIMMONS, LILIANA C , NPA**

*Provider Gender:* Female  
*License number:* 177800  
*NPI:* 1396113254  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:* (760) 966-3340  
*After Hours Phone:* (760) 966-3306  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for

Accessibility information  
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

### **SIMMONS, LILIANA C , NPA**

*Provider Gender:* Female  
*License number:* 177800  
*NPI:* 1396113254  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
*Phone:* (760) 736-6767  
*Fax:* (760) 566-1501  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 7:30AM-6:30PM

### **SIMMONS, LILIANA C , NPA**

*Provider Gender:* Female  
*License number:* 177800  
*NPI:* 1396113254  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
NORTH COUNTY HEALTH

**SERVICES**  
605 CROUCH ST  
OCEANSIDE, CA 92054-4415  
*Phone:* (760) 736-6767  
*Fax:* (760) 757-3004  
*After Hours Phone:* (760) 736-6767  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

### **SIMMONS, SUZANNE, NPA**

*Provider Gender:* Female  
*License number:* 95016129  
*NPI:* 1245733450  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
NORTH COUNTY HEALTH SERVICES  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:* (760) 966-3340  
*After Hours Phone:* (760) 966-3306  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM

### **SIMMONS, SUZANNE, NPA**

Provider Gender: Female  
License number: 95016129  
NPI: 1245733450  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760) 736-6767  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-TH 7:30AM-6:30PM

### **SIMMONS, SUZANNE, NPA**

Provider Gender: Female  
License number: 95016129

NPI: 1245733450  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES  
605 CROUCH ST  
OCEANSIDE, CA 92054-4415  
Phone: (760) 736-6767  
Fax: (760) 757-3004  
After Hours Phone: (760) 736-6767  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-W 8AM-7PM, TH-SA 8AM-5PM

### **SIMMONS, SUZANNE, NPA**

Provider Gender: Female  
License number: 95016129  
NPI: 1245733450  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
Phone: (760) 736-6767  
Fax: (760) 471-8946  
After Hours Phone: (760) 736-6767

Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **SIMPSON, ERIC, PSY**

Provider Gender: Male  
License number: 28885  
NPI: 1710110416  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NORTH COUNTY HEALTH SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
Phone: (760) 736-6767  
Fax: (760) 471-8946  
After Hours Phone: (760) 736-6767  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



# J. Mental Health Directory

Hours: M-F 8AM-5PM

## **SIMPSON, ERIC, PSY**

Provider Gender: Male

License number: 28885

NPI: 1710110416

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH SERVICES

619 CROUCH ST STE 100

OCEANSIDE, CA 92054-4460

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)

736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: M-TH 7:30AM-6:30PM

## **SIMPSON, ERIC, PSY**

Provider Gender: Male

License number: 28885

NPI: 1710110416

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH SERVICES

2210 MESA DR STE 300

OCEANSIDE, CA 92054-3701

Phone: (760) 966-3306

Fax: (760) 966-3340

After Hours Phone: (760)

966-3306

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM

## **SIMPSON, ERIC, PSY**

Provider Gender: Male

License number: 28885

NPI: 1710110416

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH SERVICES

605 CROUCH ST

OCEANSIDE, CA 92054-4415

Phone: (760) 736-6767

Fax: (760) 757-3004

After Hours Phone: (760)

736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for Accessibility information

Hours: M-W 8AM-7PM, TH-SA 8AM-5PM

## **SMITH, SONYA L , CSW**

Provider Gender: Female

License number: 82598

NPI: 1902070857

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

VISTA COMMUNITY CLINIC

517 N HORNE ST

OCEANSIDE, CA 92054-2518

Phone: (760) 631-5009

Fax: (760) 414-3892

After Hours Phone: (760)

631-5009

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for Accessibility information

Hours: M-TH 8AM-7PM, F 8AM-5PM

## **SMITH, SONYA L , CSW**

Provider Gender: Female

License number: 82598

NPI: 1902070857

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**VISTA COMMUNITY CLINIC**  
**818 PIER VIEW WAY**  
**OCEANSIDE, CA 92054-2803**  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

**SMITH, SONYA L , CSW**  
*Provider Gender:* Female  
*License number:* 82598  
*NPI:* 1902070857  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**VISTA COMMUNITY CLINIC**  
**4700 N RIVER RD**  
**OCEANSIDE, CA 92057-6043**  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

**SUNDER, RAJAGOPAL K , MD**  
*Provider Gender:* Male  
*License number:* 94223  
*NPI:* 1972572824  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Hindi  
*Cultural Competency:*  
**COGNITIVE HEALTH**  
**SOLUTIONS INC**  
**2131 S EL CAMINO REAL STE**  
**102**  
**OCEANSIDE, CA 92054-6217**  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858) 227-0887  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information  
*Hours:* M-F 9AM-6PM

**SWENSON, ING E , CSW**  
*Provider Gender:* Male  
*License number:* 28549  
*NPI:* 1063680650  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**VISTA COMMUNITY CLINIC**  
**517 N HORNE ST**  
**OCEANSIDE, CA 92054-2518**  
*Phone:* (760) 631-5009  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5009  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

**SWENSON, ING E , CSW**  
*Provider Gender:* Male  
*License number:* 28549  
*NPI:* 1063680650  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**VISTA COMMUNITY CLINIC**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **SWENSON, ING E , CSW**

Provider Gender: Male

License number: 28549

NPI: 1063680650

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

VISTA COMMUNITY CLINIC

4700 N RIVER RD

OCEANSIDE, CA 92057-6043

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)

631-5000

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu,  
Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **TAYLOR, CORRDERO A , CSW**

Provider Gender: Male

License number: 71284

NPI: 1346501533

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

2210 MESA DR STE 300

OCEANSIDE, CA 92054-3701

Phone: (760) 966-3306

Fax: (760) 966-3340

After Hours Phone: (760)

966-3306

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 7:30AM-8PM, SA  
8AM-4:30PM

### **TAYLOR, CORRDERO A , CSW**

Provider Gender: Male

License number: 71284

NPI: 1346501533

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

3220 MISSION AVE STE 1

OCEANSIDE, CA 92058-1354

Phone: (760) 736-6767

Fax: (760) 471-8946

After Hours Phone: (760)

736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **TAYLOR, CORRDERO A , CSW**

Provider Gender: Male

License number: 71284

NPI: 1346501533

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

619 CROUCH ST STE 100

OCEANSIDE, CA 92054-4460

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (760) 736-6767  
 Fax: (760) 566-1501  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 7:30AM-6:30PM

### **TAYLOR, CORRDERO A , CSW**

Provider Gender: Male  
 License number: 71284  
 NPI: 1346501533  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 605 CROUCH ST  
 OCEANSIDE, CA 92054-4415  
 Phone: (760) 736-6767  
 Fax: (760) 757-3004  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-W 8AM-7PM, TH-SA 8AM-5PM

### **TORRES, HECTOR M , PSY**

Provider Gender: Male  
 License number: 13309  
 NPI: 1720265614  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 619 CROUCH ST STE 100  
 OCEANSIDE, CA 92054-4460  
 Phone: (760) 736-6767

Fax: (760) 566-1501  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 7:30AM-6:30PM

### **TORRES, HECTOR M , PSY**

Provider Gender: Male  
 License number: 13309  
 NPI: 1720265614  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054-3701  
 Phone: (760) 966-3306  
 Fax: (760) 966-3340  
 After Hours Phone: (760) 966-3306  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 7:30AM-8PM, SA 8AM-4:30PM

### **TORRES, HECTOR M , PSY**

Provider Gender: Male  
 License number: 13309  
 NPI: 1720265614  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354  
 Phone: (760) 736-6767  
 Fax: (760) 471-8946  
 After Hours Phone: (760) 736-6767  
 Website:  
 www.beaconhealthoptions.com

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## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **TORRES, HECTOR M , PSY**

*Provider Gender:* Male  
*License number:* 13309  
*NPI:* 1720265614  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 NORTH COUNTY HEALTH  
 SERVICES  
 605 CROUCH ST  
 OCEANSIDE, CA 92054-4415  
*Phone:* (760) 736-6767  
*Fax:* (760) 757-3004  
*After Hours Phone:* (760)  
 736-6767  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W 8AM-7PM, TH-SA

8AM-5PM

### **TOUSI, SARA, CSW**

*Provider Gender:* Female  
*License number:* 89177  
*NPI:* 1508427899  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
 8AM-5PM

### **TOUSI, SARA, CSW**

*Provider Gender:* Female  
*License number:* 89177  
*NPI:* 1508427899  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043

*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
 8AM-5PM

### **TOUSI, SARA, CSW**

*Provider Gender:* Female  
*License number:* 89177  
*NPI:* 1508427899  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518  
*Phone:* (760) 631-5009  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
 631-5009  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

### **VETTER, JEAN L , CSW**

*Provider Gender:* Female  
*License number:* 93945  
*NPI:* 1659898641  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NORTH COUNTY HEALTH SERVICES  
3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354  
*Phone:* (760) 736-6767  
*Fax:* (760) 471-8946  
*After Hours Phone:* (760) 736-6767  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **VETTER, JEAN L , CSW**

*Provider Gender:* Female  
*License number:* 93945

*NPI:* 1659898641  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NORTH COUNTY HEALTH SERVICES  
2210 MESA DR STE 300  
OCEANSIDE, CA 92054-3701  
*Phone:* (760) 966-3306  
*Fax:* (760) 966-3340  
*After Hours Phone:* (760) 966-3306  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 7:30AM-8PM, SA 8AM-4:30PM

### **VETTER, JEAN L , CSW**

*Provider Gender:* Female  
*License number:* 93945  
*NPI:* 1659898641  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NORTH COUNTY HEALTH SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
*Phone:* (760) 736-6767  
*Fax:* (760) 566-1501  
*After Hours Phone:* (760) 736-6767

*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-TH 7:30AM-6:30PM

### **WALKER, SHAYNA T , MD**

*Provider Gender:* Female  
*License number:* A107393  
*NPI:* 1760688295  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NORTH COUNTY HEALTH SERVICES  
619 CROUCH ST STE 100  
OCEANSIDE, CA 92054-4460  
*Phone:* (760) 736-6767  
*Fax:* (760) 566-1501  
*After Hours Phone:* (760) 736-6767  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Hours: M-TH 7:30AM-6:30PM

**WALKER, SHAYNA T , MD**

Provider Gender: Female

License number: A107393

NPI: 1760688295

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058-1354

Phone: (760) 736-6767

Fax: (760) 471-8946

After Hours Phone: (760)

736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

**WALKER, SHAYNA T , MD**

Provider Gender: Female

License number: A107393

NPI: 1760688295

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

605 CROUCH ST

OCEANSIDE, CA 92054-4415

Phone: (760) 736-6767

Fax: (760) 757-3004

After Hours Phone: (760)

736-6767

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-W 8AM-7PM, TH-SA  
8AM-5PM

**WALKER, SHAYNA T , MD**

Provider Gender: Female

License number: A107393

NPI: 1760688295

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

2210 MESA DR STE 300

OCEANSIDE, CA 92054-3701

Phone: (760) 966-3306

Fax: (760) 966-3340

After Hours Phone: (760)

966-3306

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 7:30AM-8PM, SA  
8AM-4:30PM

**WELCH, MEGAN, MFT**

Provider Gender: Female

License number: 113763

NPI: 1689117400

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

2210 MESA DR STE 300

OCEANSIDE, CA 92054-3701

Phone: (760) 966-3306

Fax: (760) 966-3340

After Hours Phone: (760)

966-3306

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 7:30AM-8PM, SA  
8AM-4:30PM

**WELCH, MEGAN, MFT**

Provider Gender: Female

License number: 113763

NPI: 1689117400

Provider English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NORTH COUNTY HEALTH SERVICES  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058-1354  
*Phone:* (760) 736-6767  
*Fax:* (760) 471-8946  
*After Hours Phone:* (760) 736-6767  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**WELCH, MEGAN, MFT**  
*Provider Gender:* Female  
*License number:* 113763  
*NPI:* 1689117400  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NORTH COUNTY HEALTH SERVICES  
 605 CROUCH ST  
 OCEANSIDE, CA 92054-4415  
*Phone:* (760) 736-6767  
*Fax:* (760) 757-3004  
*After Hours Phone:* (760) 736-6767  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for Accessibility information  
*Hours:* M-W 8AM-7PM, TH-SA 8AM-5PM

**WELCH, MEGAN, MFT**  
*Provider Gender:* Female  
*License number:* 113763  
*NPI:* 1689117400  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NORTH COUNTY HEALTH SERVICES  
 619 CROUCH ST STE 100  
 OCEANSIDE, CA 92054-4460  
*Phone:* (760) 736-6767  
*Fax:* (760) 566-1501  
*After Hours Phone:* (760) 736-6767  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for Accessibility information  
*Hours:* M-TH 7:30AM-6:30PM

**WILFONG, EDWARD J , PSY**

*Provider Gender:* Male  
*License number:* 9970  
*NPI:* 1215386248  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8AM-7PM, F 8AM-5PM

**WILFONG, EDWARD J , PSY**  
*Provider Gender:* Male  
*License number:* 9970  
*NPI:* 1215386248  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 VISTA COMMUNITY CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518

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## J. Mental Health Directory

---

Phone: (760) 631-5009  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5009  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **WILSON, CARLENE, CSW**

Provider Gender: Female  
License number: 74685  
NPI: 1508327081  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054-2803  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **WILSON, CARLENE, CSW**

Provider Gender: Female  
License number: 74685  
NPI: 1508327081  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
517 N HORNE ST  
OCEANSIDE, CA 92054-2518  
Phone: (760) 631-5009  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5009  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **WILSON, CARLENE, CSW**

Provider Gender: Female  
License number: 74685  
NPI: 1508327081  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
4700 N RIVER RD  
OCEANSIDE, CA 92057-6043  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **WOODEN, FEEBY J, PSY**

Provider Gender: Female  
License number: PSY26436  
NPI: 1013035252  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Arabic  
Cultural Competency:  
WOODEN, FEEBY  
3355 MISSION AVE STE 111  
OCEANSIDE, CA 92058-1327

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

# J. Mental Health Directory

Phone: (760) 810-1440  
 Fax: (760) 444-3297  
 After Hours Phone: (760) 810-1440  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-7PM, F 10AM-7PM, SA 10AM-2PM

## **ZAPPONE, ALIDA, CSW**

Provider Gender: Female  
 License number: 26061  
 NPI: 1154705598  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 517 N HORNE ST  
 OCEANSIDE, CA 92054-2518  
 Phone: (760) 631-5009  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5009  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:

Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-7PM, F 8AM-5PM

## **ZAPPONE, ALIDA, CSW**

Provider Gender: Female  
 License number: 26061  
 NPI: 1154705598  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-7PM, F 8AM-5PM

## **ZAPPONE, ALIDA, CSW**

Provider Gender: Female

License number: 26061  
 NPI: 1154705598  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054-2803  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-7PM, F 8AM-5PM

## **POWAY**

## **ANDERSEN, CLAIRE, MD**

Provider Gender: Female  
 License number: 125942  
 NPI: 1831418664  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 NEIGHBORHOOD  
 HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (858) 218-3000  
 Fax: (858) 633-4688  
 After Hours Phone: (858) 218-3000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BELINSKY, MARIA T , CSW**

Provider Gender: Female  
 License number: LCSW69175  
 NPI: 1760867824  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520  
 Phone: (858) 218-3000  
 Fax: (858) 633-4688  
 After Hours Phone: (858) 218-3000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BHAJU, JESHMIN, PSY**

Provider Gender: Female  
 License number: 31625  
 NPI: 1497081566  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi, Nepali (Individual Language)  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520  
 Phone: (858) 218-3000  
 Fax: (858) 633-4688  
 After Hours Phone: (858) 218-3000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **CALOCA, LAURA, PSY**

Provider Gender: Female

License number: 29757  
 NPI: 1134364698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520  
 Phone: (858) 218-3000  
 Fax: (858) 633-4688  
 After Hours Phone: (858) 218-3000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **CARLTON PENN, CORNELIA, PSY**

Provider Gender: Female  
 License number: PSY14310  
 NPI: 1891720611  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (858) 218-3000  
 Fax: (858) 633-4688  
 After Hours Phone: (858) 218-3000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **CELAYA, MARY, NPA**

Provider Gender: Female  
 License number: 11425  
 NPI: 1710060231  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520  
 Phone: (858) 218-3000  
 Fax: (858) 633-4688  
 After Hours Phone: (858) 218-3000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:

Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **CHAO, BRIAN, PSY**

Provider Gender: Male  
 License number: 28796  
 NPI: 1114196987  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520  
 Phone: (858) 218-3000  
 Fax: (858) 633-4688  
 After Hours Phone: (858) 218-3000  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **CORVINI, NICOLAS, NPA**

Provider Gender: Male  
 License number: 55107  
 NPI: 1194242461  
 Provider English Spoken: Yes

Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520  
 Phone: (858) 218-3000  
 Fax: (858) 633-4688  
 After Hours Phone: (858) 218-3000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
 TDD: Yes  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **COSTELLO, JENNIFER R , CSW**

Provider Gender: Female  
 License number: 84174  
 NPI: 1619506250  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520  
 Phone: (858) 218-3000  
 Fax: (858) 633-4688  
 After Hours Phone: (858) 218-3000  
 Website:  
 www.beaconhealthoptions.com

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## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **EDE, KEKOA, MD**

*Provider Gender:* Male  
*License number:* A101211  
*NPI:* 1134224843  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858) 218-3000  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **GOEHRING, KATHERINE R , NPA**

*Provider Gender:* Female  
*License number:* 95002763  
*NPI:* 1972929404  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858) 218-3000  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **GUARDADO SOTO, RAQUEL E , PSY**

*Provider Gender:* Female  
*License number:* 26883  
*NPI:* 1194999276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* NEIGHBORHOOD

HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858) 218-3000  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language), Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **HOLDEN, MATTHEW, PSY**

*Provider Gender:* Male  
*License number:* PSY11197  
*NPI:* 1740213487  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* NEIGHBORHOOD HEALTHCARE  
 13010 POWAY RD  
 POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858) 218-3000  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Nepali (Individual Language),

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **KLEAST, RUTH A , CSW**

Provider Gender: Female  
License number: LCSW28504  
NPI: 1326272378  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
Phone: (858) 218-3000  
Fax: (858) 633-4688  
After Hours Phone: (858) 218-3000  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

**LIU-BARBARO, DOROTHY, MD**  
Provider Gender: Female

License number: A115342  
NPI: 1851602270  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
Phone: (858) 218-3000  
Fax: (858) 633-4688  
After Hours Phone: (858) 218-3000  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **MACIAS, ZIRLEY, CSW**

Provider Gender: Female  
License number: 96997  
NPI: 1245616887  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
Phone: (858) 218-3000  
Fax: (858) 633-4688  
After Hours Phone: (858) 218-3000

Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **MAGOS, DANIEL, CSW**

Provider Gender: Male  
License number: 88270  
NPI: 1578983664  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: NEIGHBORHOOD HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
Phone: (858) 218-3000  
Fax: (858) 633-4688  
After Hours Phone: (858) 218-3000  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **MEJIAS, JUAN C , PSY**

*Provider Gender:* Male  
*License number:* 26953  
*NPI:* 1558560730  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858)  
218-3000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **PEDERSEN, SUESAN, MD**

*Provider Gender:* Female  
*License number:* A138369  
*NPI:* 1558603837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD

HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858)  
218-3000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **POSTLETHWAITE, ALEJANDRA, MD**

*Provider Gender:* Female  
*License number:* A88938  
*NPI:* 1750566915  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858)  
218-3000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **RODARTE, GABRIEL, MD**

*Provider Gender:* Male  
*License number:* A87906  
*NPI:* 1184649212  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858)  
218-3000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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### **ROSS, ANNE T , NPA**

*Provider Gender:* Female  
*License number:* 53359  
*NPI:* 1447334883  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858)  
218-3000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **SINGH, PARDEEP, NPA**

*Provider Gender:* Female  
*License number:* 95010750  
*NPI:* 1992279004  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520

*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858)  
218-3000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **STONE, CALVIN, MD**

*Provider Gender:* Male  
*License number:* 20A18127  
*NPI:* 1275995870  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858)  
218-3000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **SUOZZO, JOSEPH J , PSY**

*Provider Gender:* Male  
*License number:* 18393  
*NPI:* 1821013228  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858)  
218-3000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **TEETER-WITT, ALYSSA, PSY**

*Provider Gender:* U  
*License number:* 31075  
*NPI:* 1932308442  
*Provider English Spoken:* Yes

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## J. Mental Health Directory

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*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
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218-3000  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **THOMAS, PAULA M , CSW**

*Provider Gender:* Female  
*License number:* 29517  
*NPI:* 1821389966  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858)  
218-3000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **THOMPSON, STEPHANIE G , CSW**

*Provider Gender:* Female  
*License number:* 75185  
*NPI:* 1861938227  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858)  
218-3000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **VALLEZ BARLAM, ANDREA, PSY**

*Provider Gender:* Female  
*License number:* PSY9962  
*NPI:* 1710902143  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
*Phone:* (858) 218-3000  
*Fax:* (858) 633-4688  
*After Hours Phone:* (858)  
218-3000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Nepali (Individual Language),  
Spanish  
*TDD:* Yes  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **VAQUERO, JUANA, PSY**

*Provider Gender:* Female  
*License number:* PSY28364  
*NPI:* 1023459708  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NEIGHBORHOOD  
HEALTHCARE

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## J. Mental Health Directory

13010 POWAY RD  
POWAY, CA 920644520  
Phone: (858) 218-3000  
Fax: (858) 633-4688  
After Hours Phone: (858) 218-3000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **WILLIAMS, SHANTRICE M , NPA**

Provider Gender: Female  
License number: 19664  
NPI: 1578865549  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: NEIGHBORHOOD HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
Phone: (858) 218-3000  
Fax: (858) 633-4688  
After Hours Phone: (858) 218-3000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi,

Nepali (Individual Language), Spanish  
TDD: Yes  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **WOODWORTH, JENNIFER, PSY**

Provider Gender: Female  
License number: 26963  
NPI: 1639362494  
Provider English Spoken: Yes  
Provider Language(s) Spoken: NEIGHBORHOOD HEALTHCARE  
13010 POWAY RD  
POWAY, CA 920644520  
Phone: (858) 218-3000  
Fax: (858) 633-4688  
After Hours Phone: (858) 218-3000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Hindi, Nepali (Individual Language), Spanish  
TDD: Yes

Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

## POWAY

### **JACKSON, VIOLETTE A , CSW**

Provider Gender: Female  
License number: 15995  
NPI: 1275640195  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Arabic  
Cultural Competency: VIOLETTE JACKSON  
15525 POMERADO RD STE E4  
POWAY, CA 92064-2427  
Phone: (858) 674-5958  
Fax: (858) 451-1104  
After Hours Phone: (858) 674-5958  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Arabic  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: TU 9AM-7:30PM, W 9AM-6PM, TH 9AM-8PM

## RAMONA

### **ALTAMIRANO, LEON, PSY**

Provider Gender: Male  
License number: 23734  
NPI: 1619271517  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: NORTH COUNTY HEALTH

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## J. Mental Health Directory

### SERVICES

217 EARLHAM ST  
RAMONA, CA 92065-1589  
Phone: (760) 789-1223  
Fax: (760) 789-5946  
After Hours Phone: (760)  
789-1223  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM, SA  
8AM-12PM

### ARANGO, MONICA, PSY

Provider Gender: Female

License number: 28316

NPI: 1225090616

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

Phone: (760) 789-1223

Fax: (760) 789-5946

After Hours Phone: (760)

789-1223

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM, SA  
8AM-12PM

### CHALMERS, VIRGINIA, CSW

Provider Gender: Female

License number: 28053

NPI: 1265613715

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

Phone: (760) 789-1223

Fax: (760) 789-5946

After Hours Phone: (760)

789-1223

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM, SA  
8AM-12PM

### CHENG, JIM, NPA

Provider Gender: Male

License number: 22852

NPI: 1790122638

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

Phone: (760) 789-1223

Fax: (760) 789-5946

After Hours Phone: (760)

789-1223

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM, SA  
8AM-12PM

### CORNER, EMILY, MFT

Provider Gender: Female

License number: 102353

NPI: 1093225823

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

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## J. Mental Health Directory

*Phone:* (760) 789-1223  
*Fax:* (760) 789-5946  
*After Hours Phone:* (760) 789-1223  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **CORTIZO, ROSA, PSY**

*Provider Gender:* Female  
*License number:* 22278  
*NPI:* 1952316648  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589  
*Phone:* (760) 789-1223  
*Fax:* (760) 789-5946  
*After Hours Phone:* (760) 789-1223  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **FLYNN (NEWMAN), DANIELLE I, PSY**

*Provider Gender:* U  
*License number:* 26184  
*NPI:* 1477785137  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589  
*Phone:* (760) 789-1223  
*Fax:* (760) 789-5946  
*After Hours Phone:* (760) 789-1223  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **FREEMAN, WANDA, NPA**

*Provider Gender:* Female  
*License number:* 95003903

*NPI:* 1659504264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589  
*Phone:* (760) 789-1223  
*Fax:* (760) 789-5946  
*After Hours Phone:* (760) 789-1223  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **GEORGIEV, MARY JO C, PSY**

*Provider Gender:* Female  
*License number:* 17954  
*NPI:* 1518996875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589  
*Phone:* (760) 789-1223  
*Fax:* (760) 789-5946  
*After Hours Phone:* (760) 789-1223

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## J. Mental Health Directory

**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Spanish  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Hours:** M-F 8AM-5PM, SA 8AM-12PM

### **GERAUGHTY (OLEARY), PAMELA J , CSW**

**Provider Gender:** Female  
**License number:** 25138  
**NPI:** 1063800217  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589  
**Phone:** (760) 789-1223  
**Fax:** (760) 789-5946  
**After Hours Phone:** (760) 789-1223  
**Website:**  
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**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Spanish  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No

Please contact provider for Accessibility information  
**Hours:** M-F 8AM-5PM, SA 8AM-12PM

### **GUEVARA LEHMAN, NATALIE, CSW**

**Provider Gender:** Female  
**License number:** 63746  
**NPI:** 1578835757  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589  
**Phone:** (760) 789-1223  
**Fax:** (760) 789-5946  
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**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Spanish  
**TDD:** No

**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Hours:** M-F 8AM-5PM, SA 8AM-12PM

### **GUTIERREZ, VERONICA, PSY**

**Provider Gender:** Female  
**License number:** 21413  
**NPI:** 1467674176  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**

Spanish  
**Cultural Competency:**  
 NORTH COUNTY HEALTH SERVICES

217 EARLHAM ST  
 RAMONA, CA 92065-1589  
**Phone:** (760) 789-1223  
**Fax:** (760) 789-5946  
**After Hours Phone:** (760) 789-1223  
**Website:**

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Spanish  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Hours:** M-F 8AM-5PM, SA 8AM-12PM

### **JENSEN, BRIAN M , PSY**

**Provider Gender:** Male  
**License number:** 26041  
**NPI:** 1518138049  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Cultural Competency:  
 NORTH COUNTY HEALTH SERVICES  
 217 EARLHAM ST  
 RAMONA, CA 92065-1589  
**Phone:** (760) 789-1223  
**Fax:** (760) 789-5946  
**After Hours Phone:** (760) 789-1223  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes

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## J. Mental Health Directory

---

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **KRAPES, MICHAEL B , PSY**

*Provider Gender:* Male

*License number:* 25077

*NPI:* 1215233028

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

*Phone:* (760) 789-1223

*Fax:* (760) 789-5946

*After Hours Phone:* (760)

789-1223

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **MONTEZ, REBECCA, CSW**

*Provider Gender:* Female

*License number:* 26869

*NPI:* 1396047809

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

NORTH COUNTY HEALTH SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

*Phone:* (760) 789-1223

*Fax:* (760) 789-5946

*After Hours Phone:* (760)

789-1223

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **SIMMONS, SUZANNE, NPA**

*Provider Gender:* Female

*License number:* 95016129

*NPI:* 1245733450

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

*Phone:* (760) 789-1223

*Fax:* (760) 789-5946

*After Hours Phone:* (760) 789-1223

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **SIMPSON, ERIC, PSY**

*Provider Gender:* Male

*License number:* 28885

*NPI:* 1710110416

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

*Phone:* (760) 789-1223

*Fax:* (760) 789-5946

*After Hours Phone:* (760)

789-1223

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM, SA  
8AM-12PM

### **SINNAPPAN, CHRISTOPHER A , MD**

*Provider Gender:* Male

*License number:* G85649

*NPI:* 1588740252

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

*Phone:* (760) 789-1223

*Fax:* (760) 789-5946

*After Hours Phone:* (760)

789-1223

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM, SA  
8AM-12PM

### **TAYLOR, CORRDERO A , CSW**

*Provider Gender:* Male

*License number:* 71284

*NPI:* 1346501533

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

*Phone:* (760) 789-1223

*Fax:* (760) 789-5946

*After Hours Phone:* (760)

789-1223

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM, SA  
8AM-12PM

### **TORRES, HECTOR M , PSY**

*Provider Gender:* Male

*License number:* 13309

*NPI:* 1720265614

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

*Phone:* (760) 789-1223

*Fax:* (760) 789-5946

*After Hours Phone:* (760)

789-1223

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM, SA  
8AM-12PM

### **WALKER, SHAYNA T , MD**

*Provider Gender:* Female

*License number:* A107393

*NPI:* 1760688295

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

NORTH COUNTY HEALTH  
SERVICES

217 EARLHAM ST

RAMONA, CA 92065-1589

*Phone:* (760) 789-1223

*Fax:* (760) 789-5946

*After Hours Phone:* (760)

789-1223

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Accessibility information  
Hours: M-F 8AM-5PM, SA  
8AM-12PM

### SANTA YSABEL

#### **GERNANDT, DEBRA J , MFT**

*Provider Gender:* Female  
*License number:* 50395  
*NPI:* 1538292115  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
GERNANDT, DEBRA  
30240 HIGHWAY 78  
SANTA YSABEL, CA 920700231  
*Phone:* (760) 765-3578  
*Fax:* (760) 765-2810  
*After Hours Phone:* (760)  
765-3578  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M,TU 9AM-7PM, W,F  
9AM-6PM, SA 10AM-5PM

#### **HAWTHORNE, KAREN, MFT**

*Provider Gender:* Female  
*License number:* 16894  
*NPI:* 1750449625  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
HAWTHORNE, KAREN  
30240 HIGHWAY 78

SANTA YSABEL, CA 920700035  
*Phone:* (760) 765-3578  
*Fax:* (760) 765-2810  
*After Hours Phone:* (760)  
765-3578  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M 1PM-6PM, TU  
10AM-6PM, W,TH 9AM-7PM, F  
10AM-4PM, SA  
12:30PM-3:30PM

### SAN DIEGO

#### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female  
*License number:* 29990  
*NPI:* 1699840587  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

#### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female  
*License number:* 29990  
*NPI:* 1699840587  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

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### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female

*License number:* 29990

*NPI:* 1699840587

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338

*Fax:* (619) 702-8535

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female

*License number:* 29990

*NPI:* 1699840587

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female

*License number:* 29990

*NPI:* 1699840587

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:*

### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female

*License number:* 29990

*NPI:* 1699840587

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2424

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*License number:* 29990  
*NPI:* 1699840587  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female  
*License number:* 29990  
*NPI:* 1699840587  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female  
*License number:* 29990  
*NPI:* 1699840587  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female  
*License number:* 29990  
*NPI:* 1699840587  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 29990  
*NPI:* 1699840587  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ABDULLAH, KERI, PSY**  
*Provider Gender:* Female  
*License number:* 29990  
*NPI:* 1699840587  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**ABERCROMBIE, SHERI L , PSY**  
*Provider Gender:* Female  
*License number:* 18536  
*NPI:* 1932292422  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
*Phone:* (858) 810-8787  
*Fax:* (858) 279-0377  
*After Hours Phone:* (858)  
 810-8787  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Spanish, Vietnamese,  
 Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
 8AM-1PM

**AGUILAR, DIANA, CSW**  
*Provider Gender:* Female  
*License number:* 83063  
*NPI:* 1194065813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:*

**AGUIRRE, LEAH B , CSW**  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**  
*Provider Gender:* Female  
*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**  
*Provider Gender:* Female  
*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**  
*Provider Gender:* Female  
*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

**AGUIRRE, LEAH B , CSW**  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**  
*Provider Gender:* Female  
*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**  
*Provider Gender:* Female  
*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**  
*Provider Gender:* Female  
*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM  
**AGUIRRE, LEAH B , CSW**  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**AGUIRRE, LEAH B , CSW**  
*Provider Gender:* Female  
*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, LEAH B , CSW**  
*Provider Gender:* Female  
*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**AGUIRRE, LEAH B , CSW**  
*Provider Gender:* Female  
*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**AGUIRRE, WENDY, CSW**  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 74219  
*NPI:* 1205946282  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **AGUIRRE, WENDY, CSW**

*Provider Gender:* Female  
*License number:* 74219  
*NPI:* 1205946282  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **AGUIRRE, WENDY, CSW**

*Provider Gender:* Female  
*License number:* 74219  
*NPI:* 1205946282  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **AGUIRRE, WENDY, CSW**

*Provider Gender:* Female  
*License number:* 74219  
*NPI:* 1205946282  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

### **AGUIRRE, WENDY, CSW**

*Provider Gender:* Female

*License number:* 74219

*NPI:* 1205946282

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **AGUIRRE, WENDY, CSW**

*Provider Gender:* Female

*License number:* 74219

*NPI:* 1205946282

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **AGUIRRE, WENDY, CSW**

*Provider Gender:* Female

*License number:* 74219

*NPI:* 1205946282

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)

515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **AGUIRRE, WENDY, CSW**

*Provider Gender:* Female

*License number:* 74219

*NPI:* 1205946282

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



# J. Mental Health Directory

Hours: M-F 8AM-5PM

## **AGUIRRE, WENDY, CSW**

Provider Gender: Female

License number: 74219

NPI: 1205946282

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

Hours: M-W,F 8:30AM-5PM

## **AGUIRRE, WENDY, CSW**

Provider Gender: Female

License number: 74219

NPI: 1205946282

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

## **AGUIRRE, WENDY, CSW**

Provider Gender: Female

License number: 74219

NPI: 1205946282

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)

515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

## **ALAVI, ALI S , MD**

Provider Gender: Male

License number: A163793

NPI: 1356856694

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Hours: M-W,F 8:30AM-5PM*

**ALFARO, AMY, CSW**

*Provider Gender: Female*

*License number: 72874*

*NPI: 1609326859*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours: M-W,F 8:30AM-5PM*

**ALTERS, DENNIS, MD**

*Provider Gender: Male*

*License number: G36206*

*NPI: 1457371635*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours: M-F 8:30AM-5PM*

**ALTERS, DENNIS, MD**

*Provider Gender: Male*

*License number: G36206*

*NPI: 1457371635*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours: M-F 8AM-5PM*

**ALTERS, DENNIS, MD**

*Provider Gender: Male*

*License number: G36206*

*NPI: 1457371635*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone: (619) 515-2300*

*Fax:*

*After Hours Phone: (619)*

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male  
*License number:* G36206  
*NPI:* 1457371635

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338

*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338

*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male  
*License number:* G36206  
*NPI:* 1457371635

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338

*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male  
*License number:* G36206  
*NPI:* 1457371635

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338

*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338

*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male  
*License number:* G36206  
*NPI:* 1457371635

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338

*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*License number:* G36206  
*NPI:* 1457371635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male  
*License number:* G36206  
*NPI:* 1457371635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male  
*License number:* G36206  
*NPI:* 1457371635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male  
*License number:* G36206  
*NPI:* 1457371635  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
515-2520  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **ALTERS, DENNIS, MD**

*Provider Gender:* Male

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

License number: G36206  
 NPI: 1457371635  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ALVAREZ, DIANA P , CSW**

Provider Gender: Female  
 License number: 81025  
 NPI: 1013200617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

### **ALVAREZ, DIANA P , CSW**

Provider Gender: Female  
 License number: 81025  
 NPI: 1013200617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 LA MAESTRA COMMUNITY  
 HEALTH CENTERS  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
 Phone: (619) 280-4213  
 Fax: (619) 281-6738  
 After Hours Phone: (619)  
 280-4213  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5:30PM

### **ALVAREZ, DIANA P , CSW**

Provider Gender: Female  
 License number: 81025  
 NPI: 1013200617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 LA MAESTRA COMMUNITY  
 HEALTH CENTERS  
 4157 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1609  
 Phone: (619) 285-7097  
 Fax: (619) 564-8140  
 After Hours Phone: (619)  
 285-7097  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 TDD: No  
 Min/Max Age: 19/64  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

### **ANDERSON, NICOLE M , CSW**

Provider Gender: Female  
 License number: LCSW28443  
 NPI: 1679766380

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**ANDERSON, NICOLE**  
 6136 MISSION GORGE RD STE  
 106  
 SAN DIEGO, CA 92120-3413  
*Phone:* (619) 786-1351  
*Fax:*  
*After Hours Phone:* (619)  
 786-1351  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* W 5PM-9PM

### **ANDERSON, NICOLE M , CSW**

*Provider Gender:* Female  
*License number:* LCSW28443  
*NPI:* 1679766380  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **ANDERSON, NICOLE M , CSW**

*Provider Gender:* Female  
*License number:* LCSW28443  
*NPI:* 1679766380  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information

*Hours:*

### **ANDREWS GEYMAN, JOY, PSY**

*Provider Gender:* Female  
*License number:* 15492  
*NPI:* 1336243013  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 ACCESS PSYCHOLOGY  
 SERVICES, PC  
 750 B ST STE 2870  
 SAN DIEGO, CA 92101-8132  
*Phone:* (619) 722-0014  
*Fax:* (619) 327-4174  
*After Hours Phone:* (619)  
 722-0014  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 9AM-5PM

### **ANGER, ALEXANDRA C , NPA**

*Provider Gender:* Female  
*License number:* 95007806  
*NPI:* 1780042002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)  
662-4100

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:*

### **ARAGON, DARINKA M , MD**

*Provider Gender:* Female

*License number:* A139241

*NPI:* 1114347291

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **ARAGON, DARINKA M , MD**

*Provider Gender:* Female

*License number:* A139241

*NPI:* 1114347291

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **ARAGON, DARINKA M , MD**

*Provider Gender:* Female

*License number:* A139241

*NPI:* 1114347291

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2424

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **ARAGON, DARINKA M , MD**

*Provider Gender:* Female

*License number:* A139241

*NPI:* 1114347291

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-W,F 8:30AM-5PM

**ARAGON, DARINKA M , MD**

Provider Gender: Female

License number: A139241

NPI: 1114347291

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-TH 8:30AM-5PM

**ARAGON, DARINKA M , MD**

Provider Gender: Female

License number: A139241

NPI: 1114347291

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**ARAGON, DARINKA M , MD**

Provider Gender: Female

License number: A139241

NPI: 1114347291

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**ARAGON, DARINKA M , MD**

Provider Gender: Female

License number: A139241

NPI: 1114347291

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



# J. Mental Health Directory

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)  
515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

## **ARAGON, DARINKA M , MD**

*Provider Gender:* Female

*License number:* A139241

*NPI:* 1114347291

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

## **ARAGON, DARINKA M , MD**

*Provider Gender:* Female

*License number:* A139241

*NPI:* 1114347291

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

## **ARAGON, DARINKA M , MD**

*Provider Gender:* Female

*License number:* A139241

*NPI:* 1114347291

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

## **ARIELLA, LYNDIA R , PSY**

*Provider Gender:* Female

*License number:* 19450

*NPI:* 1073518965

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

# J. Mental Health Directory

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**ARIELLA, LYNDIA R , PSY**  
 Provider Gender: Female  
 License number: 19450  
 NPI: 1073518965  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:  
**ARIELLA, LYNDIA R , PSY**  
 Provider Gender: Female  
 License number: 19450  
 NPI: 1073518965  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**ARIELLA, LYNDIA R , PSY**  
 Provider Gender: Female  
 License number: 19450  
 NPI: 1073518965  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

License number: 19450  
 NPI: 1073518965  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**ARIELLA, LYNDIA R , PSY**  
 Provider Gender: Female  
 License number: 19450  
 NPI: 1073518965  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**ARIELLA, LYNDIA R , PSY**

Provider Gender: Female

License number: 19450

NPI: 1073518965

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**ARIELLA, LYNDIA R , PSY**

Provider Gender: Female

License number: 19450

NPI: 1073518965

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**ARIELLA, LYNDIA R , PSY**

Provider Gender: Female

License number: 19450

NPI: 1073518965

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**ARIELLA, LYNDIA R , PSY**

Provider Gender: Female

License number: 19450

NPI: 1073518965

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-W,F 8:30AM-5PM

**ARIELLA, LYNDIA R , PSY**

Provider Gender: Female

License number: 19450

NPI: 1073518965

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)

515-2520

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

**ARIELLA, LYNDIA R , PSY**

Provider Gender: Female

License number: 19450

NPI: 1073518965

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-TH 8:30AM-5PM

**ARIELLA, LYNDIA R , PSY**

Provider Gender: Female

License number: 19450

NPI: 1073518965

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**ARONLEE, TRACY S , CSW**

Provider Gender: Female

License number: 83778

NPI: 1619304748

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN DIEGO FAMILY CARE

6973 LINDA VISTA RD

SAN DIEGO, CA 92111-6342

Phone: (858) 810-8787

Fax: (858) 279-0377

After Hours Phone: (858)

810-8787

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Spanish, Vietnamese,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-1PM

### **ARONLEE, TRACY S , CSW**

*Provider Gender:* Female  
*License number:* 83778  
*NPI:* 1619304748  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858)  
810-8700  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Farsi, Spanish,  
Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-2PM

### **ARSENAULT, DARIN J , PSY**

*Provider Gender:* Male  
*License number:* 24775  
*NPI:* 1528243821  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
662-4100  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

### **ASH, VIVIAN, CSW**

*Provider Gender:* Female  
*License number:* 14619  
*NPI:* 1033623293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

*Provider Gender:* Female  
*License number:* 14619  
*NPI:* 1033623293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

*Provider Gender:* Female  
*License number:* 14619  
*NPI:* 1033623293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
515-2520  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **ASH, VIVIAN, CSW**

*Provider Gender:* Female  
*License number:* 14619  
*NPI:* 1033623293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

*Provider Gender:* Female  
*License number:* 14619  
*NPI:* 1033623293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

*Provider Gender:* Female  
*License number:* 14619  
*NPI:* 1033623293  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
 License number: 14619  
 NPI: 1033623293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
 License number: 14619  
 NPI: 1033623293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
 License number: 14619  
 NPI: 1033623293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
 License number: 14619  
 NPI: 1033623293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
 License number: 14619  
 NPI: 1033623293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female

License number: 14619  
 NPI: 1033623293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520

Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male

License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300

Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male

License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male

License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **ATALLAH, HANI M , MD**

Provider Gender: Male  
 License number: 132530  
 NPI: 1104169655  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **AUCOIN, DOUGLAS, CSW**

Provider Gender: Male  
 License number: 24707  
 NPI: 1699007609  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

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*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

### **AUCOIN, DOUGLAS, CSW**

*Provider Gender: Male*  
*License number: 24707*  
*NPI: 1699007609*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**1809 NATIONAL AVE**  
**SAN DIEGO, CA 92113-2113**  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

### **AUCOIN, DOUGLAS, CSW**

*Provider Gender: Male*

*License number: 24707*  
*NPI: 1699007609*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**4725 MARKET ST**  
**SAN DIEGO, CA 92102-4715**  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

### **AUCOIN, DOUGLAS, CSW**

*Provider Gender: Male*  
*License number: 24707*  
*NPI: 1699007609*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**3544 30TH ST**  
**SAN DIEGO, CA 92104-4120**

*Phone: (619) 515-2424*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2424*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

### **AUCOIN, DOUGLAS, CSW**

*Provider Gender: Male*  
*License number: 24707*  
*NPI: 1699007609*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**4065 3RD AVE**  
**SAN DIEGO, CA 92103-2184**  
*Phone: (619) 515-2300*  
*Fax:*  
*After Hours Phone: (619) 515-2300*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **AUCOIN, DOUGLAS, CSW**

Provider Gender: Male  
 License number: 24707  
 NPI: 1699007609  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax:

After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **AUCOIN, DOUGLAS, CSW**

Provider Gender: Male

License number: 24707  
 NPI: 1699007609  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **AUCOIN, DOUGLAS, CSW**

Provider Gender: Male  
 License number: 24707  
 NPI: 1699007609  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **AUCOIN, DOUGLAS, CSW**

Provider Gender: Male  
 License number: 24707  
 NPI: 1699007609  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **AUCOIN, DOUGLAS, CSW**

Provider Gender: Male  
 License number: 24707  
 NPI: 1699007609  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **AUCOIN, DOUGLAS, CSW**

Provider Gender: Male

License number: 24707  
 NPI: 1699007609  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **AUCOIN, DOUGLAS, CSW**

Provider Gender: Male  
 License number: 24707  
 NPI: 1699007609  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **AVILA, RADOMIR M , CSW**

Provider Gender: Male  
 License number: 75520  
 NPI: 1487937330  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Portuguese, Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian,

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## J. Mental Health Directory

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **AVILA, RADOMIR M , CSW**

*Provider Gender:* Male

*License number:* 75520

*NPI:* 1487937330

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Portuguese, Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **AVILA, RADOMIR M , CSW**

*Provider Gender:* Male

*License number:* 75520

*NPI:* 1487937330

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Portuguese, Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **AVILA, RADOMIR M , CSW**

*Provider Gender:* Male

*License number:* 75520

*NPI:* 1487937330

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Portuguese, Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **AVILA, RADOMIR M , CSW**

*Provider Gender:* Male

*License number:* 75520

*NPI:* 1487937330

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Portuguese, Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **AVILA, RADOMIR M , CSW**

Provider Gender: Male

License number: 75520

NPI: 1487937330

Provider English Spoken: Yes

Provider Language(s) Spoken:

Portuguese, Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **AVILA, RADOMIR M , CSW**

Provider Gender: Male

License number: 75520

NPI: 1487937330

Provider English Spoken: Yes

Provider Language(s) Spoken:

Portuguese, Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### **AVILA, RADOMIR M , CSW**

Provider Gender: Male

License number: 75520

NPI: 1487937330

Provider English Spoken: Yes

Provider Language(s) Spoken:

Portuguese, Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **AVILA, RADOMIR M , CSW**

Provider Gender: Male

License number: 75520

NPI: 1487937330

Provider English Spoken: Yes

Provider Language(s) Spoken:

Portuguese, Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**AVILA, RADOMIR M , CSW**  
*Provider Gender:* Male  
*License number:* 75520  
*NPI:* 1487937330  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
515-2520  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for

Accessibility information  
*Hours:* M-F 8AM-5PM  
**AVILA, RADOMIR M , CSW**  
*Provider Gender:* Male  
*License number:* 75520  
*NPI:* 1487937330  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM  
**AVILA, RADOMIR M , CSW**  
*Provider Gender:* Male  
*License number:* 75520  
*NPI:* 1487937330  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM  
**BABBITT, CLAIRE M , MFT**  
*Provider Gender:* Female  
*License number:* 88233  
*NPI:* 1306219936  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
BABBITT, CLAIRE  
16870 W BERNARDO DR STE  
400  
SAN DIEGO, CA 92127-1678  
*Phone:* (858) 449-7547  
*Fax:*  
*After Hours Phone:* (858)  
449-7547  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site Language(s) Spoken:*  
TDD: No  
*Min/Max Age:* 19/64  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-SA 6:30AM-7PM

### **BAHENA, SANDRA, PSY**

*Provider Gender:* Female  
*License number:* 29792  
*NPI:* 1073742268  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* LA MAESTRA COMMUNITY HEALTH CENTERS  
4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1609  
*Phone:* (619) 285-7097  
*Fax:* (619) 564-8140  
*After Hours Phone:* (619) 285-7097  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
TDD: No  
*Min/Max Age:* 19/64  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:*

### **BAHENA, SANDRA, PSY**

*Provider Gender:* Female

*License number:* 29792  
*NPI:* 1073742268  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* LA MAESTRA COMMUNITY HEALTH CENTERS  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
*Phone:* (619) 280-4213  
*Fax:* (619) 281-6738  
*After Hours Phone:* (619) 280-4213  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5:30PM

### **BAHRO, SONIA A , PSY**

*Provider Gender:* Female  
*License number:* 22039  
*NPI:* 1750418042  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* ACCESS PSYCHOLOGY SERVICES, PC  
750 B ST STE 2870  
SAN DIEGO, CA 92101-8132

*Phone:* (619) 722-0014  
*Fax:* (619) 327-4174  
*After Hours Phone:* (619) 722-0014  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 9AM-5PM

### **BALINGIT, KATRINA T , NPA**

*Provider Gender:* Female  
*License number:* NP95012642  
*NPI:* 1538790605  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* *Cultural Competency:* SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

# J. Mental Health Directory

## Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:*

## **BANZON, CHARLES, MFT**

*Provider Gender:* Male

*License number:* 49126

*NPI:* 1457422966

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

## **BANZON, CHARLES, MFT**

*Provider Gender:* Male

*License number:* 49126

*NPI:* 1457422966

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-W,F 8:30AM-5PM

## **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male

*License number:* 90529

*NPI:* 1194159871

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)

515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

## **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male

*License number:* 90529

*NPI:* 1194159871

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

|                                      |                                      |                                      |
|--------------------------------------|--------------------------------------|--------------------------------------|
| Restrictions                         | <i>NPI: 1194159871</i>               | <i>Phone: (619) 515-2338</i>         |
| <i>American Sign Language (ASL):</i> | <i>Provider English Spoken: Yes</i>  | <i>Fax: (619) 702-8536</i>           |
| Yes                                  | <i>Provider Language(s) Spoken:</i>  | <i>After Hours Phone: (619)</i>      |
| Please contact provider for          | <i>Cultural Competency:</i>          | <i>515-2338</i>                      |
| Accessibility information            | FAMILY HEALTH CENTERS OF             | <i>Website:</i>                      |
| <i>Hours: M-F 8:30AM-5PM</i>         | SAN DIEGO                            | <i>www.beaconhealthoptions.com</i>   |
| <b>BARCELOS ANTONIO, TIAGO, CSW</b>  | 1550 BROADWAY STE 2                  | <i>Accepting New Patients: Yes</i>   |
| <i>Provider Gender: Male</i>         | SAN DIEGO, CA 92101-5713             | <i>Site English Spoken: Yes</i>      |
| <i>License number: 90529</i>         | <i>Phone: (619) 515-2338</i>         | <i>Site Language(s) Spoken:</i>      |
| <i>NPI: 1194159871</i>               | <i>Fax: (619) 702-8535</i>           | American Sign Language, Farsi,       |
| <i>Provider English Spoken: Yes</i>  | <i>After Hours Phone: (619)</i>      | Japanese, Portuguese, Russian,       |
| <i>Provider Language(s) Spoken:</i>  | <i>515-2338</i>                      | Spanish, Yue Chinese                 |
| <i>Cultural Competency:</i>          | <i>Website:</i>                      | <i>TDD: No</i>                       |
| FAMILY HEALTH CENTERS OF             | <i>www.beaconhealthoptions.com</i>   | <i>Min/Max Age: 0/99</i>             |
| SAN DIEGO                            | <i>Accepting New Patients: Yes</i>   | <i>Gender Restriction: No Gender</i> |
| 4874 POLK AVE                        | <i>Site English Spoken: Yes</i>      | <i>Restrictions</i>                  |
| SAN DIEGO, CA 92105-2026             | <i>Site Language(s) Spoken:</i>      | <i>American Sign Language (ASL):</i> |
| <i>Phone: (619) 515-2338</i>         | American Sign Language, Farsi,       | Yes                                  |
| <i>Fax: (619) 702-8536</i>           | Japanese, Portuguese, Russian,       | Please contact provider for          |
| <i>After Hours Phone: (619)</i>      | Spanish, Yue Chinese                 | Accessibility information            |
| <i>515-2338</i>                      | <i>TDD: No</i>                       | <i>Hours: M-W,F 8:30AM-5PM</i>       |
| <i>Website:</i>                      | <i>Min/Max Age: 0/99</i>             | <b>BARCELOS ANTONIO, TIAGO, CSW</b>  |
| <i>www.beaconhealthoptions.com</i>   | <i>Gender Restriction: No Gender</i> | <i>Provider Gender: Male</i>         |
| <i>Accepting New Patients: Yes</i>   | <i>Restrictions</i>                  | <i>License number: 90529</i>         |
| <i>Site English Spoken: Yes</i>      | <i>American Sign Language (ASL):</i> | <i>NPI: 1194159871</i>               |
| <i>Site Language(s) Spoken:</i>      | Yes                                  | <i>Provider English Spoken: Yes</i>  |
| American Sign Language, Farsi,       | Please contact provider for          | <i>Provider Language(s) Spoken:</i>  |
| Japanese, Portuguese, Russian,       | Accessibility information            | <i>Cultural Competency:</i>          |
| Spanish, Yue Chinese                 | <i>Hours: M-TH 8:30AM-5PM</i>        | FAMILY HEALTH CENTERS OF             |
| <i>TDD: No</i>                       | <b>BARCELOS ANTONIO, TIAGO, CSW</b>  | SAN DIEGO                            |
| <i>Min/Max Age:</i>                  | <i>Provider Gender: Male</i>         | 5454 EL CAJON BLVD                   |
| <i>Gender Restriction: No Gender</i> | <i>License number: 90529</i>         | SAN DIEGO, CA 92115-3621             |
| <i>Restrictions</i>                  | <i>NPI: 1194159871</i>               | <i>Phone: (619) 515-2338</i>         |
| <i>American Sign Language (ASL):</i> | <i>Provider English Spoken: Yes</i>  | <i>Fax: (619) 702-8536</i>           |
| Yes                                  | <i>Provider Language(s) Spoken:</i>  | <i>After Hours Phone: (619)</i>      |
| Please contact provider for          | <i>Cultural Competency:</i>          | <i>515-2338</i>                      |
| Accessibility information            | FAMILY HEALTH CENTERS OF             | <i>Website:</i>                      |
| <i>Hours: M-F 8AM-5PM</i>            | SAN DIEGO                            | <i>www.beaconhealthoptions.com</i>   |
| <b>BARCELOS ANTONIO, TIAGO, CSW</b>  | 3705 MISSION BLVD                    | <i>Accepting New Patients: Yes</i>   |
| <i>Provider Gender: Male</i>         | SAN DIEGO, CA 92109-7104             | <i>Site English Spoken: Yes</i>      |
| <i>License number: 90529</i>         |                                      | <i>Site Language(s) Spoken:</i>      |
|                                      |                                      | American Sign Language, Farsi,       |
|                                      |                                      | Japanese, Portuguese, Russian,       |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male

*License number:* 90529

*NPI:* 1194159871

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male

*License number:* 90529

*NPI:* 1194159871

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2424

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male

*License number:* 90529

*NPI:* 1194159871

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male

*License number:* 90529

*NPI:* 1194159871

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male

*License number:* 90529

*NPI:* 1194159871

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male

*License number:* 90529

*NPI:* 1194159871

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **BARMAK, SHANT, PSY**

*Provider Gender:* Male

*License number:* 24998

*NPI:* 1235408972

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Armenian

*Cultural Competency:*

MOUNTAIN HEALTH AND

COMMUNITY SERVICES INC  
316 25TH ST

SAN DIEGO, CA 92102-3016

*Phone:* (619) 445-6200

*Fax:* (619) 238-5551

*After Hours Phone:* (619)

445-6200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Armenian

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **BARMAK, SHANT, PSY**

*Provider Gender:* Male

*License number:* 24998

*NPI:* 1235408972

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Armenian

*Cultural Competency:*

MOUNTAIN HEALTH AND  
COMMUNITY SERVICES INC

4690 EL CAJON BLVD

SAN DIEGO, CA 92115-4403

*Phone:* (619) 445-6200

*Fax:* (619) 824-9076

*After Hours Phone:* (619)

445-6200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Armenian

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BARRATT, REBEKAH A , PSY**

Provider Gender: Female  
 License number: 23471  
 NPI: 1609060276  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO AMERICAN INDIAN HEALTH CENTER  
 2630 1ST AVE  
 SAN DIEGO, CA 92103-6599  
 Phone: (619) 234-2158  
 Fax: (619) 234-1979  
 After Hours Phone: (619) 234-2158  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

Provider Gender: Female  
 License number: 86542  
 NPI: 1720339708

Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

Provider Gender: Female  
 License number: 86542  
 NPI: 1720339708  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **BARTHOLOMEW, SARAH C , CSW**

Provider Gender: Female  
 License number: 86542  
 NPI: 1720339708  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

|                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| Restrictions                   | NPI: 1720339708                | Phone: (619) 515-2520          |
| American Sign Language (ASL):  | Provider English Spoken: Yes   | Fax:                           |
| Yes                            | Provider Language(s) Spoken:   | After Hours Phone: (619)       |
| Please contact provider for    | Cultural Competency:           | 515-2520                       |
| Accessibility information      | FAMILY HEALTH CENTERS OF       | Website:                       |
| Hours: M-F 8:30AM-5PM          | SAN DIEGO                      | www.beaconhealthoptions.com    |
| <b>BARTHOLOMEW, SARAH C ,</b>  | 4725 MARKET ST                 | Accepting New Patients: Yes    |
| <b>CSW</b>                     | SAN DIEGO, CA 92102-4715       | Site English Spoken: Yes       |
| Provider Gender: Female        | Phone: (619) 515-2338          | Site Language(s) Spoken:       |
| License number: 86542          | Fax: (619) 702-8536            | American Sign Language, Farsi, |
| NPI: 1720339708                | After Hours Phone: (619)       | Japanese, Portuguese, Russian, |
| Provider English Spoken: Yes   | 515-2338                       | Spanish, Yue Chinese           |
| Provider Language(s) Spoken:   | Website:                       | TDD: No                        |
| Cultural Competency:           | www.beaconhealthoptions.com    | Min/Max Age:                   |
| FAMILY HEALTH CENTERS OF       | Accepting New Patients: Yes    | Gender Restriction: No Gender  |
| SAN DIEGO                      | Site English Spoken: Yes       | Restrictions                   |
| 1250 6TH AVE STE 100           | Site Language(s) Spoken:       | American Sign Language (ASL):  |
| SAN DIEGO, CA 92101-4368       | American Sign Language, Farsi, | Yes                            |
| Phone: (619) 515-2338          | Japanese, Portuguese, Russian, | Please contact provider for    |
| Fax: (619) 702-8536            | Spanish, Yue Chinese           | Accessibility information      |
| After Hours Phone: (619)       | TDD: No                        | Hours: M-F 8AM-5PM             |
| 515-2338                       | Min/Max Age: 0/99              | <b>BARTHOLOMEW, SARAH C ,</b>  |
| Website:                       | Gender Restriction: No Gender  | <b>CSW</b>                     |
| www.beaconhealthoptions.com    | Restrictions                   | Provider Gender: Female        |
| Accepting New Patients: Yes    | American Sign Language (ASL):  | License number: 86542          |
| Site English Spoken: Yes       | Yes                            | NPI: 1720339708                |
| Site Language(s) Spoken:       | Please contact provider for    | Provider English Spoken: Yes   |
| American Sign Language, Farsi, | Accessibility information      | Provider Language(s) Spoken:   |
| Japanese, Portuguese, Russian, | Hours: M-F 8:30AM-5PM          | Cultural Competency:           |
| Spanish, Yue Chinese           | <b>BARTHOLOMEW, SARAH C ,</b>  | FAMILY HEALTH CENTERS OF       |
| TDD: No                        | <b>CSW</b>                     | SAN DIEGO                      |
| Min/Max Age: 0/99              | Provider Gender: Female        | 3705 MISSION BLVD              |
| Gender Restriction: No Gender  | License number: 86542          | SAN DIEGO, CA 92109-7104       |
| Restrictions                   | NPI: 1720339708                | Phone: (619) 515-2338          |
| American Sign Language (ASL):  | Provider English Spoken: Yes   | Fax: (619) 702-8536            |
| Yes                            | Provider Language(s) Spoken:   | After Hours Phone: (619)       |
| Please contact provider for    | Cultural Competency:           | 515-2338                       |
| Accessibility information      | FAMILY HEALTH CENTERS OF       | Website:                       |
| Hours: M-F 8:30AM-5PM          | SAN DIEGO                      | www.beaconhealthoptions.com    |
| <b>BARTHOLOMEW, SARAH C ,</b>  | 140 ELM ST                     | Accepting New Patients: Yes    |
| <b>CSW</b>                     | SAN DIEGO, CA 92101-2602       | Site English Spoken: Yes       |
| Provider Gender: Female        |                                | Site Language(s) Spoken:       |
| License number: 86542          |                                | American Sign Language, Farsi, |
|                                |                                | Japanese, Portuguese, Russian, |

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## J. Mental Health Directory

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Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-W,F 8:30AM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

*Provider Gender:* Female

*License number:* 86542

*NPI:* 1720339708

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

*Provider Gender:* Female

*License number:* 86542

*NPI:* 1720339708

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338

*Fax:* (619) 702-8535

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

*Provider Gender:* Female

*License number:* 86542

*NPI:* 1720339708

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

*Provider Gender:* Female

*License number:* 86542

*NPI:* 1720339708

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

Provider Gender: Female

License number: 86542

NPI: 1720339708

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)

515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **BASS, GURGIANA, PSY**

Provider Gender: Female

License number: 24750

NPI: 1639325277

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN DIEGO FAMILY CARE

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)

810-8700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Farsi, Spanish,  
Vietnamese, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM, SA  
8AM-2PM

### **BASS, GURGIANA, PSY**

Provider Gender: Female

License number: 24750

NPI: 1639325277

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN DIEGO FAMILY CARE

6973 LINDA VISTA RD

SAN DIEGO, CA 92111-6342

Phone: (858) 810-8787

Fax: (858) 279-0377

After Hours Phone: (858)  
810-8787

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Spanish, Vietnamese,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM, SA  
8AM-1PM

### **BAYLON, ALDO, PSY**

Provider Gender: Male

License number: PSY29904

NPI: 1649429150

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu

TDD: No

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## J. Mental Health Directory

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:*

### **BAZZETTA, JAMES J , PSY**

*Provider Gender:* Male  
*License number:* 24443  
*NPI:* 1619162609  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:* (619) 687-1067  
*After Hours Phone:* (619) 233-8500  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM

### **BENNETT, CATHERINE V , MFT**

*Provider Gender:* Female  
*License number:* 18154

*NPI:* 1861577967  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: BENNETT, KATE  
 9655 GRANITE RIDGE DR STE 200-0027  
 SAN DIEGO, CA 92123-2674  
*Phone:* (619) 823-0204  
*Fax:* (858) 459-2128  
*After Hours Phone:* (619) 823-0204  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:*

### **BENNETT, RACHEL Q , CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **BENNETT, RACHEL Q , CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for

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## J. Mental Health Directory

Accessibility information  
Hours: M-F 8:30AM-5PM

### **BENNETT, RACHEL Q , CSW**

Provider Gender: Female  
License number: 76466  
NPI: 1558659797  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **BENNETT, RACHEL Q , CSW**

Provider Gender: Female  
License number: 76466  
NPI: 1558659797  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST  
SAN DIEGO, CA 92101-2602  
Phone: (619) 515-2520  
Fax:  
After Hours Phone: (619)  
515-2520  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **BENNETT, RACHEL Q , CSW**

Provider Gender: Female  
License number: 76466  
NPI: 1558659797  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **BENNETT, RACHEL Q , CSW**

Provider Gender: Female  
License number: 76466  
NPI: 1558659797  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### **BENNETT, RACHEL Q , CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BENNETT, RACHEL Q , CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BENNETT, RACHEL Q , CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **BENNETT, RACHEL Q , CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BENNETT, RACHEL Q , CSW**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**BENNETT, RACHEL Q , CSW**  
*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

**BENZL, JERRY F , MD**  
*Provider Gender:* Male  
*License number:* A154471  
*NPI:* 1487032082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**BERKSON, BARRIE, CSW**  
*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**BERKSON, BARRIE, CSW**  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **BERKSON, BARRIE, CSW**

*Provider Gender:* Female  
*License number:* 63313  
*NPI:* 1922305465  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **BESTERFIELD, LYDIA, NPA**

*Provider Gender:* Female  
*License number:* 95013060  
*NPI:* 1265929442  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858)  
 810-8700

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Farsi, Spanish,  
 Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
 8AM-2PM

### **BHATIA, PRAKASH K, MD**

*Provider Gender:* Male  
*License number:* A74848

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

NPI: 1164464137  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 PACIFIC HEALTH SYSTEMS LP  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120-5208  
 Phone: (619) 287-3270  
 Fax: (619) 267-9273  
 After Hours Phone: (619)  
 287-3270  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

**BIRNBAUM, DEBORAH, MD**  
 Provider Gender: Female  
 License number: 20A11387  
 NPI: 1639308265  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**  
 Provider Gender: Female  
 License number: 20A11387  
 NPI: 1639308265  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information

Hours: M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**  
 Provider Gender: Female  
 License number: 20A11387  
 NPI: 1639308265  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**  
 Provider Gender: Female  
 License number: 20A11387  
 NPI: 1639308265  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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SAN DIEGO, CA 92101-4368  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**  
Provider Gender: Female  
License number: 20A11387  
NPI: 1639308265  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**BIRNBAUM, DEBORAH, MD**  
Provider Gender: Female  
License number: 20A11387  
NPI: 1639308265  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**BIRNBAUM, DEBORAH, MD**

Provider Gender: Female  
License number: 20A11387  
NPI: 1639308265  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

**BIRNBAUM, DEBORAH, MD**  
Provider Gender: Female  
License number: 20A11387  
NPI: 1639308265  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

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## J. Mental Health Directory

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Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **BIRNBAUM, DEBORAH, MD**

Provider Gender: Female  
License number: 20A11387  
NPI: 1639308265  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

### **BIRNBAUM, DEBORAH, MD**

Provider Gender: Female  
License number: 20A11387  
NPI: 1639308265  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
Phone: (619) 515-2520  
Fax:

After Hours Phone: (619) 515-2520  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **BIRNBAUM, DEBORAH, MD**

Provider Gender: Female

License number: 20A11387  
NPI: 1639308265  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **BIRNBAUM, DEBORAH, MD**

Provider Gender: Female  
License number: 20A11387  
NPI: 1639308265  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120

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## J. Mental Health Directory

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*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BONDELL, JAMES A , PSY**

*Provider Gender:* Male  
*License number:* 4842  
*NPI:* 1558456046  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
BONDELL, JAMES  
2477 CONGRESS ST  
SAN DIEGO, CA 92110-2820  
*Phone:* (760) 729-4931  
*Fax:* (760) 729-3846  
*After Hours Phone:* (760)  
729-4931  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* TU,TH 9AM-7:30PM

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **BOND, ALAN, PSY**

Provider Gender: Male  
License number: PSY25805  
NPI: 1881927184  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **BOND, ALAN, PSY**

Provider Gender: Male  
License number: PSY25805  
NPI: 1881927184  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **BOND, ALAN, PSY**

Provider Gender: Male  
License number: PSY25805  
NPI: 1881927184  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **BOND, ALAN, PSY**

Provider Gender: Male  
License number: PSY25805  
NPI: 1881927184  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female

License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520

Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female

License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female

License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

Provider Gender: Female  
 License number: 95005019  
 NPI: 1184012866  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **BOUCHER, DAVID A , PSY**

Provider Gender: Male  
 License number: 14085  
 NPI: 1518966340  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 BOUCHER, DAVID  
 3760 CONVOY ST STE 118  
 SAN DIEGO, CA 92111-3743  
 Phone: (619) 296-8097  
 Fax: (619) 260-1036  
 After Hours Phone: (619) 296-8097  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: TDD: No  
 Min/Max Age: 19/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: W,TH 8AM-7PM

### **BOULES, FADY S , NPA**

Provider Gender: Male  
 License number: 95003306  
 NPI: 1639541022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Arabic  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

### **BOWEN, JOHN DAVID, PSY**

Provider Gender: Male  
 License number: PSY30271  
 NPI: 1861949190  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

### **BRADDOCK, ADAM, MD**

Provider Gender: Male  
 License number: A114671  
 NPI: 1013163542  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

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## J. Mental Health Directory

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### **BRANTMAN, ANNE E , NPA**

*Provider Gender:* Female  
*License number:* 12343  
*NPI:* 1689621633  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
SENIOR MEDICAL ASSOCIATES INC  
2810 CAMINO DEL RIO S STE 102  
SAN DIEGO, CA 92108-3819  
*Phone:* (619) 299-1419  
*Fax:* (858) 461-6008  
*After Hours Phone:* (619) 299-1419  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*TDD:* No  
*Min/Max Age:* 13/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **BROLASKI, GEORGE, MD**

*Provider Gender:* Male  
*License number:* A20748  
*NPI:* 1568502573  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:*

### **BROMLEY, BRIAN, MD**

*Provider Gender:* Male  
*License number:* 20A5363  
*NPI:* 1306049564  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

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## J. Mental Health Directory

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

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## J. Mental Health Directory

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO

2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information

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## J. Mental Health Directory

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*Hours: M-F 8AM-5PM*

**BUBY, MYRA, CSW**

*Provider Gender: Female*

*License number: 23172*

*NPI: 1093747511*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours: M-F 8:30AM-5PM*

**BUBY, MYRA, CSW**

*Provider Gender: Female*

*License number: 23172*

*NPI: 1093747511*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF

SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours: M-F 8:30AM-5PM*

**BUBY, MYRA, CSW**

*Provider Gender: Female*

*License number: 23172*

*NPI: 1093747511*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone: (619) 515-2520*

*Fax:*

*After Hours Phone: (619)*

515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours: M-F 8AM-5PM*

**BURGOS, EDNA, CSW**

*Provider Gender: Female*

*License number: 85597*

*NPI: 1134591167*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Accessibility information  
Hours: M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
Hours: M-W,F 8:30AM-5PM

**BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

**BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

---

Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8:30AM-5PM</p> <p><b>BURGOS, EDNA, CSW</b><br/>Provider Gender: Female<br/>License number: 85597<br/>NPI: 1134591167<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Spanish<br/>Cultural Competency:<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO<br/>140 ELM ST<br/>SAN DIEGO, CA 92101-2602<br/>Phone: (619) 515-2520<br/>Fax:<br/>After Hours Phone: (619)<br/>515-2520<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>American Sign Language, Farsi,<br/>Japanese, Portuguese, Russian,<br/>Spanish, Yue Chinese<br/>TDD: No<br/>Min/Max Age:<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8AM-5PM</p> <p><b>BURGOS, EDNA, CSW</b><br/>Provider Gender: Female<br/>License number: 85597<br/>NPI: 1134591167<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:</p> | <p>Spanish<br/>Cultural Competency:<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO<br/>4065 3RD AVE<br/>SAN DIEGO, CA 92103-2184<br/>Phone: (619) 515-2300<br/>Fax:<br/>After Hours Phone: (619)<br/>515-2300<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>American Sign Language, Farsi,<br/>Japanese, Portuguese, Russian,<br/>Spanish, Yue Chinese<br/>TDD: No<br/>Min/Max Age:<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours:</p> <p><b>BURGOS, EDNA, CSW</b><br/>Provider Gender: Female<br/>License number: 85597<br/>NPI: 1134591167<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Spanish<br/>Cultural Competency:<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO<br/>4725 MARKET ST<br/>SAN DIEGO, CA 92102-4715<br/>Phone: (619) 515-2338<br/>Fax: (619) 702-8536<br/>After Hours Phone: (619)<br/>515-2338</p> | <p>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>American Sign Language, Farsi,<br/>Japanese, Portuguese, Russian,<br/>Spanish, Yue Chinese<br/>TDD: No<br/>Min/Max Age: 0/99<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8:30AM-5PM</p> <p><b>BURNS, PETER B , MD</b><br/>Provider Gender: Male<br/>License number: G145142<br/>NPI: 1891727533<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO<br/>3705 MISSION BLVD<br/>SAN DIEGO, CA 92109-7104<br/>Phone: (619) 515-2338<br/>Fax: (619) 702-8536<br/>After Hours Phone: (619)<br/>515-2338<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>American Sign Language, Farsi,<br/>Japanese, Portuguese, Russian,<br/>Spanish, Yue Chinese<br/>TDD: No<br/>Min/Max Age: 0/99<br/>Gender Restriction: No Gender<br/>Restrictions</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-W,F 8:30AM-5PM

**BUTERBAUGH, KRISTY L ,  
CSW**

*Provider Gender:* Female

*License number:* 65477

*NPI:* 1346615838

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-W,F 8:30AM-5PM

**BUTERBAUGH, KRISTY L ,  
CSW**

*Provider Gender:* Female

*License number:* 65477

*NPI:* 1346615838

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)  
515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

**BUTERBAUGH, KRISTY L ,  
CSW**

*Provider Gender:* Female

*License number:* 65477

*NPI:* 1346615838

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

**BUTERBAUGH, KRISTY L ,  
CSW**

*Provider Gender:* Female

*License number:* 65477

*NPI:* 1346615838

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

|                                      |                                      |                                      |
|--------------------------------------|--------------------------------------|--------------------------------------|
| Restrictions                         | <i>NPI: 1346615838</i>               | <i>Phone: (619) 515-2338</i>         |
| <i>American Sign Language (ASL):</i> | <i>Provider English Spoken: Yes</i>  | <i>Fax: (619) 702-8536</i>           |
| Yes                                  | <i>Provider Language(s) Spoken:</i>  | <i>After Hours Phone: (619)</i>      |
| Please contact provider for          | <i>Cultural Competency:</i>          | <i>515-2338</i>                      |
| Accessibility information            | FAMILY HEALTH CENTERS OF             | <i>Website:</i>                      |
| <i>Hours: M-F 8:30AM-5PM</i>         | SAN DIEGO                            | <i>www.beaconhealthoptions.com</i>   |
| <b>BUTERBAUGH, KRISTY L ,</b>        | 3544 30TH ST                         | <i>Accepting New Patients: Yes</i>   |
| <b>CSW</b>                           | SAN DIEGO, CA 92104-4120             | <i>Site English Spoken: Yes</i>      |
| <i>Provider Gender: Female</i>       | <i>Phone: (619) 515-2424</i>         | <i>Site Language(s) Spoken:</i>      |
| <i>License number: 65477</i>         | <i>Fax: (619) 702-8536</i>           | American Sign Language, Farsi,       |
| <i>NPI: 1346615838</i>               | <i>After Hours Phone: (619)</i>      | Japanese, Portuguese, Russian,       |
| <i>Provider English Spoken: Yes</i>  | <i>515-2424</i>                      | Spanish, Yue Chinese                 |
| <i>Provider Language(s) Spoken:</i>  | <i>Website:</i>                      | <i>TDD: No</i>                       |
| <i>Cultural Competency:</i>          | <i>www.beaconhealthoptions.com</i>   | <i>Min/Max Age:</i>                  |
| FAMILY HEALTH CENTERS OF             | <i>Accepting New Patients: Yes</i>   | <i>Gender Restriction: No Gender</i> |
| SAN DIEGO                            | <i>Site English Spoken: Yes</i>      | <i>Restrictions</i>                  |
| 1550 BROADWAY STE 2                  | <i>Site Language(s) Spoken:</i>      | <i>American Sign Language (ASL):</i> |
| SAN DIEGO, CA 92101-5713             | American Sign Language, Farsi,       | Yes                                  |
| <i>Phone: (619) 515-2338</i>         | Japanese, Portuguese, Russian,       | Please contact provider for          |
| <i>Fax: (619) 702-8535</i>           | Spanish, Yue Chinese                 | Accessibility information            |
| <i>After Hours Phone: (619)</i>      | <i>TDD: No</i>                       | <i>Hours: M-F 8:30AM-5PM</i>         |
| <i>515-2338</i>                      | <i>Min/Max Age: 0/99</i>             | <b>BUTERBAUGH, KRISTY L ,</b>        |
| <i>Website:</i>                      | <i>Gender Restriction: No Gender</i> | <b>CSW</b>                           |
| <i>www.beaconhealthoptions.com</i>   | <i>Restrictions</i>                  | <i>Provider Gender: Female</i>       |
| <i>Accepting New Patients: Yes</i>   | <i>American Sign Language (ASL):</i> | <i>License number: 65477</i>         |
| <i>Site English Spoken: Yes</i>      | Yes                                  | <i>NPI: 1346615838</i>               |
| <i>Site Language(s) Spoken:</i>      | Please contact provider for          | <i>Provider English Spoken: Yes</i>  |
| American Sign Language, Farsi,       | Accessibility information            | <i>Provider Language(s) Spoken:</i>  |
| Japanese, Portuguese, Russian,       | <i>Hours: M-F 8:30AM-5PM</i>         | <i>Cultural Competency:</i>          |
| Spanish, Yue Chinese                 | <b>BUTERBAUGH, KRISTY L ,</b>        | FAMILY HEALTH CENTERS OF             |
| <i>TDD: No</i>                       | <b>CSW</b>                           | SAN DIEGO                            |
| <i>Min/Max Age: 0/99</i>             | <i>Provider Gender: Female</i>       | 1250 6TH AVE STE 100                 |
| <i>Gender Restriction: No Gender</i> | <i>License number: 65477</i>         | SAN DIEGO, CA 92101-4368             |
| <i>Restrictions</i>                  | <i>NPI: 1346615838</i>               | <i>Phone: (619) 515-2338</i>         |
| <i>American Sign Language (ASL):</i> | <i>Provider English Spoken: Yes</i>  | <i>Fax: (619) 702-8536</i>           |
| Yes                                  | <i>Provider Language(s) Spoken:</i>  | <i>After Hours Phone: (619)</i>      |
| Please contact provider for          | <i>Cultural Competency:</i>          | <i>515-2338</i>                      |
| Accessibility information            | FAMILY HEALTH CENTERS OF             | <i>Website:</i>                      |
| <i>Hours: M-TH 8:30AM-5PM</i>        | SAN DIEGO                            | <i>www.beaconhealthoptions.com</i>   |
| <b>BUTERBAUGH, KRISTY L ,</b>        | 2204 NATIONAL AVE                    | <i>Accepting New Patients: Yes</i>   |
| <b>CSW</b>                           | SAN DIEGO, CA 92113-3615             | <i>Site English Spoken: Yes</i>      |
| <i>Provider Gender: Female</i>       |                                      | <i>Site Language(s) Spoken:</i>      |
| <i>License number: 65477</i>         |                                      | American Sign Language, Farsi,       |
|                                      |                                      | Japanese, Portuguese, Russian,       |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BUTERBAUGH, KRISTY L , CSW**

*Provider Gender:* Female

*License number:* 65477

*NPI:* 1346615838

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **BUTERBAUGH, KRISTY L , CSW**

*Provider Gender:* Female

*License number:* 65477

*NPI:* 1346615838

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **BUTERBAUGH, KRISTY L , CSW**

*Provider Gender:* Female

*License number:* 65477

*NPI:* 1346615838

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male

*License number:* A71653

*NPI:* 1033133483

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Portuguese, Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male

*License number:* A71653

*NPI:* 1033133483

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Portuguese, Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male

*License number:* A71653

*NPI:* 1033133483

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Portuguese, Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male

*License number:* A71653

*NPI:* 1033133483

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Portuguese, Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF

SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male

*License number:* A71653

*NPI:* 1033133483

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Portuguese, Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for

Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CABREJOS, CLAUDIO, MD**

*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**  
*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**CABREJOS, CLAUDIO, MD**  
*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
515-2520  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM  
**CABREJOS, CLAUDIO, MD**  
*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**CANN, RONALD, MD**  
*Provider Gender:* Male  
*License number:* G83523  
*NPI:* 1285941401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COMMUNITY RESEARCH  
FOUNDATION INC  
545 LAUREL ST  
SAN DIEGO, CA 92101-1634  
*Phone:* (619) 433-4399  
*Fax:* (619) 233-0453  
*After Hours Phone:* (619)  
433-4399  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

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*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:*

### **CANN, RONALD, MD**

*Provider Gender:* Male  
*License number:* G83523  
*NPI:* 1285941401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* COMMUNITY RESEARCH FOUNDATION INC  
1465 30TH ST STE K  
SAN DIEGO, CA 92154-3497  
*Phone:* (619) 275-0822  
*Fax:* (619) 696-9573  
*After Hours Phone:* (619) 275-0822  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Russian  
TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M,W 9AM-8PM, TU,TH,F 9AM-5PM

### **CARBONELL, SONIA, PSY**

*Provider Gender:* Female  
*License number:* 19752  
*NPI:* 1902976343  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* LA MAESTRA COMMUNITY HEALTH CENTERS  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
*Phone:* (619) 280-4213  
*Fax:* (619) 281-6738  
*After Hours Phone:* (619) 280-4213  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5:30PM

### **CARBONELL, SONIA, PSY**

*Provider Gender:* Female  
*License number:* 19752  
*NPI:* 1902976343  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* LA MAESTRA COMMUNITY HEALTH CENTERS  
4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1609

*Phone:* (619) 285-7097  
*Fax:* (619) 564-8140  
*After Hours Phone:* (619) 285-7097  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
TDD: No  
*Min/Max Age:* 19/64  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:*

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male  
*License number:* A137940  
*NPI:* 1811212145  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* CULTURAL COMPETENCY: FAMILY HEALTH CENTERS OF SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
*Min/Max Age:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male  
*License number:* A137940  
*NPI:* 1811212145  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male  
*License number:* A137940  
*NPI:* 1811212145

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male  
*License number:* A137940  
*NPI:* 1811212145  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male  
*License number:* A137940  
*NPI:* 1811212145  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male

*License number:* A137940

*NPI:* 1811212145

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male

*License number:* A137940

*NPI:* 1811212145

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male

*License number:* A137940

*NPI:* 1811212145

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2424

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

*Provider Gender:* Male

*License number:* A137940

*NPI:* 1811212145

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Accessibility information  
Hours: M-F 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

Provider Gender: Male  
License number: A137940  
NPI: 1811212145  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **CARDENAS, ALONSO, MD**

Provider Gender: Male  
License number: A137940  
NPI: 1811212145  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

### **CARILLO, KRYSTAL I , CSW**

Provider Gender: Female  
License number: 80068  
NPI: 1871906735  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

### **CARINO DIOKNO, RHODA, PSY**

Provider Gender: Female  
License number: 28073  
NPI: 1629109483  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

**CARINO DIOKNO, RHODA,  
PSY**

*Provider Gender:* Female  
*License number:* 28073  
*NPI:* 1629109483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**CARINO DIOKNO, RHODA,  
PSY**

*Provider Gender:* Female  
*License number:* 28073  
*NPI:* 1629109483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA,  
PSY**

*Provider Gender:* Female  
*License number:* 28073  
*NPI:* 1629109483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA,  
PSY**

*Provider Gender:* Female  
*License number:* 28073  
*NPI:* 1629109483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Hours: M-F 8AM-5PM

### **CARINO DIOKNO, RHODA, PSY**

Provider Gender: Female

License number: 28073

NPI: 1629109483

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **CARINO DIOKNO, RHODA, PSY**

Provider Gender: Female

License number: 28073

NPI: 1629109483

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **CARINO DIOKNO, RHODA, PSY**

Provider Gender: Female

License number: 28073

NPI: 1629109483

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **CARINO DIOKNO, RHODA, PSY**

Provider Gender: Female

License number: 28073

NPI: 1629109483

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

Accessibility information  
Hours: M-F 8:30AM-5PM

**CARINO DIOKNO, RHODA,  
PSY**

*Provider Gender:* Female  
*License number:* 28073  
*NPI:* 1629109483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**CARINO DIOKNO, RHODA,  
PSY**

*Provider Gender:* Female  
*License number:* 28073  
*NPI:* 1629109483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

**CARINO DIOKNO, RHODA,  
PSY**

*Provider Gender:* Female  
*License number:* 28073  
*NPI:* 1629109483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO AMERICAN INDIAN  
HEALTH CENTER  
2630 1ST AVE  
SAN DIEGO, CA 92103-6599  
*Phone:* (619) 234-2158  
*Fax:* (619) 234-1979  
*After Hours Phone:* (619)  
234-2158  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**CARINO DIOKNO, RHODA,  
PSY**

*Provider Gender:* Female  
*License number:* 28073  
*NPI:* 1629109483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
515-2520  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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### **CARLTON, SHARMILA G , MD**

*Provider Gender:* Female  
*License number:* A91362  
*NPI:* 1558442566  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COMMUNITY RESEARCH  
FOUNDATION INC  
1963 4TH AVE  
SAN DIEGO, CA 92101-2394  
*Phone:* (619) 233-3432  
*Fax:* (619) 233-7022  
*After Hours Phone:* (619)  
233-3432  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CARLTON, SHARMILA G , MD**

*Provider Gender:* Female  
*License number:* A91362  
*NPI:* 1558442566  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COMMUNITY RESEARCH  
FOUNDATION INC  
1465 30TH ST STE K  
SAN DIEGO, CA 92154-3497

*Phone:* (619) 275-0822  
*Fax:* (619) 696-9573  
*After Hours Phone:* (619)  
275-0822  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M,W 9AM-8PM, TU,TH,F  
9AM-5PM

### **CARLTON, SHARMILA G , MD**

*Provider Gender:* Female  
*License number:* A91362  
*NPI:* 1558442566  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COMMUNITY RESEARCH  
FOUNDATION INC  
892 27TH ST  
SAN DIEGO, CA 92154-1444  
*Phone:* (619) 275-0822  
*Fax:* (619) 696-9573  
*After Hours Phone:* (619)  
275-0822  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender

*Restrictions*  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

### **CARLTON, SHARMILA G , MD**

*Provider Gender:* Female  
*License number:* A91362  
*NPI:* 1558442566  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COMMUNITY RESEARCH  
FOUNDATION INC  
743 10TH AVE  
SAN DIEGO, CA 92101-6673  
*Phone:* (619) 239-4663  
*Fax:* (619) 239-3045  
*After Hours Phone:* (619)  
239-4663  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

### **CARLTON, SHARMILA G , MD**

*Provider Gender:* Female  
*License number:* A91362  
*NPI:* 1558442566  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

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COMMUNITY RESEARCH  
FOUNDATION INC  
995 GATEWAY CENTER WAY  
SAN DIEGO, CA 92102-4500  
Phone: (619) 398-2156  
Fax: (619) 398-2165  
After Hours Phone: (619)  
398-2156  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **CARLTON, SHARMILA G , MD**

Provider Gender: Female  
License number: A91362  
NPI: 1558442566  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
COMMUNITY RESEARCH  
FOUNDATION INC  
1568 6TH AVE  
SAN DIEGO, CA 92101-3216  
Phone: (619) 696-0822  
Fax: (619) 696-9573  
After Hours Phone: (619)  
696-0822  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Russian

TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-6PM

### **CARR-LEE, NICOLE, PSY**

Provider Gender: Female  
License number: 26191  
NPI: 1316270481  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours:

### **CASTELLANOS, TERESITA D , CSW**

Provider Gender: Female

License number: 82782  
NPI: 1598165441  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

Provider Gender: Female  
License number: 82782  
NPI: 1598165441  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

Provider Gender: Female  
 License number: 82782  
 NPI: 1598165441  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

Provider Gender: Female  
 License number: 82782  
 NPI: 1598165441  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

Provider Gender: Female  
 License number: 82782  
 NPI: 1598165441  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

Provider Gender: Female  
 License number: 82782  
 NPI: 1598165441  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

Provider Gender: Female  
License number: 82782  
NPI: 1598165441  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

Provider Gender: Female  
License number: 82782  
NPI: 1598165441  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

Hours: M-TH 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

Provider Gender: Female  
License number: 82782  
NPI: 1598165441  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **CASTELLANOS, TERESITA D , CSW**

Provider Gender: Female  
License number: 82782  
NPI: 1598165441  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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### SAN DIEGO

4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### CASTELLANOS, TERESITA D , CSW

Provider Gender: Female  
License number: 82782  
NPI: 1598165441  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
Phone: (619) 515-2520  
Fax:  
After Hours Phone: (619)  
515-2520  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes

Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### CHAMBERS, NICOLE, PSY

Provider Gender: Female  
License number: PSY30966  
NPI: 1821297029  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
Phone: (619) 662-4100  
Fax:

After Hours Phone: (619)  
662-4100  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours:

### CHANG, YUFANG J , MD

Provider Gender: Female  
License number: A119710  
NPI: 1093918807  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
COMMUNITY RESEARCH  
FOUNDATION INC  
892 27TH ST  
SAN DIEGO, CA 92154-1444  
Phone: (619) 275-0822  
Fax: (619) 696-9573

After Hours Phone: (619)  
275-0822  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Russian  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours:

### CHANG, YUFANG J , MD

Provider Gender: Female  
License number: A119710  
NPI: 1093918807  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
COMMUNITY RESEARCH  
FOUNDATION INC  
1963 4TH AVE  
SAN DIEGO, CA 92101-2394

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 233-3432  
 Fax: (619) 233-7022  
 After Hours Phone: (619) 233-3432  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Russian  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

**CHANG, YUFANG J , MD**  
 Provider Gender: Female  
 License number: A119710  
 NPI: 1093918807  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 COMMUNITY RESEARCH FOUNDATION INC  
 1568 6TH AVE  
 SAN DIEGO, CA 92101-3216  
 Phone: (619) 696-0822  
 Fax: (619) 696-9573  
 After Hours Phone: (619) 696-0822  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Russian  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-6PM

**CHANG, YUFANG J , MD**  
 Provider Gender: Female  
 License number: A119710  
 NPI: 1093918807  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 COMMUNITY RESEARCH FOUNDATION INC  
 1465 30TH ST STE K  
 SAN DIEGO, CA 92154-3497  
 Phone: (619) 275-0822  
 Fax: (619) 696-9573  
 After Hours Phone: (619) 275-0822  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Russian  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M,W 9AM-8PM, TU,TH,F 9AM-5PM

**CHANG, YUFANG J , MD**  
 Provider Gender: Female  
 License number: A119710  
 NPI: 1093918807  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:

COMMUNITY RESEARCH FOUNDATION INC  
 743 10TH AVE  
 SAN DIEGO, CA 92101-6673  
 Phone: (619) 239-4663  
 Fax: (619) 239-3045  
 After Hours Phone: (619) 239-4663  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Russian  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

**CHAPMAN, DONNA M , MFT**  
 Provider Gender: Female  
 License number: 83943  
 NPI: 1457637068  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 CHAPMAN, DONNA  
 2525 CAMINO DEL RIO S STE 107  
 SAN DIEGO, CA 92108-3718  
 Phone: (619) 908-9908  
 Fax:  
 After Hours Phone: (619) 908-9908  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-10PM, W 9AM-10PM, F 8:30AM-9PM, SA 8AM-12PM

### **CHAUDHRI, YASHWANT, MD**

*Provider Gender:* Male  
*License number:* A67679  
*NPI:* 1043258429  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Urdu  
*Cultural Competency:* OPERATION SAMAHAN  
 9995 CARMEL MOUNTAIN RD STE B10 & B11  
 SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:* (858) 312-6660  
*After Hours Phone:* (844) 200-2426  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

### **CHAUDHRI, YASHWANT, MD**

*Provider Gender:* Male  
*License number:* A67679  
*NPI:* 1043258429  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Urdu  
*Cultural Competency:* OPERATION SAMAHAN  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126-2375  
*Phone:* (844) 200-2426  
*Fax:* (858) 695-9074  
*After Hours Phone:* (844) 200-2426  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M,TU,TH,F 8:30AM-5:30PM, W 10AM-7PM

### **CHAUDHRI, YASHWANT, MD**

*Provider Gender:* Male  
*License number:* A67679  
*NPI:* 1043258429  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Urdu  
*Cultural Competency:* SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:*

### **CHAUHAN, SMIT S , MD**

*Provider Gender:* Male  
*License number:* A123312  
*NPI:* 1700083391  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* OPERATION SAMAHAN  
 9995 CARMEL MOUNTAIN RD STE B10 & B11  
 SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:* (858) 312-6660  
*After Hours Phone:* (844) 200-2426  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Urdu  
*TDD:* No  
*Min/Max Age:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M,TU,TH,F  
8:30AM-5:30PM, W 10AM-7PM

### **CHAUHAN, SMIT S , MD**

*Provider Gender:* Male  
*License number:* A123312  
*NPI:* 1700083391  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100

*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:*

### **CHAUHAN, SMIT S , MD**

*Provider Gender:* Male  
*License number:* A123312  
*NPI:* 1700083391

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
YASHWANT CHAUDRI MD A  
PROF CORP  
4077 FIFTH AVE  
SAN DIEGO, CA 92103-2105  
*Phone:* (619) 294-8111

*Fax:*  
*After Hours Phone:* (619) 294-8111  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:*

### **CHAUHAN, SMIT S , MD**

*Provider Gender:* Male  
*License number:* A123312  
*NPI:* 1700083391  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
YASHWANT CHAUDRI MD A  
PROF CORP  
7850 VISTA HILL AVE  
SAN DIEGO, CA 92123-2717  
*Phone:* (858) 836-8434  
*Fax:* (619) 596-9893  
*After Hours Phone:* (858) 836-8434

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:* TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 6AM-6PM

### **CHAUHAN, SMIT S , MD**

*Provider Gender:* Male  
*License number:* A123312  
*NPI:* 1700083391  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
OPERATION SAMAHAN  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126-2375  
*Phone:* (844) 200-2426

*Fax:* (858) 695-9074  
*After Hours Phone:* (844) 200-2426  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Urdu  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M,TU,TH,F  
8:30AM-5:30PM, W 10AM-7PM

### **CHEN, ANGELA, MFT**

*Provider Gender:* Female  
*License number:* LMFT40923

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

NPI: 1811027956  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**  
 Provider Gender: Female  
 License number: LMFT40923  
 NPI: 1811027956  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**  
 Provider Gender: Female  
 License number: LMFT40923  
 NPI: 1811027956  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

**CHEN, ANGELA, MFT**  
 Provider Gender: Female  
 License number: LMFT40923  
 NPI: 1811027956  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

**CHEN, ANGELA, MFT**  
 Provider Gender: Female  
 License number: LMFT40923  
 NPI: 1811027956  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

**CHEN, ANGELA, MFT**  
 Provider Gender: Female  
 License number: LMFT40923  
 NPI: 1811027956  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**  
*Provider Gender:* Female  
*License number:* LMFT40923  
*NPI:* 1811027956  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**CHEN, ANGELA, MFT**  
*Provider Gender:* Female  
*License number:* LMFT40923  
*NPI:* 1811027956  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for

Accessibility information  
*Hours:* M-F 8AM-5PM

**CHEN, ANGELA, MFT**  
*Provider Gender:* Female  
*License number:* LMFT40923  
*NPI:* 1811027956  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**CHEN, ANGELA, MFT**  
*Provider Gender:* Female  
*License number:* LMFT40923  
*NPI:* 1811027956  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**  
Provider Gender: Female  
License number: LMFT40923  
NPI: 1811027956  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**  
Provider Gender: Female  
License number: LMFT40923  
NPI: 1811027956  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com

Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**CHEN, ANGELA, MFT**  
Provider Gender: Female  
License number: LMFT40923  
NPI: 1811027956  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2424  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**CHERNOBELSKY, RONIT L , MD**  
Provider Gender: Female  
License number: A107075  
NPI: 1154468684  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
COMMUNITY RESEARCH  
FOUNDATION INC  
995 GATEWAY CENTER WAY

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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SAN DIEGO, CA 92102-4500  
Phone: (619) 398-2156  
Fax: (619) 398-2165  
After Hours Phone: (619) 398-2156  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **CHERNOBELSKY, RONIT L , MD**

Provider Gender: Female  
License number: A107075  
NPI: 1154468684  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC  
1568 6TH AVE  
SAN DIEGO, CA 92101-3216  
Phone: (619) 696-0822  
Fax: (619) 696-9573  
After Hours Phone: (619) 696-0822  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Russian  
TDD: No  
Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-6PM

### **CHERNOBELSKY, RONIT L , MD**

Provider Gender: Female  
License number: A107075  
NPI: 1154468684  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC  
892 27TH ST  
SAN DIEGO, CA 92154-1444  
Phone: (619) 275-0822  
Fax: (619) 696-9573  
After Hours Phone: (619) 275-0822  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Russian  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours:

### **CHERNOBELSKY, RONIT L , MD**

Provider Gender: Female  
License number: A107075  
NPI: 1154468684

Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC  
1465 30TH ST STE K  
SAN DIEGO, CA 92154-3497  
Phone: (619) 275-0822  
Fax: (619) 696-9573  
After Hours Phone: (619) 275-0822  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Russian  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M,W 9AM-8PM, TU,TH,F 9AM-5PM

### **CHERNOBELSKY, RONIT L , MD**

Provider Gender: Female  
License number: A107075  
NPI: 1154468684  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC  
1963 4TH AVE  
SAN DIEGO, CA 92101-2394  
Phone: (619) 233-3432  
Fax: (619) 233-7022  
After Hours Phone: (619) 233-3432

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CHERNOBELSKY, RONIT L , MD**

*Provider Gender:* Female  
*License number:* A107075  
*NPI:* 1154468684  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COMMUNITY RESEARCH FOUNDATION INC  
1260 MORENA BLVD  
SAN DIEGO, CA 92110-3889  
*Phone:* (619) 398-0355  
*Fax:* (619) 398-0350  
*After Hours Phone:* (619) 398-0355  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-8PM

### **CHI, IDA C , CSW**

*Provider Gender:* Female  
*License number:* 21911  
*NPI:* 1407003874  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858) 810-8700  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

### **CHMIEL, RENEE L , PSY**

*Provider Gender:* Female  
*License number:* 22592  
*NPI:* 1801026984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
ACCESS PSYCHOLOGY SERVICES, PC  
750 B ST STE 2870  
SAN DIEGO, CA 92101-8132

*Phone:* (619) 722-0014  
*Fax:* (619) 327-4174  
*After Hours Phone:* (619) 722-0014  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 9AM-5PM

### **CHOW, LAUREN J , NPA**

*Provider Gender:* Female  
*License number:* 95019296  
*NPI:* 1497413603  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO FAMILY CARE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342  
*Phone:* (858) 810-8787  
*Fax:* (858) 279-0377  
*After Hours Phone:* (858) 810-8787  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

### **CHOW, LAUREN J , NPA**

*Provider Gender:* Female  
*License number:* 95019296  
*NPI:* 1497413603  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858) 810-8700  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female  
*License number:* 69616  
*NPI:* 1922313394  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female

*License number:* 69616

*NPI:* 1922313394

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338

*Fax:* (619) 702-8535

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female

*License number:* 69616

*NPI:* 1922313394

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female

*License number:* 69616

*NPI:* 1922313394

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female

*License number:* 69616

*NPI:* 1922313394

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-W,F 8:30AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female

*License number:* 69616

*NPI:* 1922313394

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female

*License number:* 69616

*NPI:* 1922313394

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)

515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female

*License number:* 69616

*NPI:* 1922313394

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

*Provider Gender:* Female

*License number:* 69616

*NPI:* 1922313394

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

Provider Gender: Female

License number: 69616

NPI: 1922313394

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)

515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **CLARK, MARY M , PSY**

Provider Gender: Female

License number: 17897

NPI: 1659374775

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

CLARK, MARY

10981 SAN DIEGO MISSION RD  
STE 114

SAN DIEGO, CA 92108-2448

Phone: (619) 280-0285

Fax: (619) 280-0286

After Hours Phone: (619)

280-0285

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age: 0/64

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 10AM-5PM

### **CLEMENT, LUIS, PSY**

Provider Gender: Male

License number: 28534

NPI: 1235364712

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN DIEGO AMERICAN INDIAN  
HEALTH CENTER

2630 1ST AVE

SAN DIEGO, CA 92103-6599

Phone: (619) 234-2158

Fax: (619) 234-1979

After Hours Phone: (619)  
234-2158

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **CLONTS, PAUL A , CSW**

Provider Gender: Male

License number: 87259

NPI: 1467808568

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-W,F 8:30AM-5PM

### **COLLINS, CONSTANCE A , CSW**

*Provider Gender:* Female

*License number:* 23330

*NPI:* 1477600195

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

SAN DIEGO AMERICAN INDIAN  
HEALTH CENTER

2630 1ST AVE

SAN DIEGO, CA 92103-6599

*Phone:* (619) 234-2158

*Fax:* (619) 234-1979

*After Hours Phone:* (619)

234-2158

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **COMBS, LAURI, CSW**

*Provider Gender:* Female

*License number:* LCSW75330

*NPI:* 1538398979

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

### FAMILY HEALTH CENTERS OF

SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:*

### **CORBETT, KIMBERLY F , PSY**

*Provider Gender:* Female

*License number:* 21669

*NPI:* 1235239823

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

CORBETT, KIMBERLY

5190 GOVERNOR DR STE 104

SAN DIEGO, CA 92122-2848

*Phone:* (619) 298-2098

*Fax:* (619) 615-2244

*After Hours Phone:* (619)

298-2098

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*TDD:* No

*Min/Max Age:* 0/64

*Gender Restriction:* No Gender  
*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-W,F 8AM-6PM, TH

8AM-7:30PM

### **COURT, MARIA C , MD**

*Provider Gender:* Female

*License number:* A113797

*NPI:* 1316196108

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Farsi, Hindi, Kannada,

Maithili, Sinhala, Sinhalese,

Spanish, Urdu

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:*

### **CROCKFORD, DANE, PSY**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CRUZ ARAUJO, ANDREA L , MD**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*Provider Gender:* Female  
*License number:* A160789  
*NPI:* 1124401435  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **CUELLAR, BETHANY, MFT**

*Provider Gender:* Female  
*License number:* 79616  
*NPI:* 1720388374  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
LA MAESTRA COMMUNITY  
HEALTH CENTERS  
4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1609

*Phone:* (619) 285-7097  
*Fax:* (619) 564-8140  
*After Hours Phone:* (619)  
285-7097  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*TDD:* No  
*Min/Max Age:* 19/64  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

### **CUELLAR, BETHANY, MFT**

*Provider Gender:* Female  
*License number:* 79616  
*NPI:* 1720388374  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
LA MAESTRA COMMUNITY  
HEALTH CENTERS  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
*Phone:* (619) 280-4213  
*Fax:* (619) 281-6738  
*After Hours Phone:* (619)  
280-4213  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5:30PM

### **CUTLER, APRYL, NPA**

*Provider Gender:* Female  
*License number:* 95012457  
*NPI:* 1467960120  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
662-4100  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

### **DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **DALONSO, SANDRA L , CSW**

Provider Gender: Female

License number: 82240

NPI: 1841797644

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **DALONSO, SANDRA L , CSW**

Provider Gender: Female

License number: 82240

NPI: 1841797644

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **DALONSO, SANDRA L , CSW**

Provider Gender: Female

License number: 82240

NPI: 1841797644

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **DALONSO, SANDRA L , CSW**

Provider Gender: Female

License number: 82240

NPI: 1841797644

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**  
*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**  
*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**  
*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

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## J. Mental Health Directory

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Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

**DALONSO, SANDRA L , CSW**

Provider Gender: Female  
License number: 82240  
NPI: 1841797644  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

**DALONSO, SANDRA L , CSW**

Provider Gender: Female  
License number: 82240  
NPI: 1841797644  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
Phone: (619) 515-2520  
Fax:

After Hours Phone: (619) 515-2520  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**DALONSO, SANDRA L , CSW**

Provider Gender: Female

License number: 82240  
NPI: 1841797644  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**DAN, WENDY L , CSW**

Provider Gender: Female  
License number: 26015  
NPI: 1700224037  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

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Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**DAN, WENDY L , CSW**  
Provider Gender: Female  
License number: 26015  
NPI: 1700224037  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**DAN, WENDY L , CSW**  
Provider Gender: Female  
License number: 26015  
NPI: 1700224037  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**DAN, WENDY L , CSW**  
Provider Gender: Female  
License number: 26015  
NPI: 1700224037  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**DAN, WENDY L , CSW**  
Provider Gender: Female  
License number: 26015  
NPI: 1700224037  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**DAN, WENDY L , CSW**  
Provider Gender: Female  
License number: 26015  
NPI: 1700224037  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

**DAN, WENDY L , CSW**  
Provider Gender: Female  
License number: 26015  
NPI: 1700224037  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM  
**DAN, WENDY L , CSW**  
Provider Gender: Female  
License number: 26015  
NPI: 1700224037  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2424  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**DAN, WENDY L , CSW**  
Provider Gender: Female  
License number: 26015  
NPI: 1700224037  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

**DAN, WENDY L , CSW**  
Provider Gender: Female  
License number: 26015  
NPI: 1700224037  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes

Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**DAN, WENDY L , CSW**  
Provider Gender: Female  
License number: 26015  
NPI: 1700224037  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
Phone: (619) 515-2520  
Fax:  
After Hours Phone: (619) 515-2520  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

Accessibility information  
Hours: M-F 8AM-5PM

**DAN, WENDY L , CSW**  
Provider Gender: Female  
License number: 26015  
NPI: 1700224037  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

**DE LEEUW, KELLEY, MD**  
Provider Gender: Female  
License number: A114857  
NPI: 1720395361  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:

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## J. Mental Health Directory

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### NESTOR COMMUNITY HEALTH CENTER

1016 OUTER RD  
SAN DIEGO, CA 92154-1351  
Phone: (619) 429-3733  
Fax: (619) 628-5550  
After Hours Phone: (619) 429-3733

Website:  
www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 13/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: M,TU,TH 8AM-8PM, W,F 8AM-5PM, SA 8AM-12PM

### DE LLANO, CARMEN, PSY

Provider Gender: Female

License number: PSY11154

NPI: 1992752406

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

DR. CARMEN DE LLANO, PH.D.

3505 CAMINO DEL RIO S STE 335

SAN DIEGO, CA 92108-4090

Phone: (619) 584-6299

Fax: (619) 468-6917

After Hours Phone: (619)

584-6299

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for

Accessibility information

Hours: M-W 1PM-8:30PM, TH 1PM-6PM

### DE SILVA, NIHAL, MD

Provider Gender: Male

License number: C135933

NPI: 1003834789

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, Farsi, Hindi, Kannada,

Maithili, Sinhala, Sinhalese,

Spanish, Urdu

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for

Accessibility information

Hours:

### DEACON, CASSIE, CSW

Provider Gender: Female

License number: 94105

NPI: 1720452998

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN DIEGO FAMILY CARE

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)

810-8700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL):

No

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM, SA

8AM-2PM

### DEACON, CASSIE, CSW

Provider Gender: Female

License number: 94105

NPI: 1720452998

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN DIEGO FAMILY CARE

6973 LINDA VISTA RD

SAN DIEGO, CA 92111-6342

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (858) 810-8787  
 Fax: (858) 279-0377  
 After Hours Phone: (858) 810-8787  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Spanish, Vietnamese,  
 Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM, SA  
 8AM-1PM

### **DEAM, JONATHAN, MD**

Provider Gender: Male  
 License number: A126198  
 NPI: 1982864948  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **DEBBOLD, ERIC M , MD**

Provider Gender: Male  
 License number: 164068  
 NPI: 1144726415  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **DEIGNAN, PATRICIA, CSW**

Provider Gender: Female

License number: 21861  
 NPI: 1679630776  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 PATRICIA, DEIGNAN  
 2496 E ST STE 2F  
 SAN DIEGO, CA 92102-6208  
 Phone: (619) 723-9244  
 Fax:  
 After Hours Phone: (619)  
 723-9244  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: TU 9AM-5PM, W,TH  
 9AM-5:30PM, F 9AM-1:30PM

### **DEWART, ELIZABETH, NPA**

Provider Gender: Female  
 License number: 22736  
 NPI: 1407027618  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: (858) 810-8787  
 Fax: (858) 279-0377  
 After Hours Phone: (858)  
 810-8787  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin, Spanish, Vietnamese,  
 Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
 8AM-1PM

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

Accessibility information  
*Hours:* M-F 8AM-5PM

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

*Provider Gender:* Female  
*License number:* 97277  
*NPI:* 1124457023  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

### **DIAZ, LIZETH, CSW**

Provider Gender: Female  
License number: 97277  
NPI: 1124457023  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

Provider Gender: Female  
License number: 97277  
NPI: 1124457023  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

Provider Gender: Female  
License number: 97277  
NPI: 1124457023  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

Provider Gender: Female  
License number: 97277  
NPI: 1124457023  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

Provider Gender: Female  
 License number: 97277  
 NPI: 1124457023  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

Provider Gender: Female

License number: 97277  
 NPI: 1124457023  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **DIAZ, LIZETH, CSW**

Provider Gender: Female  
 License number: 97277  
 NPI: 1124457023  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **DIA, ALI R , MD**

Provider Gender: Male  
 License number: A47803  
 NPI: 1912031030  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:

After Hours Phone: (619) 662-4100  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
 TDD: No

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## J. Mental Health Directory

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*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:*

### **DOBOS, DAVID, MD**

*Provider Gender:* Male  
*License number:* G57276  
*NPI:* 1548318348  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male  
*License number:* G57276

*NPI:* 1548318348  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male  
*License number:* G57276  
*NPI:* 1548318348  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male  
*License number:* G57276  
*NPI:* 1548318348  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male

*License number:* G57276

*NPI:* 1548318348

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male

*License number:* G57276

*NPI:* 1548318348

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male

*License number:* G57276

*NPI:* 1548318348

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-W,F 8:30AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male

*License number:* G57276

*NPI:* 1548318348

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Accessibility information

*Hours:*

### **DOBOS, DAVID, MD**

*Provider Gender:* Male

*License number:* G57276

*NPI:* 1548318348

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male

*License number:* G57276

*NPI:* 1548318348

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male

*License number:* G57276

*NPI:* 1548318348

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)

515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male

*License number:* G57276

*NPI:* 1548318348

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

### **DOMINGUEZ- BARROS, INES N , PSY**

*Provider Gender:* Female  
*License number:* 26075  
*NPI:* 1518031376  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* ACCESS PSYCHOLOGY SERVICES, PC  
750 B ST STE 2870  
SAN DIEGO, CA 92101-8132  
*Phone:* (619) 722-0014  
*Fax:* (619) 327-4174  
*After Hours Phone:* (619) 722-0014  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 9AM-5PM

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male  
*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male  
*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male  
*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male  
*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male  
*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male  
*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male  
*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male  
*License number:* 93951  
*NPI:* 1659761880  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DUNFORD, KATELYN C , MFT**

*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DUNFORD, KATELYN C , MFT**

*Provider Gender:* Female

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**DUNFORD, KATELYN C , MFT**  
*Provider Gender:* Female  
*License number:* 126626  
*NPI:* 1437517497  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

**DWYER, GEORGE, CSW**  
*Provider Gender:* Male  
*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**DWYER, GEORGE, CSW**  
*Provider Gender:* Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **DWYER, GEORGE, CSW**

*Provider Gender:* Male  
*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DWYER, GEORGE, CSW**

*Provider Gender:* Male  
*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DWYER, GEORGE, CSW**

*Provider Gender:* Male  
*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **DWYER, GEORGE, CSW**

*Provider Gender:* Male

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DWYER, GEORGE, CSW**

*Provider Gender:* Male  
*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **DWYER, GEORGE, CSW**

*Provider Gender:* Male  
*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DWYER, GEORGE, CSW**

*Provider Gender:* Male  
*License number:* 70988  
*NPI:* 1437606126  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*

*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **DWYER, GEORGE, CSW**

*Provider Gender:* Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

# J. Mental Health Directory

License number: 70988  
 NPI: 1437606126  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**  
 Provider Gender: Male  
 License number: 70988  
 NPI: 1437606126  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**DWYER, GEORGE, CSW**  
 Provider Gender: Male  
 License number: 70988  
 NPI: 1437606126  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**DYLAK, JASMINE C , CSW**  
 Provider Gender: Female  
 License number: 33-0743869  
 NPI: 1659782498  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

**ERBE, EDWARD J , MD**  
 Provider Gender: Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
515-2520  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ERBE, EDWARD J , MD**

*Provider Gender:* Male

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ERBE, EDWARD J , MD**  
*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ERBE, EDWARD J , MD**  
*Provider Gender:* Male  
*License number:* G76886  
*NPI:* 1952318289  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ESCAMILLA, KARLA B , CSW**  
*Provider Gender:* Female  
*License number:* 87168  
*NPI:* 1134613946  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*

*After Hours Phone:* (619)  
 662-4100  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:*

**ESFANDIARI, ALI, PSY**  
*Provider Gender:* Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 30605  
*NPI:* 1215239603  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 ACCESS PSYCHOLOGY  
 SERVICES, PC  
 750 B ST STE 2870  
 SAN DIEGO, CA 92101-8132  
*Phone:* (619) 722-0014  
*Fax:* (619) 327-4174  
*After Hours Phone:* (619)  
 722-0014  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 9AM-5PM

### **FAJARDO, JACQUELINE M , CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FAJARDO, JACQUELINE M , CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **FAJARDO, JACQUELINE M , CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

---

*Hours: M-F 8AM-5PM*

**FAJARDO, JACQUELINE M ,  
CSW**

*Provider Gender: Female*

*License number: 87322*

*NPI: 1215342118*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:  
Spanish*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF  
SAN DIEGO**

**1250 6TH AVE STE 100**

**SAN DIEGO, CA 92101-4368**

**Phone: (619) 515-2338**

**Fax: (619) 702-8536**

**After Hours Phone: (619)**

**515-2338**

**Website:**

**www.beaconhealthoptions.com**

**Accepting New Patients: Yes**

**Site English Spoken: Yes**

**Site Language(s) Spoken:**

**American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese**

**TDD: No**

**Min/Max Age: 0/99**

**Gender Restriction: No Gender  
Restrictions**

**American Sign Language (ASL):  
Yes**

**Please contact provider for  
Accessibility information**

**Hours: M-F 8:30AM-5PM**

**FAJARDO, JACQUELINE M ,  
CSW**

*Provider Gender: Female*

*License number: 87322*

*NPI: 1215342118*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:  
Spanish*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF  
SAN DIEGO**

**4874 POLK AVE**

**SAN DIEGO, CA 92105-2026**

**Phone: (619) 515-2338**

**Fax: (619) 702-8536**

**After Hours Phone: (619)**

**515-2338**

**Website:**

**www.beaconhealthoptions.com**

**Accepting New Patients: Yes**

**Site English Spoken: Yes**

**Site Language(s) Spoken:**

**American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese**

**TDD: No**

**Min/Max Age:**

**Gender Restriction: No Gender  
Restrictions**

**American Sign Language (ASL):  
Yes**

**Please contact provider for  
Accessibility information**

**Hours: M-F 8AM-5PM**

**FAJARDO, JACQUELINE M ,  
CSW**

*Provider Gender: Female*

*License number: 87322*

*NPI: 1215342118*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:  
Spanish*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF  
SAN DIEGO**

**1550 BROADWAY STE 2**

**SAN DIEGO, CA 92101-5713**

**Phone: (619) 515-2338**

**Fax: (619) 702-8535**

**After Hours Phone: (619)**

**515-2338**

*Website:*

**www.beaconhealthoptions.com**

**Accepting New Patients: Yes**

**Site English Spoken: Yes**

**Site Language(s) Spoken:**

**American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese**

**TDD: No**

**Min/Max Age: 0/99**

**Gender Restriction: No Gender  
Restrictions**

**American Sign Language (ASL):  
Yes**

**Please contact provider for  
Accessibility information**

**Hours: M-TH 8:30AM-5PM**

**FAJARDO, JACQUELINE M ,  
CSW**

*Provider Gender: Female*

*License number: 87322*

*NPI: 1215342118*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:  
Spanish*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF  
SAN DIEGO**

**1809 NATIONAL AVE**

**SAN DIEGO, CA 92113-2113**

**Phone: (619) 515-2338**

**Fax: (619) 702-8536**

**After Hours Phone: (619)**

**515-2338**

**Website:**

**www.beaconhealthoptions.com**

**Accepting New Patients: Yes**

**Site English Spoken: Yes**

**Site Language(s) Spoken:**

**American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese**

**TDD: No**

**Min/Max Age: 0/99**

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## J. Mental Health Directory

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FAJARDO, JACQUELINE M , CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FAJARDO, JACQUELINE M , CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FAJARDO, JACQUELINE M , CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE

SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FAJARDO, JACQUELINE M , CSW**

*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **FANTINO, RAMONA E , CSW**

Provider Gender: Female

License number: 70826

NPI: 1215191515

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

INTEGRATED HEALTH  
PARTNERS - ST VINCENT DE  
PAUL VILLAGE INC

1501 IMPERIAL AVE

SAN DIEGO, CA 92101-7638

Phone: (619) 233-8500

Fax: (619) 687-1067

After Hours Phone: (619)

233-8500

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-W,F 8:30AM-5PM, TH  
8:30AM-9PM

### **FAUTH, JAMIE, NPA**

Provider Gender: Female

License number: 95002650

NPI: 1396098455

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN DIEGO FAMILY CARE

6973 LINDA VISTA RD

SAN DIEGO, CA 92111-6342

Phone: (858) 810-8787

Fax: (858) 279-0377

After Hours Phone: (858)

810-8787

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Mandarin, Spanish, Vietnamese,  
Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM, SA  
8AM-1PM

### **FEDEROFF, MONICA, MD**

Provider Gender: Female

License number: A164677

NPI: 1912404492

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **FEDEROFF, MONICA, MD**

Provider Gender: Female

License number: A164677

NPI: 1912404492

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

# J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**  
 Provider Gender: Female  
 License number: A164677  
 NPI: 1912404492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

**FEDEROFF, MONICA, MD**  
 Provider Gender: Female

License number: A164677  
 NPI: 1912404492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

**FEDEROFF, MONICA, MD**  
 Provider Gender: Female  
 License number: A164677  
 NPI: 1912404492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

**FEDEROFF, MONICA, MD**  
 Provider Gender: Female  
 License number: A164677  
 NPI: 1912404492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*TDD: No*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8AM-5PM*

### **FEDEROFF, MONICA, MD**

*Provider Gender: Female*  
*License number: A164677*  
*NPI: 1912404492*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

### **FEDEROFF, MONICA, MD**

*Provider Gender: Female*

*License number: A164677*  
*NPI: 1912404492*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

### **FEDEROFF, MONICA, MD**

*Provider Gender: Female*  
*License number: A164677*  
*NPI: 1912404492*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026

*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8AM-5PM*

### **FEDEROFF, MONICA, MD**

*Provider Gender: Female*  
*License number: A164677*  
*NPI: 1912404492*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **FEDEROFF, MONICA, MD**

Provider Gender: Female  
 License number: A164677  
 NPI: 1912404492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **FEDEROFF, MONICA, MD**

Provider Gender: Female

License number: A164677  
 NPI: 1912404492  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **FERRER, ADAREZZA I , MD**

Provider Gender: Female  
 License number: A123390  
 NPI: 1316175524  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 COMMUNITY RESEARCH FOUNDATION INC  
 1963 4TH AVE  
 SAN DIEGO, CA 92101-2394

Phone: (619) 233-3432  
 Fax: (619) 233-7022  
 After Hours Phone: (619) 233-3432  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Russian  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **FERRER, ADAREZZA I , MD**

Provider Gender: Female  
 License number: A123390  
 NPI: 1316175524  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 COMMUNITY RESEARCH FOUNDATION INC  
 743 10TH AVE  
 SAN DIEGO, CA 92101-6673  
 Phone: (619) 239-4663  
 Fax: (619) 239-3045  
 After Hours Phone: (619) 239-4663  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Russian  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:*

### **FERRER, ADAREZZA I , MD**

*Provider Gender:* Female  
*License number:* A123390  
*NPI:* 1316175524  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* COMMUNITY RESEARCH FOUNDATION INC  
892 27TH ST  
SAN DIEGO, CA 92154-1444  
*Phone:* (619) 275-0822  
*Fax:* (619) 696-9573  
*After Hours Phone:* (619) 275-0822  
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:*

### **FERRER, ADAREZZA I , MD**

*Provider Gender:* Female  
*License number:* A123390  
*NPI:* 1316175524  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* COMMUNITY RESEARCH

FOUNDATION INC  
1568 6TH AVE  
SAN DIEGO, CA 92101-3216  
*Phone:* (619) 696-0822  
*Fax:* (619) 696-9573  
*After Hours Phone:* (619) 696-0822  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-6PM

### **FERRER, ADAREZZA I , MD**

*Provider Gender:* Female  
*License number:* A123390  
*NPI:* 1316175524  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* COMMUNITY RESEARCH FOUNDATION INC  
1465 30TH ST STE K  
SAN DIEGO, CA 92154-3497  
*Phone:* (619) 275-0822  
*Fax:* (619) 696-9573  
*After Hours Phone:* (619) 275-0822  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Russian  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M,W 9AM-8PM, TU,TH,F 9AM-5PM

### **FERRIS, DONALD W , MD**

*Provider Gender:* Male  
*License number:* G24351  
*NPI:* 1770756835  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC  
1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:* (619) 687-1067  
*After Hours Phone:* (619) 233-8500  
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM

### **FERTIG, PATRICIA A , MD**

*Provider Gender:* Female  
*License number:* 20A14928

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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**NPI:** 1457642803

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

**SAN DIEGO FAMILY CARE**

**4290 POLK AVE**

**SAN DIEGO, CA 92105-1524**

*Phone:* (619) 563-0250

*Fax:* (619) 563-0015

*After Hours Phone:* (619)

**563-0250**

*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Vietnamese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM, SA

**8AM-2PM**

### **FERTIG, PATRICIA A , MD**

*Provider Gender:* Female

*License number:* 20A14928

**NPI:** 1457642803

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

**SAN DIEGO FAMILY CARE**

**4305 UNIVERSITY AVE**

**SAN DIEGO, CA 92105-1645**

*Phone:* (858) 280-2058

*Fax:* (619) 563-0015

*After Hours Phone:* (858)

**280-2058**

*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM, SA

**8AM-2PM**

### **FIGUEROA, FABIOLA, PSY**

*Provider Gender:* Female

*License number:* PSY24471

**NPI:** 1720283211

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

**NESTOR COMMUNITY HEALTH**

**CENTER**

**1016 OUTER RD**

**SAN DIEGO, CA 92154-1351**

*Phone:* (619) 429-3733

*Fax:* (619) 628-5550

*After Hours Phone:* (619)

**429-3733**

*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:* 13/99

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M,TU,TH 8AM-8PM, W,F

**8AM-5PM, SA 8AM-12PM**

### **FLORES, MARY LUPE, CSW**

*Provider Gender:* Female

*License number:* 19815

**NPI:** 1134147457

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF  
SAN DIEGO**

**140 ELM ST**

**SAN DIEGO, CA 92101-2602**

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)

**515-2520**

*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **FLORES, MARY LUPE, CSW**

*Provider Gender:* Female

*License number:* 19815

**NPI:** 1134147457

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF  
SAN DIEGO**

**4725 MARKET ST**

**SAN DIEGO, CA 92102-4715**

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## J. Mental Health Directory

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Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**

Provider Gender: Female

License number: 19815

NPI: 1134147457

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-TH 8:30AM-5PM

**FLORES, MARY LUPE, CSW**

Provider Gender: Female

License number: 19815

NPI: 1134147457

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

**FLORES, MARY LUPE, CSW**

Provider Gender: Female

License number: 19815

NPI: 1134147457

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**

Provider Gender: Female

License number: 19815

NPI: 1134147457

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-W,F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**

Provider Gender: Female

License number: 19815

NPI: 1134147457

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**

Provider Gender: Female

License number: 19815

NPI: 1134147457

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**FLORES, MARY LUPE, CSW**

Provider Gender: Female

License number: 19815

NPI: 1134147457

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

**Fax:**

After Hours Phone: (619)

515-2300

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours:

**FLORES, MARY LUPE, CSW**

Provider Gender: Female

License number: 19815

NPI: 1134147457

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **FLORES, MARY LUPE, CSW**

Provider Gender: Female

License number: 19815

NPI: 1134147457

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **FLORES, MARY LUPE, CSW**

Provider Gender: Female

License number: 19815

NPI: 1134147457

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **FLOWERS, LAURA L , CSW**

Provider Gender: Female

License number: 74705

NPI: 1437648862

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-W,F 8:30AM-5PM

### **FLYNN CRUZ, MARY E , CSW**

Provider Gender: Female

License number: 92918

NPI: 1942814181

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**FONTANA, LOUIS A , MD**  
*Provider Gender:* Male  
*License number:* G49072  
*NPI:* 1780734343  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:*

**FORZANI, CHRISTINA A , PSY**  
*Provider Gender:* Female  
*License number:* 25710  
*NPI:* 1902939630  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN DIEGO FAMILY CARE  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524  
*Phone:* (619) 563-0250  
*Fax:* (619) 563-0015  
*After Hours Phone:* (619) 563-0250  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Vietnamese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

**FRANCO, RODRIGO, CSW**  
*Provider Gender:* Male  
*License number:* 71548  
*NPI:* 1952736043  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**  
*Provider Gender:* Male  
*License number:* 71548  
*NPI:* 1952736043  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**  
*Provider Gender:* Male  
*License number:* 71548  
*NPI:* 1952736043  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**FRANCO, RODRIGO, CSW**  
*Provider Gender:* Male  
*License number:* 71548  
*NPI:* 1952736043  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**  
*Provider Gender:* Male  
*License number:* 71548  
*NPI:* 1952736043  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**FRANCO, RODRIGO, CSW**  
*Provider Gender:* Male  
*License number:* 71548  
*NPI:* 1952736043  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **FRANCO, RODRIGO, CSW**

*Provider Gender:* Male

*License number:* 71548

*NPI:* 1952736043

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)

515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **FRANCO, RODRIGO, CSW**

*Provider Gender:* Male

*License number:* 71548

*NPI:* 1952736043

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **FRANCO, RODRIGO, CSW**

*Provider Gender:* Male

*License number:* 71548

*NPI:* 1952736043

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2424

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **FRANCO, RODRIGO, CSW**

*Provider Gender:* Male

*License number:* 71548

*NPI:* 1952736043

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338

*Fax:* (619) 702-8535

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male  
 License number: 71548  
 NPI: 1952736043  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **FRANCO, RODRIGO, CSW**

Provider Gender: Male

License number: 71548  
 NPI: 1952736043  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:

After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **FREEMAN, KAY M , MFT**

Provider Gender: Female  
 License number: 16284  
 NPI: 1588795298  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **FREEMAN, KAY M , MFT**

Provider Gender: Female  
 License number: 16284  
 NPI: 1588795298  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **FREEMAN, KAY M , MFT**

Provider Gender: Female  
 License number: 16284  
 NPI: 1588795298  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **FRITZ, JENNIFER K , PSY**

Provider Gender: Female

License number: PSY24350  
 NPI: 1013071497  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
 4690 EL CAJON BLVD  
 SAN DIEGO, CA 92115-4403  
 Phone: (619) 445-6200  
 Fax: (619) 824-9076  
 After Hours Phone: (619) 445-6200  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Armenian  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **FRITZ, JENNIFER K , PSY**

Provider Gender: Female  
 License number: PSY24350  
 NPI: 1013071497  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

### **FRITZ, JENNIFER K , PSY**

Provider Gender: Female  
 License number: PSY24350  
 NPI: 1013071497  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
 316 25TH ST  
 SAN DIEGO, CA 92102-3016  
 Phone: (619) 445-6200  
 Fax: (619) 238-5551  
 After Hours Phone: (619) 445-6200  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Armenian  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

*Hours: M-F 8AM-5PM*

### **FUENTES WEST, MARYSOL, MFT**

*Provider Gender: Female*

*License number: 39962*

*NPI: 1285770941*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency:*

**FUENTES WEST, MARYSOL**

**4080 CENTRE ST STE 207**

**SAN DIEGO, CA 92103-2658**

*Phone: (619) 422-7216*

*Fax:*

*After Hours Phone: (619)*

*422-7216*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Spanish*

*TDD: Yes*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for*

*Accessibility information*

*Hours: M-TH 9AM-6PM*

### **FUKUI, TOMONORI, MD**

*Provider Gender: Male*

*License number: 75713*

*NPI: 1366519670*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Japanese, Spanish*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

**1250 6TH AVE STE 100**

**SAN DIEGO, CA 92101-4368**

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

*515-2338*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*American Sign Language, Farsi,*

*Japanese, Portuguese, Russian,*

*Spanish, Yue Chinese*

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for*

*Accessibility information*

*Hours: M-F 8:30AM-5PM*

### **FUKUI, TOMONORI, MD**

*Provider Gender: Male*

*License number: 75713*

*NPI: 1366519670*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Japanese, Spanish*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

**4094 4TH AVE**

**SAN DIEGO, CA 92103-2143**

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

*515-2338*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*American Sign Language, Farsi,*

*Japanese, Portuguese, Russian, Spanish, Yue Chinese*

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for*

*Accessibility information*

*Hours: M-F 8:30AM-5PM*

### **FUKUI, TOMONORI, MD**

*Provider Gender: Male*

*License number: 75713*

*NPI: 1366519670*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Japanese, Spanish*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

**3544 30TH ST**

**SAN DIEGO, CA 92104-4120**

*Phone: (619) 515-2424*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

*515-2424*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*American Sign Language, Farsi,*

*Japanese, Portuguese, Russian,*

*Spanish, Yue Chinese*

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for*

*Accessibility information*

*Hours: M-F 8:30AM-5PM*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male  
*License number:* 75713  
*NPI:* 1366519670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male  
*License number:* 75713  
*NPI:* 1366519670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male  
*License number:* 75713  
*NPI:* 1366519670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male  
*License number:* 75713  
*NPI:* 1366519670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Hours: M-TH 8:30AM-5PM

### **FUKUI, TOMONORI, MD**

Provider Gender: Male

License number: 75713

NPI: 1366519670

Provider English Spoken: Yes

Provider Language(s) Spoken:

Japanese, Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

### **FUKUI, TOMONORI, MD**

Provider Gender: Male

License number: 75713

NPI: 1366519670

Provider English Spoken: Yes

Provider Language(s) Spoken:

Japanese, Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### **FUKUI, TOMONORI, MD**

Provider Gender: Male

License number: 75713

NPI: 1366519670

Provider English Spoken: Yes

Provider Language(s) Spoken:

Japanese, Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### **FUKUI, TOMONORI, MD**

Provider Gender: Male

License number: 75713

NPI: 1366519670

Provider English Spoken: Yes

Provider Language(s) Spoken:

Japanese, Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Accessibility information  
Hours: M-F 8:30AM-5PM

### **FUKUI, TOMONORI, MD**

Provider Gender: Male  
License number: 75713  
NPI: 1366519670  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Japanese, Spanish  
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **GAHAGAN, SHEILA, MD**

Provider Gender: Female  
License number: G53666  
NPI: 1053327221  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619) 662-4100  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours:

### **GALAPON, DIXIE L , PSY**

Provider Gender: Female  
License number: 16711  
NPI: 1174646301  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-TH 8:30AM-5PM

### **GALAPON, DIXIE L , PSY**

Provider Gender: Female  
License number: 16711  
NPI: 1174646301  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

# J. Mental Health Directory

*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

## **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female  
*License number:* 16711  
*NPI:* 1174646301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

## **GATTEY, JOEL A , MFT**

*Provider Gender:* Male  
*License number:* 112422  
*NPI:* 1487942488  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

## **GAUD, KRISTINA G , MD**

*Provider Gender:* Female  
*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

## **GAUD, KRISTINA G , MD**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female  
*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female  
*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female  
*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female  
*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female  
*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female  
*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*

*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**GAUD, KRISTINA G , MD**  
*Provider Gender:* Female  
*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**GAUD, KRISTINA G , MD**  
*Provider Gender:* Female  
*License number:* 170667  
*NPI:* 1508151598  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

**GENTILE, GILBERT J , CSW**  
*Provider Gender:* Male  
*License number:* 17074  
*NPI:* 1164965265  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
INTEGRATED HEALTH  
PARTNERS - ST VINCENT DE  
PAUL VILLAGE INC  
1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:* (619) 687-1067  
*After Hours Phone:* (619)  
233-8500  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM, TH  
8:30AM-9PM

**GIAMONA, KRISTEN, PSY**  
*Provider Gender:* Female  
*License number:* 28419

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

**NPI:** 1376824383

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**

**Cultural Competency:**

SAN DIEGO FAMILY CARE

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

**Phone:** (858) 810-8700

**Fax:** (858) 633-4680

**After Hours Phone:** (858)

810-8700

**Website:**

www.beaconhealthoptions.com

**Accepting New Patients:** Yes

**Site English Spoken:** Yes

**Site Language(s) Spoken:**

Mandarin, Farsi, Spanish,

Vietnamese, Yue Chinese

**TDD:** No

**Min/Max Age:**

**Gender Restriction:** No Gender Restrictions

**American Sign Language (ASL):**

No

Please contact provider for Accessibility information

**Hours:** M-F 8AM-5PM, SA 8AM-2PM

### **GILLIS, RUTH, MFT**

**Provider Gender:** Female

**License number:** 50313

**NPI:** 1568588325

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**

**Cultural Competency:**

FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

**Phone:** (619) 515-2338

**Fax:** (619) 702-8536

**After Hours Phone:** (619)

515-2338

**Website:**

www.beaconhealthoptions.com

**Accepting New Patients:** Yes

**Site English Spoken:** Yes

**Site Language(s) Spoken:**

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

**TDD:** No

**Min/Max Age:** 0/99

**Gender Restriction:** No Gender Restrictions

**American Sign Language (ASL):** Yes

Please contact provider for Accessibility information

**Hours:** M-W,F 8:30AM-5PM

### **GILLIS, RUTH, MFT**

**Provider Gender:** Female

**License number:** 50313

**NPI:** 1568588325

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**

**Cultural Competency:**

FAMILY HEALTH CENTERS OF SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

**Phone:** (619) 515-2338

**Fax:** (619) 702-8536

**After Hours Phone:** (619)

515-2338

**Website:**

www.beaconhealthoptions.com

**Accepting New Patients:** Yes

**Site English Spoken:** Yes

**Site Language(s) Spoken:**

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

**TDD:** No

**Min/Max Age:** 0/99

**Gender Restriction:** No Gender Restrictions

**American Sign Language (ASL):**

Yes

Please contact provider for Accessibility information

**Hours:** M-F 8:30AM-5PM

### **GLASSMAN, JAGA NATH, MD**

**Provider Gender:** Male

**License number:** G55004

**NPI:** 1558409771

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**

**Cultural Competency:**

FAMILY HEALTH CENTERS OF SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

**Phone:** (619) 515-2300

**Fax:**

**After Hours Phone:** (619)

515-2300

**Website:**

www.beaconhealthoptions.com

**Accepting New Patients:** Yes

**Site English Spoken:** Yes

**Site Language(s) Spoken:**

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

**TDD:** No

**Min/Max Age:**

**Gender Restriction:** No Gender Restrictions

**American Sign Language (ASL):** Yes

Please contact provider for Accessibility information

**Hours:**

### **GLASSMAN, JAGA NATH, MD**

**Provider Gender:** Male

**License number:** G55004

**NPI:** 1558409771

**Provider English Spoken:** Yes

**Provider Language(s) Spoken:**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**  
*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**  
*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for

Accessibility information  
*Hours:* M-F 8AM-5PM

**GLASSMAN, JAGA NATH, MD**  
*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**  
*Provider Gender:* Male  
*License number:* G55004  
*NPI:* 1558409771  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**  
Provider Gender: Male  
License number: G55004  
NPI: 1558409771  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2424  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**  
Provider Gender: Male  
License number: G55004  
NPI: 1558409771  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**  
Provider Gender: Male  
License number: G55004  
NPI: 1558409771  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**  
Provider Gender: Male  
License number: G55004  
NPI: 1558409771  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**

Provider Gender: Male

License number: G55004

NPI: 1558409771

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**GLASSMAN, JAGA NATH, MD**

Provider Gender: Male

License number: G55004

NPI: 1558409771

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

Hours: M-F 8AM-5PM

**GLEASON, SHEILA, PSY**

Provider Gender: Female

License number: 13685

NPI: 1366641813

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619) 515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

Hours: M-F 8:30AM-5PM

**GLEASON, SHEILA, PSY**

Provider Gender: Female

License number: 13685

NPI: 1366641813

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female  
*License number:* 13685  
*NPI:* 1366641813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female  
*License number:* 13685  
*NPI:* 1366641813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female

*License number:* 13685  
*NPI:* 1366641813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female  
*License number:* 13685  
*NPI:* 1366641813  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female

*License number:* 13685

*NPI:* 1366641813

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female

*License number:* 13685

*NPI:* 1366641813

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female

*License number:* 13685

*NPI:* 1366641813

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338

*Fax:* (619) 702-8535

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **GLEASON, SHEILA, PSY**

*Provider Gender:* Female

*License number:* 13685

*NPI:* 1366641813

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

---

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**GLEASON, SHEILA, PSY**

*Provider Gender:* Female

*License number:* 13685

*NPI:* 1366641813

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)

515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

**GLEASON, SHEILA, PSY**

*Provider Gender:* Female

*License number:* 13685

*NPI:* 1366641813

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**GOMEZ-NARANJO, PATRICIA A, MD**

*Provider Gender:* Female

*License number:* A55544

*NPI:* 1053324541

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:*

SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619) 662-4100

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:*

**GONZALES, JULIANA, CSW**

*Provider Gender:* Female

*License number:* 83254

*NPI:* 1821487406

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**

Provider Gender: Female

License number: 83254

NPI: 1821487406

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**

Provider Gender: Female

License number: 83254

NPI: 1821487406

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2424

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**

Provider Gender: Female

License number: 83254

NPI: 1821487406

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)  
515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-TH 8:30AM-5PM

**GONZALES, JULIANA, CSW**

Provider Gender: Female

License number: 83254

NPI: 1821487406

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**  
Provider Gender: Female  
License number: 83254  
NPI: 1821487406  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**GONZALES, JULIANA, CSW**  
Provider Gender: Female  
License number: 83254  
NPI: 1821487406  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**  
Provider Gender: Female  
License number: 83254  
NPI: 1821487406  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**  
Provider Gender: Female  
License number: 83254  
NPI: 1821487406  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

**SAN DIEGO**  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**GONZALES, JULIANA, CSW**  
*Provider Gender:* Female  
*License number:* 83254  
*NPI:* 1821487406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**GONZALES, JULIANA, CSW**  
*Provider Gender:* Female  
*License number:* 83254  
*NPI:* 1821487406  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

Accessibility information  
*Hours:*  
**GONZALEZ, ANDREA, CSW**  
*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**GONZALEZ, ANDREA, CSW**  
*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### FAMILY HEALTH CENTERS OF SAN DIEGO

4065 3RD AVE  
SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **GONZALEZ, ANDREA, CSW**

Provider Gender: Female

License number: 97593

NPI: 1326346198

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

### FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-W,F 8:30AM-5PM

### **GONZALEZ, ANDREA, CSW**

Provider Gender: Female

License number: 97593

NPI: 1326346198

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

### FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **GONZALEZ, ANDREA, CSW**

Provider Gender: Female

License number: 97593

NPI: 1326346198

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

### FAMILY HEALTH CENTERS OF SAN DIEGO

2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **GONZALEZ, ANDREA, CSW**

Provider Gender: Female

License number: 97593

NPI: 1326346198

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**GONZALEZ, ANDREA, CSW**  
*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**GONZALEZ, ANDREA, CSW**  
*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*

Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**GONZALEZ, ANDREA, CSW**  
*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**  
*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**  
*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**GONZALEZ, ANDREA, CSW**  
*Provider Gender:* Female  
*License number:* 97593  
*NPI:* 1326346198  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender

Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**  
*Provider Gender:* Female  
*License number:* 87716  
*NPI:* 1134597123  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**  
*Provider Gender:* Female  
*License number:* 87716  
*NPI:* 1134597123  
*Provider English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST  
SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **GOTTUNG, CHRISTINA, CSW**

*Provider Gender:* Female

*License number:* 87716

*NPI:* 1134597123

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **GOTTUNG, CHRISTINA, CSW**

*Provider Gender:* Female

*License number:* 87716

*NPI:* 1134597123

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GOTTUNG, CHRISTINA, CSW**

*Provider Gender:* Female

*License number:* 87716

*NPI:* 1134597123

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **GOTTUNG, CHRISTINA, CSW**

*Provider Gender:* Female

*License number:* 87716

*NPI:* 1134597123

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2424  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**  
Provider Gender: Female  
License number: 87716  
NPI: 1134597123  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
Phone: (619) 515-2520  
Fax:  
After Hours Phone: (619) 515-2520  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**GOTTUNG, CHRISTINA, CSW**  
Provider Gender: Female  
License number: 87716  
NPI: 1134597123  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**  
Provider Gender: Female  
License number: 87716  
NPI: 1134597123  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**GOTTUNG, CHRISTINA, CSW**  
Provider Gender: Female  
License number: 87716  
NPI: 1134597123  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

**GOTTUNG, CHRISTINA, CSW**  
 Provider Gender: Female  
 License number: 87716  
 NPI: 1134597123  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

**GOTTUNG, CHRISTINA, CSW**  
 Provider Gender: Female  
 License number: 87716  
 NPI: 1134597123  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**GOULD, HILARY, PSY**  
 Provider Gender: Female

License number: 31088  
 NPI: 1104297696  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619)  
 662-4100  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

**GRACE, MONIKA M , PSY**  
 Provider Gender: Female  
 License number: 24462  
 NPI: 1497985832  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Modern Greek, French,  
 Portuguese, Spanish  
 Cultural Competency:  
 GRACE COUNSELING AND  
 PSYCHOTHERAPY  
 2423 CAMINO DEL RIO S STE  
 101  
 SAN DIEGO, CA 92108-3734

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Phone:* (619) 381-8472  
*Fax:* (619) 839-3973  
*After Hours Phone:* (619) 381-8472  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Modern Greek, French,  
 Portuguese, Spanish  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-SA 8AM-8PM

### **GRAHAM, DEBRA JEANNE, NPA**

*Provider Gender:* Female  
*License number:* NP15657  
*NPI:* 1790757623  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 OPERATION SAMAHAN  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126-2375  
*Phone:* (844) 200-2426  
*Fax:* (858) 695-9074  
*After Hours Phone:* (844) 200-2426  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU,TH,F  
 8:30AM-5:30PM, W 10AM-7PM  
**GRAHAM, DEBRA JEANNE, NPA**  
*Provider Gender:* Female  
*License number:* NP15657  
*NPI:* 1790757623  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:*

**GRAHAM, DEBRA JEANNE, NPA**  
*Provider Gender:* Female  
*License number:* NP15657

### **GRAHAM, DEBRA JEANNE, NPA**

*Provider Gender:* Female  
*License number:* NP15657

*NPI:* 1790757623  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 OPERATION SAMAHAN  
 9995 CARMEL MOUNTAIN RD  
 STE B10 & B11  
 SAN DIEGO, CA 92129-2889  
*Phone:* (844) 200-2426  
*Fax:* (858) 312-6660  
*After Hours Phone:* (844) 200-2426  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
 Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU,TH,F  
 8:30AM-5:30PM, W 10AM-7PM

### **GUARDADO SOTO, RAQUEL E , PSY**

*Provider Gender:* Female  
*License number:* 26883  
*NPI:* 1194999276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
*Phone:* (858) 810-8787  
*Fax:* (858) 279-0377  
*After Hours Phone:* (858) 810-8787

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Spanish, Vietnamese,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-1PM

### **GUARDADO SOTO, RAQUEL E , PSY**

*Provider Gender:* Female  
*License number:* 26883  
*NPI:* 1194999276  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858)  
810-8700  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Farsi, Spanish,  
Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-2PM

### **GUILLEN-IBARRA, MIRIAM, CSW**

*Provider Gender:* Female  
*License number:* 103357  
*NPI:* 1164691424  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*

*After Hours Phone:* (619)  
662-4100  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

### **GUTIERREZ, APRIL P , CSW**

*Provider Gender:* Female  
*License number:* 86166  
*NPI:* 1356749949  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **GUTIERREZ, APRIL P , CSW**

*Provider Gender:* Female  
*License number:* 86166  
*NPI:* 1356749949  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**  
*Provider Gender:* Female  
*License number:* 86166  
*NPI:* 1356749949  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**  
*Provider Gender:* Female  
*License number:* 86166  
*NPI:* 1356749949  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**GUTIERREZ, APRIL P , CSW**  
*Provider Gender:* Female  
*License number:* 86166  
*NPI:* 1356749949  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF

SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**GUTIERREZ, APRIL P , CSW**  
*Provider Gender:* Female  
*License number:* 86166  
*NPI:* 1356749949  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **GUTIERREZ, APRIL P , CSW**

Provider Gender: Female

License number: 86166

NPI: 1356749949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-TH 8:30AM-5PM

### **GUTIERREZ, APRIL P , CSW**

Provider Gender: Female

License number: 86166

NPI: 1356749949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)

515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **GUTIERREZ, APRIL P , CSW**

Provider Gender: Female

License number: 86166

NPI: 1356749949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **GUTIERREZ, APRIL P , CSW**

Provider Gender: Female

License number: 86166

NPI: 1356749949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-W,F 8:30AM-5PM

### **GUTIERREZ, APRIL P , CSW**

Provider Gender: Female  
License number: 86166  
NPI: 1356749949  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
Phone: (619) 515-2300  
Fax:

After Hours Phone: (619) 515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No

Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours:

### **GUTIERREZ, APRIL P , CSW**

Provider Gender: Female

License number: 86166  
NPI: 1356749949  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **GUTIERREZ, SARAH, CSW**

Provider Gender: Female  
License number: 82040  
NPI: 1174909071  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-W,F 8:30AM-5PM

### **HARASHEVSKY, MARK, MD**

Provider Gender: Male  
License number: 20A10936  
NPI: 1699923318  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
COMMUNITY RESEARCH FOUNDATION INC  
545 LAUREL ST  
SAN DIEGO, CA 92101-1634  
Phone: (619) 433-4399  
Fax: (619) 233-0453  
After Hours Phone: (619) 433-4399  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:*

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female

*License number:* 26098

*NPI:* 1417373069

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female

*License number:* 26098

*NPI:* 1417373069

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)

515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female

*License number:* 26098

*NPI:* 1417373069

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female

*License number:* 26098

*NPI:* 1417373069

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2424

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

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Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female  
*License number:* 26098  
*NPI:* 1417373069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female  
*License number:* 26098  
*NPI:* 1417373069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female  
*License number:* 26098  
*NPI:* 1417373069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female  
*License number:* 26098  
*NPI:* 1417373069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female

*License number:* 26098

*NPI:* 1417373069

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female

*License number:* 26098

*NPI:* 1417373069

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female

*License number:* 26098

*NPI:* 1417373069

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **HARRIMAN, CORAL, PSY**

*Provider Gender:* Female

*License number:* 26098

*NPI:* 1417373069

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338

*Fax:* (619) 702-8535

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **HAYDEN WADE, HELEN, PSY**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**  
*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**HAYDEN WADE, HELEN, PSY**  
*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**  
*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**  
*Provider Gender:* Female

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**  
*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**  
*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**HAYDEN WADE, HELEN, PSY**  
*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**  
*Provider Gender:* Female

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

**HAYDEN WADE, HELEN, PSY**  
*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**  
*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HAYDEN WADE, HELEN, PSY**  
*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HEDMAN, TERI LEE, CSW**  
*Provider Gender:* U

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **HEDMAN, TERI LEE, CSW**

*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **HIGHTOWER, TERRI M , MFT**

*Provider Gender:* Female  
*License number:* 43779  
*NPI:* 1063572899  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 INTEGRATED HEALTH  
 PARTNERS - ST VINCENT DE  
 PAUL VILLAGE INC  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:* (619) 687-1067  
*After Hours Phone:* (619)  
 233-8500  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM, TH  
 8:30AM-9PM

### **HODGE, ROGER G , PSY**

*Provider Gender:* Male  
*License number:* 26148

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

**NPI:** 1306096714  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**OPERATION SAMAHAN**  
**9995 CARMEL MOUNTAIN RD**  
**STE B10 & B11**  
**SAN DIEGO, CA 92129-2889**  
**Phone:** (844) 200-2426  
**Fax:** (858) 312-6660  
**After Hours Phone:** (844)  
**200-2426**  
**Website:**  
**www.beaconhealthoptions.com**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:** Hindi,  
 Urdu  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
 Restrictions  
**American Sign Language (ASL):**  
 No  
 Please contact provider for  
 Accessibility information  
**Hours:** M,TU,TH,F  
 8:30AM-5:30PM, W 10AM-7PM

**HODGE, ROGER G , PSY**  
**Provider Gender:** Male  
**License number:** 26148  
**NPI:** 1306096714  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**OPERATION SAMAHAN**  
**10737 CAMINO RUIZ STE 235**  
**SAN DIEGO, CA 92126-2375**  
**Phone:** (844) 200-2426  
**Fax:** (858) 695-9074  
**After Hours Phone:** (844)  
**200-2426**  
**Website:**  
**www.beaconhealthoptions.com**

**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:** Hindi,  
 Urdu  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
 Restrictions  
**American Sign Language (ASL):**  
 No  
 Please contact provider for  
 Accessibility information  
**Hours:** M,TU,TH,F  
 8:30AM-5:30PM, W 10AM-7PM

**HODGE, ROGER G , PSY**  
**Provider Gender:** Male  
**License number:** 26148  
**NPI:** 1306096714  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**SAN YSIDRO HEALTH CENTER**  
**950 S EUCLID AVE**  
**SAN DIEGO, CA 92114-6201**  
**Phone:** (619) 662-4100  
**Fax:**  
**After Hours Phone:** (619)  
 662-4100  
**Website:**  
**www.beaconhealthoptions.com**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
 Restrictions  
**American Sign Language (ASL):**  
 No  
 Please contact provider for  
 Accessibility information

**Hours:**  
**HORNBROOK, JESSICA, CSW**  
**Provider Gender:** Female  
**License number:** 26598  
**NPI:** 1134401805  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF**  
**SAN DIEGO**  
**2204 NATIONAL AVE**  
**SAN DIEGO, CA 92113-3615**  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619)  
 515-2338  
**Website:**  
**www.beaconhealthoptions.com**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
 Restrictions  
**American Sign Language (ASL):**  
 Yes  
 Please contact provider for  
 Accessibility information  
**Hours:** M-F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**  
**Provider Gender:** Female  
**License number:** 26598  
**NPI:** 1134401805  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF**  
**SAN DIEGO**  
**3544 30TH ST**

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2424  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **HORNBROOK, JESSICA, CSW**

Provider Gender: Female  
License number: 26598  
NPI: 1134401805  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **HORNBROOK, JESSICA, CSW**

Provider Gender: Female  
License number: 26598  
NPI: 1134401805  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
Phone: (619) 515-2300  
Fax:

After Hours Phone: (619) 515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

### **HORNBROOK, JESSICA, CSW**

Provider Gender: Female  
License number: 26598  
NPI: 1134401805  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **HORNBROOK, JESSICA, CSW**

Provider Gender: Female  
License number: 26598  
NPI: 1134401805  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**

Provider Gender: Female

License number: 26598

NPI: 1134401805

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-TH 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**

Provider Gender: Female

License number: 26598

NPI: 1134401805

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-W,F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**

Provider Gender: Female

License number: 26598

NPI: 1134401805

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**

Provider Gender: Female

License number: 26598

NPI: 1134401805

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)  
515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **HORNBROOK, JESSICA, CSW**

Provider Gender: Female

License number: 26598

NPI: 1134401805

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **HORNBROOK, JESSICA, CSW**

Provider Gender: Female

License number: 26598

NPI: 1134401805

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **HOUSE, SEAN, PSY**

Provider Gender: Male

License number: 25128

NPI: 1659524544

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

HOUSE, SEAN

11417 W BERNARDO CT STE K  
SAN DIEGO, CA 92127-1639

Phone: (858) 254-4192

Fax:

After Hours Phone: (858)

254-4192

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age: 19/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M 9AM-7:30PM, TU

9:30AM-7PM, W,TH

9:30AM-7:30PM, F 9AM-5PM,

SA 9AM-12PM

### **HUBER, REBECCA, MD**

Provider Gender: Female

License number: A133711

NPI: 1174960686

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**  
*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**  
*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**  
*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**  
*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**HUBER, REBECCA, MD**  
*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

Accessibility information  
*Hours:* M-W,F 8:30AM-5PM  
**HUBER, REBECCA, MD**  
*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**HUBER, REBECCA, MD**  
*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**  
*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **HUBER, REBECCA, MD**

Provider Gender: Female

License number: A133711

NPI: 1174960686

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **HUBER, REBECCA, MD**

Provider Gender: Female

License number: A133711

NPI: 1174960686

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **HUBER, REBECCA, MD**

Provider Gender: Female

License number: A133711

NPI: 1174960686

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **HUDSON, KATE, CSW**

Provider Gender: Female

License number: 83712

NPI: 1194159384

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **HUDSON, KATE, CSW**

Provider Gender: Female  
 License number: 83712  
 NPI: 1194159384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **HUDSON, KATE, CSW**

Provider Gender: Female

License number: 83712  
 NPI: 1194159384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **HUDSON, KATE, CSW**

Provider Gender: Female  
 License number: 83712  
 NPI: 1194159384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **HUDSON, KATE, CSW**

Provider Gender: Female  
 License number: 83712  
 NPI: 1194159384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **HUDSON, KATE, CSW**

Provider Gender: Female  
 License number: 83712  
 NPI: 1194159384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **HUDSON, KATE, CSW**

Provider Gender: Female

License number: 83712  
 NPI: 1194159384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **HUDSON, KATE, CSW**

Provider Gender: Female  
 License number: 83712  
 NPI: 1194159384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **HUDSON, KATE, CSW**

Provider Gender: Female  
 License number: 83712  
 NPI: 1194159384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **HUDSON, KATE, CSW**

Provider Gender: Female  
 License number: 83712  
 NPI: 1194159384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **HUDSON, KATE, CSW**

Provider Gender: Female

License number: 83712  
 NPI: 1194159384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **IBANEZ, BERNICE, PSY**

Provider Gender: Female  
 License number: 22080  
 NPI: 1740394386  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

### **ISHIDA, YO, CSW**

Provider Gender: Female  
 License number: 29526  
 NPI: 1225154081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ISHIDA, YO, CSW**

Provider Gender: Female  
 License number: 29526  
 NPI: 1225154081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **ISHIDA, YO, CSW**

Provider Gender: Female

License number: 29526  
 NPI: 1225154081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ISHIDA, YO, CSW**

Provider Gender: Female  
 License number: 29526  
 NPI: 1225154081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ISHIDA, YO, CSW**

Provider Gender: Female  
 License number: 29526  
 NPI: 1225154081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:*

### **ISHIDA, YO, CSW**

*Provider Gender:* Female

*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ISHIDA, YO, CSW**

*Provider Gender:* Female  
*License number:* 29526  
*NPI:* 1225154081  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ISHIDA, YO, CSW**

Provider Gender: Female  
 License number: 29526  
 NPI: 1225154081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ISHIDA, YO, CSW**

Provider Gender: Female

License number: 29526  
 NPI: 1225154081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ISHIDA, YO, CSW**

Provider Gender: Female  
 License number: 29526  
 NPI: 1225154081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **JACKSON, TIENNA S , CSW**

Provider Gender: Female  
 License number: 89122  
 NPI: 1194976225  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

---

TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-W,F 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male  
License number: A167754  
NPI: 1083092134  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: [www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male

License number: A167754  
NPI: 1083092134  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
Phone: (619) 515-2520  
Fax:

After Hours Phone: (619) 515-2520  
Website: [www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male  
License number: A167754  
NPI: 1083092134  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: [www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male  
License number: A167754  
NPI: 1083092134  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: [www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male  
 License number: A167754  
 NPI: 1083092134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male

License number: A167754  
 NPI: 1083092134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male  
 License number: A167754  
 NPI: 1083092134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male  
 License number: A167754  
 NPI: 1083092134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **JALAN, DEVESH, MD**

Provider Gender: Male  
 License number: A167754  
 NPI: 1083092134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male

License number: A167754  
 NPI: 1083092134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male  
 License number: A167754  
 NPI: 1083092134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **JALAN, DEVESH, MD**

Provider Gender: Male  
 License number: A167754  
 NPI: 1083092134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female  
 License number: 20A13931  
 NPI: 1679834022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female

License number: 20A13931  
 NPI: 1679834022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female  
 License number: 20A13931  
 NPI: 1679834022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female  
 License number: 20A13931  
 NPI: 1679834022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**

*Provider Gender:* Female  
*License number:* 20A13931  
*NPI:* 1679834022  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:*

**JAMES, CHRISTINE E , MD**

*Provider Gender:* Female

*License number:* 20A13931  
*NPI:* 1679834022  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**JAMES, CHRISTINE E , MD**

*Provider Gender:* Female  
*License number:* 20A13931  
*NPI:* 1679834022  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**JAMES, CHRISTINE E , MD**

*Provider Gender:* Female  
*License number:* 20A13931  
*NPI:* 1679834022  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female  
 License number: 20A13931  
 NPI: 1679834022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female

License number: 20A13931  
 NPI: 1679834022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female  
 License number: 20A13931  
 NPI: 1679834022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **JAMES, CHRISTINE E , MD**

Provider Gender: Female  
 License number: 20A13931  
 NPI: 1679834022  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

*Hours: M-F 8:30AM-5PM*

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender: Female*

*License number: 26493*

*NPI: 1871772020*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

**4874 POLK AVE**

**SAN DIEGO, CA 92105-2026**

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

*515-2338*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese*

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

*Hours: M-F 8AM-5PM*

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender: Female*

*License number: 26493*

*NPI: 1871772020*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

**4094 4TH AVE**

**SAN DIEGO, CA 92103-2143**

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

*515-2338*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese*

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

*Hours: M-F 8:30AM-5PM*

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender: Female*

*License number: 26493*

*NPI: 1871772020*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

**5454 EL CAJON BLVD**

**SAN DIEGO, CA 92115-3621**

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

*515-2338*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese*

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): Yes*

*Please contact provider for Accessibility information*

*Hours: M-F 8:30AM-5PM*

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender: Female*

*License number: 26493*

*NPI: 1871772020*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency:*

**FAMILY HEALTH CENTERS OF SAN DIEGO**

**1550 BROADWAY STE 2**

**SAN DIEGO, CA 92101-5713**

*Phone: (619) 515-2338*

*Fax: (619) 702-8535*

*After Hours Phone: (619)*

*515-2338*

*Website:*

*www.beaconhealthoptions.com*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender:* Female  
*License number:* 26493  
*NPI:* 1871772020  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender:* Female  
*License number:* 26493  
*NPI:* 1871772020  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender:* Female  
*License number:* 26493

*NPI:* 1871772020  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender:* Female  
*License number:* 26493  
*NPI:* 1871772020  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

# J. Mental Health Directory

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

## **JASSO-RAMIREZ, MARTHA, CSW**

Provider Gender: Female  
 License number: 26493  
 NPI: 1871772020  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

## **JASSO-RAMIREZ, MARTHA, CSW**

Provider Gender: Female  
 License number: 26493  
 NPI: 1871772020  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information

Hours: M-F 8:30AM-5PM

## **JASSO-RAMIREZ, MARTHA, CSW**

Provider Gender: Female  
 License number: 26493  
 NPI: 1871772020  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

## **JASSO-RAMIREZ, MARTHA, CSW**

Provider Gender: Female  
 License number: 26493  
 NPI: 1871772020  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**JAUREGUI, CYNTHIA J , MFT**  
*Provider Gender:* Female  
*License number:* 46152  
*NPI:* 1003953886  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**JAUREGUI, CYNTHIA J , MFT**  
*Provider Gender:* Female  
*License number:* 46152  
*NPI:* 1003953886  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*

Yes  
 Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**JENSEN, DEXTER, MD**  
*Provider Gender:* Male  
*License number:* A67960  
*NPI:* 1740465541  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

**JONES, ADELE, PSY**  
*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
Phone: (619) 515-2300

Fax:

After Hours Phone: (619)  
515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **JONES, ADELE, PSY**

Provider Gender: Female

License number: 25311

NPI: 1558602490

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **JONES, ADELE, PSY**

Provider Gender: Female

License number: 25311

NPI: 1558602490

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)  
515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **JONES, ADELE, PSY**

Provider Gender: Female

License number: 25311

NPI: 1558602490

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **JONES, ADELE, PSY**

Provider Gender: Female

License number: 25311

NPI: 1558602490

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**JONES, ADELE, PSY**  
*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**JONES, ADELE, PSY**  
*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**JONES, ADELE, PSY**

*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**JONES, ADELE, PSY**  
*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **JONES, ADELE, PSY**

Provider Gender: Female

License number: 25311

NPI: 1558602490

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **JONES, ADELE, PSY**

Provider Gender: Female

License number: 25311

NPI: 1558602490

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **JONES, ADELE, PSY**

Provider Gender: Female

License number: 25311

NPI: 1558602490

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **JONES, ATAVIA L , CSW**

Provider Gender: Female

License number: LCSW76796

NPI: 1952734899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**  
 Provider Gender: Female  
 License number: LCSW76796  
 NPI: 1952734899  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

**JONES, ATAVIA L , CSW**  
 Provider Gender: Female  
 License number: LCSW76796  
 NPI: 1952734899  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**  
 Provider Gender: Female

License number: LCSW76796  
 NPI: 1952734899  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**  
 Provider Gender: Female  
 License number: LCSW76796  
 NPI: 1952734899  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-TH 8:30AM-5PM

**JONES, ATAVIA L , CSW**

Provider Gender: Female

License number: LCSW76796

NPI: 1952734899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)

515-2520

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

**JONES, ATAVIA L , CSW**

Provider Gender: Female

License number: LCSW76796

NPI: 1952734899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**

Provider Gender: Female

License number: LCSW76796

NPI: 1952734899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

**JONES, ATAVIA L , CSW**

Provider Gender: Female

License number: LCSW76796

NPI: 1952734899

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**JONES, ATAVIA L , CSW**

*Provider Gender:* Female

*License number:* LCSW76796

*NPI:* 1952734899

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:*

**JONES, MICHAEL A , CSW**

*Provider Gender:* Male

*License number:* LCS 22452

*NPI:* 1548205719

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**

*Provider Gender:* Male

*License number:* LCS 22452

*NPI:* 1548205719

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:*

**JONES, MICHAEL A , CSW**

*Provider Gender:* Male

*License number:* LCS 22452

*NPI:* 1548205719

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

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## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**  
 Provider Gender: Male  
 License number: LCS 22452  
 NPI: 1548205719  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**  
 Provider Gender: Male  
 License number: LCS 22452  
 NPI: 1548205719  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**  
 Provider Gender: Male

License number: LCS 22452  
 NPI: 1548205719  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**  
 Provider Gender: Male  
 License number: LCS 22452  
 NPI: 1548205719  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**  
 Provider Gender: Male  
 License number: LCS 22452  
 NPI: 1548205719  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM  
**JONES, MICHAEL A , CSW**  
 Provider Gender: Male  
 License number: LCS 22452  
 NPI: 1548205719  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**JONES, MICHAEL A , CSW**  
 Provider Gender: Male  
 License number: LCS 22452  
 NPI: 1548205719  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

**JONES, MICHAEL A , CSW**  
 Provider Gender: Male

License number: LCS 22452  
 NPI: 1548205719  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**JONES, MICHAEL A , CSW**  
 Provider Gender: Male  
 License number: LCS 22452  
 NPI: 1548205719  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**JONES, MICHAEL A , CSW**  
 Provider Gender: Male  
 License number: LCS 22452  
 NPI: 1548205719  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**JUAREZ, AMERICA, CSW**  
 Provider Gender: Female  
 License number: 92516  
 NPI: 1386281541  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:

After Hours Phone: (619)  
 662-4100  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

**KANE, SADIE P , NPA**  
 Provider Gender: Female

License number: 95004685  
 NPI: 1942608161  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858)  
 810-8700  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Farsi, Spanish,  
 Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM, SA  
 8AM-2PM

**KAUFFMAN, CASSANDRA M , PSY**  
 Provider Gender: Female  
 License number: 25899  
 NPI: 1780845396  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 ACCESS PSYCHOLOGY  
 SERVICES, PC  
 750 B ST STE 2870  
 SAN DIEGO, CA 92101-8132

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## J. Mental Health Directory

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Phone: (619) 722-0014  
Fax: (619) 327-4174  
After Hours Phone: (619) 722-0014  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 9AM-5PM

### **KEI, JUSTIN, MD**

Provider Gender: Male  
License number: A138266  
NPI: 1396150041  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:

Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **KEI, JUSTIN, MD**

Provider Gender: Male  
License number: A138266  
NPI: 1396150041  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-TH 8:30AM-5PM

### **KEI, JUSTIN, MD**

Provider Gender: Male  
License number: A138266  
NPI: 1396150041

Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2424  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **KEI, JUSTIN, MD**

Provider Gender: Male  
License number: A138266  
NPI: 1396150041  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
Phone: (619) 515-2520  
Fax:  
After Hours Phone: (619) 515-2520

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,

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## J. Mental Health Directory

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**KELLEY, KIMBERLY L , CSW**  
Provider Gender: Female  
License number: 97888  
NPI: 1326447897  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

**KERI, JASON S , MD**  
Provider Gender: Male  
License number: A82017  
NPI: 1811915812  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
SENIOR MEDICAL  
ASSOCIATES INC  
2810 CAMINO DEL RIO S STE  
102  
SAN DIEGO, CA 92108-3819  
Phone: (619) 299-1419  
Fax: (858) 461-6008  
After Hours Phone: (619)  
299-1419  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
TDD: No  
Min/Max Age: 13/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**KHAN, MAYSUN, CSW**  
Provider Gender: Female  
License number: 71910  
NPI: 1033519632  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

**KLOBERDANZ, KELSEY L ,  
NPA**  
Provider Gender: Female  
License number: 95005293  
NPI: 1235672502  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

*Provider Gender:* Female

*License number:* 95005293

*NPI:* 1235672502

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)

515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

*Provider Gender:* Female

*License number:* 95005293

*NPI:* 1235672502

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338

*Fax:* (619) 702-8535

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

*Provider Gender:* Female

*License number:* 95005293

*NPI:* 1235672502

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

*Provider Gender:* Female

*License number:* 95005293

*NPI:* 1235672502

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

*Provider Gender:* Female

*License number:* 95005293

*NPI:* 1235672502

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

*Provider Gender:* Female

*License number:* 95005293

*NPI:* 1235672502

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-W,F 8:30AM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

*Provider Gender:* Female

*License number:* 95005293

*NPI:* 1235672502

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF

SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

*Provider Gender:* Female

*License number:* 95005293

*NPI:* 1235672502

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

*Provider Gender:* Female  
*License number:* 95005293  
*NPI:* 1235672502  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for

Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**KLOBERDANZ, KELSEY L ,  
NPA**  
*Provider Gender:* Female  
*License number:* 95005293  
*NPI:* 1235672502  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*  
**KLOBERDANZ, KELSEY L ,  
NPA**  
*Provider Gender:* Female  
*License number:* 95005293  
*NPI:* 1235672502  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**KLUEMPER, NICOLE, PSY**  
*Provider Gender:* Female  
*License number:* 27064  
*NPI:* 1902125818  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO FAMILY CARE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342  
*Phone:* (858) 810-8787  
*Fax:* (858) 279-0377  
*After Hours Phone:* (858)  
810-8787  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Mandarin, Spanish, Vietnamese,  
Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM, SA  
8AM-1PM

### **KLUEMPER, NICOLE, PSY**

Provider Gender: Female  
License number: 27064  
NPI: 1902125818  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
Phone: (858) 810-8700  
Fax: (858) 633-4680  
After Hours Phone: (858)  
810-8700  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Farsi, Spanish,  
Vietnamese, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM, SA  
8AM-2PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male  
License number: A94460  
NPI: 1851573554  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male  
License number: A94460  
NPI: 1851573554  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male  
License number: A94460  
NPI: 1851573554  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male  
 License number: A94460  
 NPI: 1851573554  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male

License number: A94460  
 NPI: 1851573554  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male  
 License number: A94460  
 NPI: 1851573554  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male  
 License number: A94460  
 NPI: 1851573554  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax: (619) 515-2520  
 After Hours Phone: (619) 515-2520  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male  
 License number: A94460  
 NPI: 1851573554  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male

License number: A94460  
 NPI: 1851573554  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536

After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male  
 License number: A94460  
 NPI: 1851573554  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male  
 License number: A94460  
 NPI: 1851573554  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **KNIGHT, MARK ANTHONY, MD**

Provider Gender: Male  
 License number: A94460  
 NPI: 1851573554  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **KNIGHT, TARA J , NPA**

Provider Gender: Female

License number: 95012285  
 NPI: 1801394358  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:

After Hours Phone: (619) 662-4100  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

### **KOH, STEVE H , MD**

Provider Gender: Male  
 License number: A103468  
 NPI: 1467650473  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **KOH, STEVE H , MD**

Provider Gender: Male  
 License number: A103468  
 NPI: 1467650473  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**KOH, STEVE H , MD**

*Provider Gender:* Male  
*License number:* A103468  
*NPI:* 1467650473  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**KOH, STEVE H , MD**

*Provider Gender:* Male  
*License number:* A103468  
*NPI:* 1467650473  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**KOH, STEVE H , MD**

*Provider Gender:* Male  
*License number:* A103468  
*NPI:* 1467650473  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**KOH, STEVE H , MD**

*Provider Gender:* Male  
*License number:* A103468  
*NPI:* 1467650473  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Accessibility information  
Hours: M-F 8:30AM-5PM

### **KOH, STEVE H , MD**

Provider Gender: Male  
License number: A103468  
NPI: 1467650473  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

### **KOH, STEVE H , MD**

Provider Gender: Male  
License number: A103468  
NPI: 1467650473  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE

SAN DIEGO, CA 92114-6201  
Phone: (619) 662-4100  
Fax:  
After Hours Phone: (619)  
662-4100  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours:

### **KOH, STEVE H , MD**

Provider Gender: Male  
License number: A103468  
NPI: 1467650473  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2424  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **KOH, STEVE H , MD**

Provider Gender: Male  
License number: A103468  
NPI: 1467650473  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **KOH, STEVE H , MD**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Provider Gender:* Male  
*License number:* A103468  
*NPI:* 1467650473  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KOH, STEVE H , MD**

*Provider Gender:* Male  
*License number:* A103468  
*NPI:* 1467650473  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KOH, STEVE H , MD**

*Provider Gender:* Male  
*License number:* A103468  
*NPI:* 1467650473  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **KOSMACH, JOSEPH J , MD**

*Provider Gender:* Male  
*License number:* 20A16558  
*NPI:* 1801233911  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
KOSMACH, JOSEPH  
7850 VISTA HILL AVE  
SAN DIEGO, CA 92123-2717  
*Phone:* (619) 294-4119  
*Fax:*  
*After Hours Phone:* (619)  
294-4119  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* Yes  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8AM-5PM, TH  
8AM-5:30PM

### **KRITTMAN, STUART W , PSY**

*Provider Gender:* Male  
*License number:* PSY20233  
*NPI:* 1174964399  
*Provider English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**KURANAKA, TRACY R , MD**  
*Provider Gender:* Female  
*License number:* A75170  
*NPI:* 1619930542  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO FAMILY CARE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342  
*Phone:* (858) 810-8787  
*Fax:* (858) 279-0377  
*After Hours Phone:* (858)  
810-8787  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Spanish, Vietnamese,  
Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-1PM

**KURANAKA, TRACY R , MD**  
*Provider Gender:* Female  
*License number:* A75170  
*NPI:* 1619930542  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO FAMILY CARE  
4290 POLK AVE  
SAN DIEGO, CA 92105-1524  
*Phone:* (619) 563-0250  
*Fax:* (619) 563-0015  
*After Hours Phone:* (619)  
563-0250  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-2PM

**KURANAKA, TRACY R , MD**  
*Provider Gender:* Female  
*License number:* A75170  
*NPI:* 1619930542  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO FAMILY CARE  
4305 UNIVERSITY AVE  
SAN DIEGO, CA 92105-1645  
*Phone:* (858) 280-2058  
*Fax:* (619) 563-0015  
*After Hours Phone:* (858)  
280-2058  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-2PM

**KYLE, MARCIE, CSW**  
*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**

Provider Gender: Female

License number: LCSW78555

NPI: 1174981500

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)

515-2520

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

**KYLE, MARCIE, CSW**

Provider Gender: Female

License number: LCSW78555

NPI: 1174981500

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-W,F 8:30AM-5PM

**KYLE, MARCIE, CSW**

Provider Gender: Female

License number: LCSW78555

NPI: 1174981500

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**

Provider Gender: Female

License number: LCSW78555

NPI: 1174981500

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**

Provider Gender: Female

License number: LCSW78555

NPI: 1174981500

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-TH 8:30AM-5PM

**KYLE, MARCIE, CSW**

Provider Gender: Female

License number: LCSW78555

NPI: 1174981500

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**

Provider Gender: Female

License number: LCSW78555

NPI: 1174981500

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**KYLE, MARCIE, CSW**

Provider Gender: Female

License number: LCSW78555

NPI: 1174981500

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female

*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **LAKE, NAOMI B , CSW**

*Provider Gender:* Female  
*License number:* 17413  
*NPI:* 1215084116  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO AMERICAN INDIAN  
HEALTH CENTER  
2630 1ST AVE  
SAN DIEGO, CA 92103-6599

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Phone: (619) 234-2158  
Fax: (619) 234-1979  
After Hours Phone: (619)  
234-2158

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

**LARDON, MICHAEL T , MD**

Provider Gender: Male

License number: A48664

NPI: 1174630305

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

LARDON, MICHAEL

3750 CONVOY ST STE 318

SAN DIEGO, CA 92111-3741

Phone: (858) 292-2929

Fax: (619) 292-2909

After Hours Phone: (858)

292-2929

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: Yes

Min/Max Age: 19/64

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for

Accessibility information

Hours: M-TH 9AM-5PM, F  
9AM-12PM

**LEBLANC, ASHLEY B , CSW**

Provider Gender: Female

License number: 83136

NPI: 1275905622

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

**LEBLANC, ASHLEY B , CSW**

Provider Gender: Female

License number: 83136

NPI: 1275905622

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

**Fax:**

After Hours Phone: (619)

515-2520

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for

Accessibility information

Hours: M-F 8AM-5PM

**LEBLANC, ASHLEY B , CSW**

Provider Gender: Female

License number: 83136

NPI: 1275905622

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **LEBLANC, ASHLEY B , CSW**

Provider Gender: Female

License number: 83136

NPI: 1275905622

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-TH 8:30AM-5PM

### **LEBLANC, ASHLEY B , CSW**

Provider Gender: Female

License number: 83136

NPI: 1275905622

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **LEBLANC, ASHLEY B , CSW**

Provider Gender: Female

License number: 83136

NPI: 1275905622

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **LEBLANC, ASHLEY B , CSW**

Provider Gender: Female

License number: 83136

NPI: 1275905622

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

**LEBLANC, ASHLEY B , CSW**  
*Provider Gender: Female*  
*License number: 83136*  
*NPI: 1275905622*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

**LEBLANC, ASHLEY B , CSW**  
*Provider Gender: Female*

*License number: 83136*  
*NPI: 1275905622*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8AM-5PM*

**LEBLANC, ASHLEY B , CSW**  
*Provider Gender: Female*  
*License number: 83136*  
*NPI: 1275905622*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120

*Phone: (619) 515-2424*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2424*  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

**LEWIS, ARASELI P , PSY**  
*Provider Gender: Female*  
*License number: 25551*  
*NPI: 1144395542*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency:*  
ACCESS PSYCHOLOGY SERVICES, PC  
750 B ST STE 2870  
SAN DIEGO, CA 92101-8132  
*Phone: (619) 722-0014*  
*Fax: (619) 327-4174*  
*After Hours Phone: (619) 722-0014*  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
Spanish  
*TDD: No*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 9AM-5PM

### **LIANG, YINGJIAN, MD**

*Provider Gender:* Female  
*License number:* A127013  
*NPI:* 1912295361  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Mandarin  
*Cultural Competency:* LIANG, YINGJIAN  
7850 VISTA HILL AVE  
SAN DIEGO, CA 92123-2717  
*Phone:* (858) 499-8430  
*Fax:* (858) 278-7721  
*After Hours Phone:* (858) 499-8430  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin  
*TDD:* Yes

*Min/Max Age:* 13/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 9AM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female  
*License number:* 161149  
*NPI:* 1942662093  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female  
*License number:* 161149  
*NPI:* 1942662093  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female  
*License number:* 161149  
*NPI:* 1942662093  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:* (619) 515-2520  
*After Hours Phone:* (619) 515-2520  
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female  
*License number:* 161149  
*NPI:* 1942662093

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338

*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338

*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female  
*License number:* 161149  
*NPI:* 1942662093

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF

SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female  
*License number:* 161149  
*NPI:* 1942662093

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female  
*License number:* 161149  
*NPI:* 1942662093

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female

*License number:* 161149

*NPI:* 1942662093

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2424

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female

*License number:* 161149

*NPI:* 1942662093

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female

*License number:* 161149

*NPI:* 1942662093

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female

*License number:* 161149

*NPI:* 1942662093

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338

*Fax:* (619) 702-8535

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

*License number:* 161149  
*NPI:* 1942662093  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIERA, CARMEN G , CSW**

*Provider Gender:* Female  
*License number:* 72986  
*NPI:* 1275895443  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIM, SANDRA S , MD**

*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
515-2520  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **LINDEMAN, KURTIS P , MD**

*Provider Gender:* Male  
*License number:* A104052  
*NPI:* 1124155791  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
INTEGRATED HEALTH  
PARTNERS - ST VINCENT DE  
PAUL VILLAGE INC  
1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:* (619) 687-1067  
*After Hours Phone:* (619)  
233-8500  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM, TH  
8:30AM-9PM

### **LIPPERT, HEATHER M , CSW**

*Provider Gender:* Female  
*License number:* 22526  
*NPI:* 1093991663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **LIPPERT, HEATHER M , CSW**

*Provider Gender:* Female  
*License number:* 22526

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

NPI: 1093991663  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**  
 Provider Gender: Female  
 License number: 22526  
 NPI: 1093991663  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**  
 Provider Gender: Female  
 License number: 22526  
 NPI: 1093991663  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions

American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

**LIPPERT, HEATHER M , CSW**  
 Provider Gender: Female  
 License number: 22526  
 NPI: 1093991663  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**  
 Provider Gender: Female  
 License number: 22526  
 NPI: 1093991663  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**LIPPERT, HEATHER M , CSW**  
*Provider Gender:* Female  
*License number:* 22526  
*NPI:* 1093991663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**  
*Provider Gender:* Female  
*License number:* 22526  
*NPI:* 1093991663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for

Accessibility information  
*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**  
*Provider Gender:* Female  
*License number:* 22526  
*NPI:* 1093991663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**  
*Provider Gender:* Female  
*License number:* 22526  
*NPI:* 1093991663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**LA MAESTRA COMMUNITY HEALTH CENTERS**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
Phone: (619) 280-4213  
Fax: (619) 281-6738  
After Hours Phone: (619) 280-4213  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5:30PM

**LIPPERT, HEATHER M , CSW**  
Provider Gender: Female  
License number: 22526  
NPI: 1093991663  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**  
Provider Gender: Female  
License number: 22526  
NPI: 1093991663  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2424  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**  
Provider Gender: Female

License number: 22526  
NPI: 1093991663  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

**LIU, TIMOTHY C , MD**  
Provider Gender: Male  
License number: A105535  
NPI: 1720262801  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Mandarin, Yue Chinese  
Cultural Competency:  
SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM, SA 8AM-2PM

### **LIU, TIMOTHY C , MD**

Provider Gender: Male  
 License number: A105535  
 NPI: 1720262801  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Mandarin, Yue Chinese  
 Cultural Competency: SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: (858) 810-8787  
 Fax: (858) 279-0377  
 After Hours Phone: (858) 810-8787  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Spanish, Vietnamese, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM, SA 8AM-1PM

### **LLAMAS, SASHA G , CSW**

Provider Gender: Female  
 License number: 94249  
 NPI: 1356713739  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **LOEB, CINDY, CSW**

Provider Gender: Female

License number: 75333  
 NPI: 1619108511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LOEB, CINDY, CSW**

Provider Gender: Female  
 License number: 75333  
 NPI: 1619108511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LOEB, CINDY, CSW**

*Provider Gender:* Female  
*License number:* 75333  
*NPI:* 1619108511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LOEB, CINDY, CSW**

*Provider Gender:* Female  
*License number:* 75333  
*NPI:* 1619108511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **LOEB, CINDY, CSW**

*Provider Gender:* Female

*License number:* 75333  
*NPI:* 1619108511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LOEB, CINDY, CSW**

*Provider Gender:* Female  
*License number:* 75333  
*NPI:* 1619108511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

# J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

## **LOEB, CINDY, CSW**

Provider Gender: Female  
 License number: 75333  
 NPI: 1619108511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

## **LOEB, CINDY, CSW**

Provider Gender: Female  
 License number: 75333  
 NPI: 1619108511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535

After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

## **LOEB, CINDY, CSW**

Provider Gender: Female

License number: 75333  
 NPI: 1619108511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520

Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

## **LOEB, CINDY, CSW**

Provider Gender: Female  
 License number: 75333  
 NPI: 1619108511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **LOEB, CINDY, CSW**

*Provider Gender:* Female

*License number:* 75333

*NPI:* 1619108511

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **LOEB, CINDY, CSW**

*Provider Gender:* Female

*License number:* 75333

*NPI:* 1619108511

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **LOVE-ROBLES, YVONNE, PSY**

*Provider Gender:* Female

*License number:* 18321

*NPI:* 1902812811

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:*

### **LUCKS, BONNIE D, PSY**

*Provider Gender:* Female

*License number:* 22788

*NPI:* 1609910876

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

LUCKS PSYCHOLOGY INC

2878 CAMINO DEL RIO S STE  
315

SAN DIEGO, CA 92108-3846

*Phone:* (619) 569-0777

*Fax:* (619) 563-4559

*After Hours Phone:* (619)

569-0777

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
TDD: Yes  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M 10AM-6PM, TU-TH 8AM-9PM, F 8AM-7PM

**LYDIARD, JESSICA, MD**  
*Provider Gender:* Female  
*License number:* A171775  
*NPI:* 1841731296  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**LYDIARD, JESSICA, MD**  
*Provider Gender:* Female  
*License number:* A171775  
*NPI:* 1841731296  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*

*After Hours Phone:* (619) 515-2520  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**LYDIARD, JESSICA, MD**  
*Provider Gender:* Female  
*License number:* A171775  
*NPI:* 1841731296  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**LYDIARD, JESSICA, MD**  
*Provider Gender:* Female  
*License number:* A171775  
*NPI:* 1841731296  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **LYDIARD, JESSICA, MD**

Provider Gender: Female

License number: A171775

NPI: 1841731296

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **LYDIARD, JESSICA, MD**

Provider Gender: Female

License number: A171775

NPI: 1841731296

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)

515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **LYDIARD, JESSICA, MD**

Provider Gender: Female

License number: A171775

NPI: 1841731296

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **LYDIARD, JESSICA, MD**

Provider Gender: Female

License number: A171775

NPI: 1841731296

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-W,F 8:30AM-5PM*

### **LYDIARD, JESSICA, MD**

*Provider Gender: Female*  
*License number: A171775*  
*NPI: 1841731296*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

### **LYDIARD, JESSICA, MD**

*Provider Gender: Female*

*License number: A171775*  
*NPI: 1841731296*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*

*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

### **LYDIARD, JESSICA, MD**

*Provider Gender: Female*  
*License number: A171775*  
*NPI: 1841731296*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184

*Phone: (619) 515-2300*  
*Fax:*  
*After Hours Phone: (619) 515-2300*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours:*

### **LYDIARD, JESSICA, MD**

*Provider Gender: Female*  
*License number: A171775*  
*NPI: 1841731296*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male  
 License number: 92724  
 NPI: 1538704002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520

Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male

License number: 92724  
 NPI: 1538704002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338

Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male  
 License number: 92724  
 NPI: 1538704002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male  
 License number: 92724  
 NPI: 1538704002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

---

TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male  
License number: 92724  
NPI: 1538704002  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2424  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male

License number: 92724  
NPI: 1538704002  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male  
License number: 92724  
NPI: 1538704002  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male  
License number: 92724  
NPI: 1538704002  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male  
 License number: 92724  
 NPI: 1538704002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male

License number: 92724  
 NPI: 1538704002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

Provider Gender: Male  
 License number: 92724  
 NPI: 1538704002  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female  
 License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female  
 License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:

After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female

License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535

After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female  
 License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
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 www.beaconhealthoptions.com  
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 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female  
 License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female  
 License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female

License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female  
 License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female  
 License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female  
 License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female

License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

Provider Gender: Female  
 License number: 25570  
 NPI: 1659520179  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
 License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
 License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female

License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
 License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
 License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
 License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female

License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
 License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
 License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female  
 License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female

License number: 22296  
 NPI: 1700200888  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female  
 License number: 88399  
 NPI: 1487128617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female  
 License number: 88399  
 NPI: 1487128617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female  
 License number: 88399  
 NPI: 1487128617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female

License number: 88399  
 NPI: 1487128617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female  
 License number: 88399  
 NPI: 1487128617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female  
 License number: 88399  
 NPI: 1487128617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female  
 License number: 88399  
 NPI: 1487128617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female

License number: 88399  
 NPI: 1487128617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female  
 License number: 88399  
 NPI: 1487128617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female  
 License number: 88399  
 NPI: 1487128617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female  
 License number: 88399  
 NPI: 1487128617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female

License number: 88399  
 NPI: 1487128617  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338

Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MAK, HEATHER, MD**

Provider Gender: Female  
 License number: A153551  
 NPI: 1033430863  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 SAN DIEGO AMERICAN INDIAN HEALTH CENTER  
 2630 1ST AVE  
 SAN DIEGO, CA 92103-6599

Phone: (619) 234-2158  
 Fax: (619) 234-1979  
 After Hours Phone: (619) 234-2158  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **MALAK, LAWRENCE, MD**

Provider Gender: Male  
 License number: A115345  
 NPI: 1467773028  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-W,F 8:30AM-5PM

### **MALAK, LAWRENCE, MD**

*Provider Gender:* Male

*License number:* A115345

*NPI:* 1467773028

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Farsi, Hindi, Kannada,

Maithili, Sinhala, Sinhalese,

Spanish, Urdu

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:*

### **MANESS, PAULA J , PSY**

*Provider Gender:* Female

*License number:* 23787

*NPI:* 1437312097

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MOUNTAIN HEALTH AND

COMMUNITY SERVICES INC

316 25TH ST

SAN DIEGO, CA 92102-3016

*Phone:* (619) 445-6200

*Fax:* (619) 238-5551

*After Hours Phone:* (619)

445-6200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Armenian

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **MANESS, PAULA J , PSY**

*Provider Gender:* Female

*License number:* 23787

*NPI:* 1437312097

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MOUNTAIN HEALTH AND

COMMUNITY SERVICES INC

4690 EL CAJON BLVD

SAN DIEGO, CA 92115-4403

*Phone:* (619) 445-6200

*Fax:* (619) 824-9076

*After Hours Phone:* (619)

445-6200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Armenian

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

### **MANUEL, LUCKVIN P , MD**

*Provider Gender:* Male

*License number:* A89173

*NPI:* 1699857813

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

COMMUNITY RESEARCH

FOUNDATION INC

1568 6TH AVE

SAN DIEGO, CA 92101-3216

*Phone:* (619) 696-0822

*Fax:* (619) 696-9573

*After Hours Phone:* (619)

696-0822

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Russian

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-6PM

### **MANUEL, LUCKVIN P , MD**

*Provider Gender:* Male

*License number:* A89173

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

NPI: 1699857813  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 COMMUNITY RESEARCH  
 FOUNDATION INC  
 1963 4TH AVE  
 SAN DIEGO, CA 92101-2394  
 Phone: (619) 233-3432  
 Fax: (619) 233-7022  
 After Hours Phone: (619)  
 233-3432  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Russian  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**MANUEL, LUCKVIN P , MD**  
 Provider Gender: Male  
 License number: A89173  
 NPI: 1699857813  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 COMMUNITY RESEARCH  
 FOUNDATION INC  
 892 27TH ST  
 SAN DIEGO, CA 92154-1444  
 Phone: (619) 275-0822  
 Fax: (619) 696-9573  
 After Hours Phone: (619)  
 275-0822  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Russian  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

**MANUEL, LUCKVIN P , MD**  
 Provider Gender: Male  
 License number: A89173  
 NPI: 1699857813  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 COMMUNITY RESEARCH  
 FOUNDATION INC  
 1260 MORENA BLVD  
 SAN DIEGO, CA 92110-3889  
 Phone: (619) 398-0355  
 Fax: (619) 398-0350  
 After Hours Phone: (619)  
 398-0355  
 Website:  
 www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-8PM

**MANUEL, LUCKVIN P , MD**

Provider Gender: Male  
 License number: A89173  
 NPI: 1699857813  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 COMMUNITY RESEARCH  
 FOUNDATION INC  
 743 10TH AVE  
 SAN DIEGO, CA 92101-6673  
 Phone: (619) 239-4663  
 Fax: (619) 239-3045  
 After Hours Phone: (619)  
 239-4663  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Russian  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

**MANUEL, LUCKVIN P , MD**  
 Provider Gender: Male  
 License number: A89173  
 NPI: 1699857813  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 COMMUNITY RESEARCH  
 FOUNDATION INC  
 1465 30TH ST STE K  
 SAN DIEGO, CA 92154-3497  
 Phone: (619) 275-0822  
 Fax: (619) 696-9573  
 After Hours Phone: (619)  
 275-0822

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Website:</i><br/>www.beaconhealthoptions.com<br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i><br/>Russian<br/><i>TDD:</i> No<br/><i>Min/Max Age:</i> 0/99<br/><i>Gender Restriction:</i> No Gender Restrictions<br/><i>American Sign Language (ASL):</i> No<br/>Please contact provider for Accessibility information<br/><i>Hours:</i> M,W 9AM-8PM, TU,TH,F 9AM-5PM</p> <p><b>MARTINEZ, IVONNE B , CSW</b><br/><i>Provider Gender:</i> Female<br/><i>License number:</i> 85604<br/><i>NPI:</i> 1225355498<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i><br/><i>Cultural Competency:</i><br/>FAMILY HEALTH CENTERS OF SAN DIEGO<br/>3705 MISSION BLVD<br/>SAN DIEGO, CA 92109-7104<br/><i>Phone:</i> (619) 515-2338<br/><i>Fax:</i> (619) 702-8536<br/><i>After Hours Phone:</i> (619) 515-2338<br/><i>Website:</i><br/>www.beaconhealthoptions.com<br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i><br/>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese<br/><i>TDD:</i> No<br/><i>Min/Max Age:</i> 0/99<br/><i>Gender Restriction:</i> No Gender Restrictions<br/><i>American Sign Language (ASL):</i></p> | <p>Yes<br/>Please contact provider for Accessibility information<br/><i>Hours:</i> M-W,F 8:30AM-5PM</p> <p><b>MARTINEZ, STEPHANIE, MD</b><br/><i>Provider Gender:</i> Female<br/><i>License number:</i> 152787<br/><i>NPI:</i> 1699126367<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i><br/><i>Cultural Competency:</i><br/>SAN YSIDRO HEALTH CENTER<br/>950 S EUCLID AVE<br/>SAN DIEGO, CA 92114-6201<br/><i>Phone:</i> (619) 662-4100<br/><i>Fax:</i><br/><i>After Hours Phone:</i> (619) 662-4100<br/><i>Website:</i><br/>www.beaconhealthoptions.com<br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i><br/>Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu<br/><i>TDD:</i> No<br/><i>Min/Max Age:</i><br/><i>Gender Restriction:</i> No Gender Restrictions<br/><i>American Sign Language (ASL):</i> No<br/>Please contact provider for Accessibility information<br/><i>Hours:</i></p> <p><b>MARTINEZ, STEPHANIE, MD</b><br/><i>Provider Gender:</i> Female<br/><i>License number:</i> 152787<br/><i>NPI:</i> 1699126367<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i><br/><i>Cultural Competency:</i><br/>FAMILY HEALTH CENTERS OF</p> | <p>SAN DIEGO<br/>3705 MISSION BLVD<br/>SAN DIEGO, CA 92109-7104<br/><i>Phone:</i> (619) 515-2338<br/><i>Fax:</i> (619) 702-8536<br/><i>After Hours Phone:</i> (619) 515-2338<br/><i>Website:</i><br/>www.beaconhealthoptions.com<br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i><br/>American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese<br/><i>TDD:</i> No<br/><i>Min/Max Age:</i> 0/99<br/><i>Gender Restriction:</i> No Gender Restrictions<br/><i>American Sign Language (ASL):</i> Yes<br/>Please contact provider for Accessibility information<br/><i>Hours:</i> M-W,F 8:30AM-5PM</p> <p><b>MARTIR, MICHEL, CSW</b><br/><i>Provider Gender:</i> Female<br/><i>License number:</i> 73174<br/><i>NPI:</i> 1356528434<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i><br/>Spanish<br/><i>Cultural Competency:</i><br/>FAMILY HEALTH CENTERS OF SAN DIEGO<br/>1550 BROADWAY STE 2<br/>SAN DIEGO, CA 92101-5713<br/><i>Phone:</i> (619) 515-2338<br/><i>Fax:</i> (619) 702-8535<br/><i>After Hours Phone:</i> (619) 515-2338<br/><i>Website:</i><br/>www.beaconhealthoptions.com<br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes</p> |
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## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for

Accessibility information  
*Hours:* M-F 8AM-5PM

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **MARTIR, MICHEL, CSW**

*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**  
*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**MARTIR, MICHEL, CSW**  
*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**MARTIR, MICHEL, CSW**  
*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**MARTIR, MICHEL, CSW**  
*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com

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## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MARTIR, MICHEL, CSW**  
*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*

Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM  
**MARTIR, MICHEL, CSW**  
*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**MARTIR, MICHEL, CSW**  
*Provider Gender:* Female  
*License number:* 73174  
*NPI:* 1356528434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM  
**MASTERS, MARCHITA, PSY**  
*Provider Gender:* Female  
*License number:* 17265  
*NPI:* 1043330467  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:*

### MA, CI, MD

*Provider Gender:* Female  
*License number:* A134158  
*NPI:* 1801185400  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Mandarin  
*Cultural Competency:*  
 MA, CI  
 7850 VISTA HILL AVE  
 SAN DIEGO, CA 92123-2717  
*Phone:* (858) 848-5386  
*Fax:* (858) 836-8765  
*After Hours Phone:* (858)  
 848-5386  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Mandarin  
*TDD:* No  
*Min/Max Age:* 13/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 9AM-5PM

**MCADAMS, HILDA, NPA**  
*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MCADAMS, HILDA, NPA**  
*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MCADAMS, HILDA, NPA**  
*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

Provider Gender: Female

License number: 14201

NPI: 1396838082

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **MCADAMS, HILDA, NPA**

Provider Gender: Female

License number: 14201

NPI: 1396838082

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)

515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **MCADAMS, HILDA, NPA**

Provider Gender: Female

License number: 14201

NPI: 1396838082

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-TH 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

Provider Gender: Female

License number: 14201

NPI: 1396838082

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for

Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **MCADAMS, HILDA, NPA**

*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MCADAMS, HILDA, NPA**

*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MCADAMS, HILDA, NPA**  
*Provider Gender:* Female  
*License number:* 14201  
*NPI:* 1396838082  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**MCHENRY, KELLY, CSW**  
*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 American Sign Language  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**MCHENRY, KELLY, CSW**  
*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 American Sign Language

*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**MCHENRY, KELLY, CSW**  
*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 American Sign Language  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**  
*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 American Sign Language  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*

Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM  
**MCHENRY, KELLY, CSW**  
*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 American Sign Language  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**MCHENRY, KELLY, CSW**  
*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

American Sign Language  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**MCHENRY, KELLY, CSW**  
*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 American Sign Language  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

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## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**  
*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
American Sign Language  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender

Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**MCHENRY, KELLY, CSW**  
*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
American Sign Language  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MCHENRY, KELLY, CSW**  
*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
American Sign Language  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
515-2520  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**MCHENRY, KELLY, CSW**  
*Provider Gender:* Female  
*License number:* 29689  
*NPI:* 1851544340  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
American Sign Language  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

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## J. Mental Health Directory

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Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

### **MCHENRY, KELLY, CSW**

Provider Gender: Female  
License number: 29689  
NPI: 1851544340  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
American Sign Language  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619) 515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

### **MCKELLOGG GUAJARDO, MEGAN A, PSY**

Provider Gender: Female  
License number: 23450  
NPI: 1952454043  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
MCKELLOGG GUAJARDO,  
MEGAN  
3821 FRONT ST  
SAN DIEGO, CA 92103-3019  
Phone: (619) 354-9081  
Fax:  
After Hours Phone: (619) 354-9081  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: TU,W 9AM-8PM, SA  
9AM-2PM

### **MEJIAS, JUAN C, PSY**

Provider Gender: Male  
License number: 26953  
NPI: 1558560730  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
LA MAESTRA COMMUNITY  
HEALTH CENTERS  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105-1608  
Phone: (619) 280-4213  
Fax: (619) 281-6738  
After Hours Phone: (619) 280-4213  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5:30PM

### **MEJIA, RITA I, MFT**

Provider Gender: Female  
License number: 99697  
NPI: 1952741506  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **MEJIA, RITA I , MFT**

*Provider Gender:* Female

*License number:* 99697

*NPI:* 1952741506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338

*Fax:* (619) 702-8535

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **MEJIA, RITA I , MFT**

*Provider Gender:* Female

*License number:* 99697

*NPI:* 1952741506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-W,F 8:30AM-5PM

### **MEJIA, RITA I , MFT**

*Provider Gender:* Female

*License number:* 99697

*NPI:* 1952741506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MEJIA, RITA I , MFT**

*Provider Gender:* Female

*License number:* 99697

*NPI:* 1952741506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

---

*Phone:* (619) 515-2424

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2424

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MEJIA, RITA I , MFT**

*Provider Gender:* Female

*License number:* 99697

*NPI:* 1952741506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MEJIA, RITA I , MFT**

*Provider Gender:* Female

*License number:* 99697

*NPI:* 1952741506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MEJIA, RITA I , MFT**

*Provider Gender:* Female

*License number:* 99697

*NPI:* 1952741506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)

515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **MEJIA, RITA I , MFT**

*Provider Gender:* Female

*License number:* 99697

*NPI:* 1952741506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**MEJIA, RITA I , MFT**

Provider Gender: Female

License number: 99697

NPI: 1952741506

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

**MEJIA, RITA I , MFT**

Provider Gender: Female

License number: 99697

NPI: 1952741506

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**MEJIA, RITA I , MFT**

Provider Gender: Female

License number: 99697

NPI: 1952741506

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**MENDEZ PEREZ, MARIA C , CSW**

Provider Gender: Female

License number: 89151

NPI: 1356902795

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**  
 Provider Gender: Male  
 License number: 28907  
 NPI: 1841482692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**  
 Provider Gender: Male  
 License number: 28907  
 NPI: 1841482692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**  
 Provider Gender: Male

License number: 28907  
 NPI: 1841482692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**MENDEZ, ANDRES G , PSY**  
 Provider Gender: Male  
 License number: 28907  
 NPI: 1841482692  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**  
*Provider Gender:* Male  
*License number:* 28907  
*NPI:* 1841482692  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**MENDEZ, ANDRES G , PSY**  
*Provider Gender:* Male  
*License number:* 28907  
*NPI:* 1841482692  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**MENDEZ, ANDRES G , PSY**  
*Provider Gender:* Male

*License number:* 28907  
*NPI:* 1841482692  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**  
*Provider Gender:* Male  
*License number:* 28907  
*NPI:* 1841482692  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**

Provider Gender: Male

License number: 28907

NPI: 1841482692

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)

515-2424

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**

Provider Gender: Male

License number: 28907

NPI: 1841482692

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours:

**MENDEZ, ANDRES G , PSY**

Provider Gender: Male

License number: 28907

NPI: 1841482692

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**MENDEZ, ANDRES G , PSY**

Provider Gender: Male

License number: 28907

NPI: 1841482692

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**  
 Provider Gender: Female  
 License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**  
 Provider Gender: Female  
 License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**  
 Provider Gender: Female

License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**  
 Provider Gender: Female  
 License number: 79014  
 NPI: 1639403884  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-TH 8:30AM-5PM

**MERRILL, SARAH M , CSW**

Provider Gender: Female

License number: 79014

NPI: 1639403884

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**

Provider Gender: Female

License number: 79014

NPI: 1639403884

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**MERRILL, SARAH M , CSW**

Provider Gender: Female

License number: 79014

NPI: 1639403884

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

**MERRILL, SARAH M , CSW**

Provider Gender: Female

License number: 79014

NPI: 1639403884

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)  
515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **MERRILL, SARAH M , CSW**

*Provider Gender:* Female

*License number:* 79014

*NPI:* 1639403884

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MERRILL, SARAH M , CSW**

*Provider Gender:* Female

*License number:* 79014

*NPI:* 1639403884

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MERRILL, SARAH M , CSW**

*Provider Gender:* Female

*License number:* 79014

*NPI:* 1639403884

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **MERRILL, SARAH M , CSW**

*Provider Gender:* Female

*License number:* 79014

*NPI:* 1639403884

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



# J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

**METZLER, CINDEA J , MFT**  
 Provider Gender: Female  
 License number: LMFT38808  
 NPI: 1487690483  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 CINDEA J METZLER, LMFT  
 3633 CAMINO DEL RIO S STE  
 102  
 SAN DIEGO, CA 92108-4012  
 Phone: (858) 254-6590  
 Fax:  
 After Hours Phone: (858)  
 254-6590  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender

Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: TU 7PM-8PM

**MILLER, BRIAN P , MD**  
 Provider Gender: Male  
 License number: A68180  
 NPI: 1861411381  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 MILLER, BRIAN  
 7850 VISTA HILL AVE  
 SAN DIEGO, CA 92123-2717  
 Phone: (858) 836-8434  
 Fax: (619) 740-5055  
 After Hours Phone: (858)  
 836-8434  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**MILLICAN, RUTH, PSY**  
 Provider Gender: Female  
 License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**MILLICAN, RUTH, PSY**  
 Provider Gender: Female  
 License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **MILLICAN, RUTH, PSY**

Provider Gender: Female

License number: 25354

NPI: 1346472305

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **MILLICAN, RUTH, PSY**

Provider Gender: Female

License number: 25354

NPI: 1346472305

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **MILLICAN, RUTH, PSY**

Provider Gender: Female

License number: 25354

NPI: 1346472305

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **MILLICAN, RUTH, PSY**

Provider Gender: Female

License number: 25354

NPI: 1346472305

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)

515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **MILLICAN, RUTH, PSY**

Provider Gender: Female  
 License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MILLICAN, RUTH, PSY**

Provider Gender: Female

License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **MILLICAN, RUTH, PSY**

Provider Gender: Female  
 License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **MILLICAN, RUTH, PSY**

Provider Gender: Female  
 License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MILLICAN, RUTH, PSY**

Provider Gender: Female  
 License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MILLICAN, RUTH, PSY**

Provider Gender: Female

License number: 25354  
 NPI: 1346472305  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **MIRANDA, CYNTHIA, PSY**

Provider Gender: Female  
 License number: 21188  
 NPI: 1023186970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 LA MAESTRA COMMUNITY HEALTH CENTERS  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608

Phone: (619) 280-4213  
 Fax: (619) 281-6738  
 After Hours Phone: (619) 280-4213  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5:30PM

### **MIRANDA, CYNTHIA, PSY**

Provider Gender: Female  
 License number: 21188  
 NPI: 1023186970  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 LA MAESTRA COMMUNITY HEALTH CENTERS  
 4157 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1609  
 Phone: (619) 285-7097  
 Fax: (619) 564-8140  
 After Hours Phone: (619) 285-7097  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 TDD: No  
 Min/Max Age: 19/64  
 Gender Restriction: No Gender

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Restrictions<br/> <i>American Sign Language (ASL):</i><br/>           No<br/>           Please contact provider for<br/>           Accessibility information<br/> <i>Hours:</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i><br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>           1550 BROADWAY STE 2<br/>           SAN DIEGO, CA 92101-5713<br/> <i>Phone:</i> (619) 515-2338<br/> <i>Fax:</i> (619) 702-8535<br/> <i>After Hours Phone:</i> (619)<br/>           515-2338<br/> <i>Website:</i><br/>           www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/>           American Sign Language, Farsi,<br/>           Japanese, Portuguese, Russian,<br/>           Spanish, Yue Chinese<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 0/99<br/> <i>Gender Restriction:</i> No Gender<br/>           Restrictions<br/> <i>American Sign Language (ASL):</i><br/>           Yes<br/>           Please contact provider for<br/>           Accessibility information<br/> <i>Hours:</i> M-W,F 8:30AM-5PM</p> | <p><i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/>           American Sign Language, Farsi,<br/>           Japanese, Portuguese, Russian,<br/>           Spanish, Yue Chinese<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 0/99<br/> <i>Gender Restriction:</i> No Gender<br/>           Restrictions<br/> <i>American Sign Language (ASL):</i><br/>           Yes<br/>           Please contact provider for<br/>           Accessibility information<br/> <i>Hours:</i> M-W,F 8:30AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>MISHRA, GAURAV, MD</b><br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A129941<br/> <i>NPI:</i> 1689804866<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>           Hindi, Kannada, Maithili, Spanish<br/> <i>Cultural Competency:</i><br/>           SAN YSIDRO HEALTH CENTER<br/>           950 S EUCLID AVE<br/>           SAN DIEGO, CA 92114-6201<br/> <i>Phone:</i> (619) 662-4100<br/> <i>Fax:</i><br/> <i>After Hours Phone:</i> (619)<br/>           662-4100<br/> <i>Website:</i><br/>           www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/>           Arabic, Farsi, Hindi, Kannada,<br/>           Maithili, Sinhala, Sinhalese,<br/>           Spanish, Urdu<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender<br/>           Restrictions<br/> <i>American Sign Language (ASL):</i><br/>           No<br/>           Please contact provider for<br/>           Accessibility information<br/> <i>Hours:</i></p> | <p><i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i><br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>           1550 BROADWAY STE 2<br/>           SAN DIEGO, CA 92101-5713<br/> <i>Phone:</i> (619) 515-2338<br/> <i>Fax:</i> (619) 702-8535<br/> <i>After Hours Phone:</i> (619)<br/>           515-2338<br/> <i>Website:</i><br/>           www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/>           American Sign Language, Farsi,<br/>           Japanese, Portuguese, Russian,<br/>           Spanish, Yue Chinese<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 0/99<br/> <i>Gender Restriction:</i> No Gender<br/>           Restrictions<br/> <i>American Sign Language (ASL):</i><br/>           Yes<br/>           Please contact provider for<br/>           Accessibility information<br/> <i>Hours:</i> M-TH 8:30AM-5PM</p>  | <p><b>MODAD, ALBERT, PSY</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 29697<br/> <i>NPI:</i> 1629453691<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/>           Cultural Competency:<br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>           3544 30TH ST<br/>           SAN DIEGO, CA 92104-4120<br/> <i>Phone:</i> (619) 515-2424<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619)<br/>           515-2424<br/> <i>Website:</i><br/>           www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/>           American Sign Language, Farsi,<br/>           Japanese, Portuguese, Russian,<br/>           Spanish, Yue Chinese<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 0/99<br/> <i>Gender Restriction:</i> No Gender<br/>           Restrictions<br/> <i>American Sign Language (ASL):</i><br/>           Yes</p> |
| <p><b>MODAD, ALBERT, PSY</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 29697<br/> <i>NPI:</i> 1629453691<br/> <i>Provider English Spoken:</i> Yes</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p><b>MODAD, ALBERT, PSY</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 29697<br/> <i>NPI:</i> 1629453691<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i><br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>           3705 MISSION BLVD<br/>           SAN DIEGO, CA 92109-7104<br/> <i>Phone:</i> (619) 515-2338<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619)<br/>           515-2338<br/> <i>Website:</i><br/>           www.beaconhealthoptions.com</p>                                                                                                                                                                                                                                                                                                                                                                                        | <p><b>MODAD, ALBERT, PSY</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 29697<br/> <i>NPI:</i> 1629453691<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i><br/>           FAMILY HEALTH CENTERS OF<br/>           SAN DIEGO<br/>           3544 30TH ST<br/>           SAN DIEGO, CA 92104-4120<br/> <i>Phone:</i> (619) 515-2424<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619)<br/>           515-2424<br/> <i>Website:</i><br/>           www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/>           American Sign Language, Farsi,<br/>           Japanese, Portuguese, Russian,<br/>           Spanish, Yue Chinese<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 0/99<br/> <i>Gender Restriction:</i> No Gender<br/>           Restrictions<br/> <i>American Sign Language (ASL):</i><br/>           Yes</p>    |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**

*Provider Gender:* Female  
*License number:* 29697  
*NPI:* 1629453691

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**

*Provider Gender:* Female  
*License number:* 29697  
*NPI:* 1629453691

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF

SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**

*Provider Gender:* Female

*License number:* 29697

*NPI:* 1629453691

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**

*Provider Gender:* Female

*License number:* 29697

*NPI:* 1629453691

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)

515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

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## J. Mental Health Directory

---

**MODAD, ALBERT, PSY**

*Provider Gender:* Female

*License number:* 29697

*NPI:* 1629453691

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**

*Provider Gender:* Female

*License number:* 29697

*NPI:* 1629453691

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM

**MODAD, ALBERT, PSY**

*Provider Gender:* Female

*License number:* 29697

*NPI:* 1629453691

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
*Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**

*Provider Gender:* Female

*License number:* 29697

*NPI:* 1629453691

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

License number: 29697  
 NPI: 1629453691  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619)  
 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

### **MORALES MORENO, MINERVA, CSW**

Provider Gender: Female  
 License number: 63550  
 NPI: 1841337565  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **MORALES MORENO, MINERVA, CSW**

Provider Gender: Female  
 License number: 63550  
 NPI: 1841337565  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619)  
 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

### **MORALES MORENO, MINERVA, CSW**

Provider Gender: Female  
 License number: 63550  
 NPI: 1841337565  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

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## J. Mental Health Directory

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**MORALES MORENO,  
MINERVA, CSW**

*Provider Gender:* Female  
*License number:* 63550  
*NPI:* 1841337565  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO,  
MINERVA, CSW**

*Provider Gender:* Female  
*License number:* 63550  
*NPI:* 1841337565  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO,  
MINERVA, CSW**

*Provider Gender:* Female  
*License number:* 63550  
*NPI:* 1841337565  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO,  
MINERVA, CSW**

*Provider Gender:* Female  
*License number:* 63550  
*NPI:* 1841337565  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*Hours: M-F 8:30AM-5PM*

**MORALES MORENO,  
MINERVA, CSW**

*Provider Gender: Female*

*License number: 63550*

*NPI: 1841337565*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

*515-2338*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

*Yes*

*Please contact provider for  
Accessibility information*

*Hours: M-F 8:30AM-5PM*

**MORALES MORENO,  
MINERVA, CSW**

*Provider Gender: Female*

*License number: 63550*

*NPI: 1841337565*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF

SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone: (619) 515-2300*

*Fax:*

*After Hours Phone: (619)*

*515-2300*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

*Yes*

*Please contact provider for  
Accessibility information*

*Hours:*

**MORALES MORENO,  
MINERVA, CSW**

*Provider Gender: Female*

*License number: 63550*

*NPI: 1841337565*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

*515-2338*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

*Yes*

*Please contact provider for  
Accessibility information*

*Hours: M-F 8:30AM-5PM*

**MORALES MORENO,  
MINERVA, CSW**

*Provider Gender: Female*

*License number: 63550*

*NPI: 1841337565*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

*515-2338*

*Website:*

*www.beaconhealthoptions.com*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age:*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

*Yes*

*Please contact provider for*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Accessibility information

Hours: M-F 8AM-5PM

**MORALES MORENO,  
MINERVA, CSW**

Provider Gender: Female

License number: 63550

NPI: 1841337565

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-W,F 8:30AM-5PM

**MORRISON, TYLER E , MD**

Provider Gender: Male

License number: A144917

NPI: 1912391814

Provider English Spoken: Yes

Provider Language(s) Spoken:

Japanese

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

**MORRISON, TYLER E , MD**

Provider Gender: Male

License number: A144917

NPI: 1912391814

Provider English Spoken: Yes

Provider Language(s) Spoken:

Japanese

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

**MORRISON, TYLER E , MD**

Provider Gender: Male

License number: A144917

NPI: 1912391814

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Japanese

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **MORRISON, TYLER E , MD**

*Provider Gender:* Male  
*License number:* A144917  
*NPI:* 1912391814  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Japanese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **MORRISON, TYLER E , MD**

*Provider Gender:* Male  
*License number:* A144917  
*NPI:* 1912391814  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Japanese

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **MORRISON, TYLER E , MD**

*Provider Gender:* Male  
*License number:* A144917  
*NPI:* 1912391814  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Japanese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
515-2520  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **MORRISON, TYLER E , MD**

*Provider Gender:* Male  
*License number:* A144917  
*NPI:* 1912391814  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Japanese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

# J. Mental Health Directory

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| <p>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8AM-5PM</p> <p><b>MORRISON, TYLER E , MD</b><br/>Provider Gender: Male<br/>License number: A144917<br/>NPI: 1912391814<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Japanese<br/>Cultural Competency:<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO<br/>1250 6TH AVE STE 100<br/>SAN DIEGO, CA 92101-4368<br/>Phone: (619) 515-2338<br/>Fax: (619) 702-8536<br/>After Hours Phone: (619)<br/>515-2338<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>American Sign Language, Farsi,<br/>Japanese, Portuguese, Russian,<br/>Spanish, Yue Chinese<br/>TDD: No<br/>Min/Max Age: 0/99<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8:30AM-5PM</p> <p><b>MORRISON, TYLER E , MD</b><br/>Provider Gender: Male<br/>License number: A144917<br/>NPI: 1912391814<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:</p> | <p>Japanese<br/>Cultural Competency:<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO<br/>1550 BROADWAY STE 2<br/>SAN DIEGO, CA 92101-5713<br/>Phone: (619) 515-2338<br/>Fax: (619) 702-8535<br/>After Hours Phone: (619)<br/>515-2338<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>American Sign Language, Farsi,<br/>Japanese, Portuguese, Russian,<br/>Spanish, Yue Chinese<br/>TDD: No<br/>Min/Max Age: 0/99<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-TH 8:30AM-5PM</p> <p><b>MORRISON, TYLER E , MD</b><br/>Provider Gender: Male<br/>License number: A144917<br/>NPI: 1912391814<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Japanese<br/>Cultural Competency:<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO<br/>3544 30TH ST<br/>SAN DIEGO, CA 92104-4120<br/>Phone: (619) 515-2424<br/>Fax: (619) 702-8536<br/>After Hours Phone: (619)<br/>515-2424</p> | <p>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>American Sign Language, Farsi,<br/>Japanese, Portuguese, Russian,<br/>Spanish, Yue Chinese<br/>TDD: No<br/>Min/Max Age: 0/99<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8:30AM-5PM</p> <p><b>MORRISON, TYLER E , MD</b><br/>Provider Gender: Male<br/>License number: A144917<br/>NPI: 1912391814<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Japanese<br/>Cultural Competency:<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO<br/>4725 MARKET ST<br/>SAN DIEGO, CA 92102-4715<br/>Phone: (619) 515-2338<br/>Fax: (619) 702-8536<br/>After Hours Phone: (619)<br/>515-2338<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>American Sign Language, Farsi,<br/>Japanese, Portuguese, Russian,<br/>Spanish, Yue Chinese<br/>TDD: No<br/>Min/Max Age: 0/99<br/>Gender Restriction: No Gender</p> |
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## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MOTAGHED, HENGAMEH, PSY**

*Provider Gender:* Female

*License number:* 12707

*NPI:* 1366550592

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi

*Cultural Competency:*

MOTAGHED, HENGAMEH  
411 CAMINO DEL RIO S STE  
200

SAN DIEGO, CA 92108-3550

*Phone:* (858) 922-4959

*Fax:* (619) 294-8190

*After Hours Phone:* (858)

922-4959

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Farsi

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M,TU,TH 8AM-8PM

### **MOTAGHED, HENGAMEH, PSY**

*Provider Gender:* Female

*License number:* 12707

*NPI:* 1366550592

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi

*Cultural Competency:*

MOTAGHED, HENGAMEH  
591 CAMINO DE LA REINA STE  
918

SAN DIEGO, CA 92108-3111

*Phone:* (858) 922-4959

*Fax:* (619) 294-8190

*After Hours Phone:* (858)

922-4959

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Farsi

*TDD:* No

*Min/Max Age:* 19/64

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M,TU,TH 7AM-7PM

### **MUIR, KATHLEEN G , MFT**

*Provider Gender:* Female

*License number:* 52081

*NPI:* 1093009334

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MUIR, KATHLEEN

8885 RIO SAN DIEGO DR STE  
365

SAN DIEGO, CA 92108-1627

*Phone:* (619) 873-7738

*Fax:* (619) 324-4154

*After Hours Phone:* (619)

873-7738

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M 4PM-9PM, W

12PM-4PM

### **MUNOZ, VIVIANA, CSW**

*Provider Gender:* Female

*License number:* 66637

*NPI:* 1497987713

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:*

### **MURPHY, ERIN, MFT**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*License number:* 42623  
*NPI:* 1063571925  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **MURPHY, VALERIE R , MFT**

*Provider Gender:* Female  
*License number:* 84920  
*NPI:* 1770732992  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MURPHY, VALERIE  
3974 SORRENTO VALLEY  
BLVD UNIT 910255  
SAN DIEGO, CA 92191-7012

*Phone:* (619) 786-6062  
*Fax:* (859) 724-3034  
*After Hours Phone:* (619)  
786-6062  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 11AM-7PM

### **NACHE-MORRIS MCCULLUM, TIFFANY, PSY**

*Provider Gender:* Female  
*License number:* 29329  
*NPI:* 1528306206  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
662-4100  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

*Restrictions*  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

**NPI:** 1275609760  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**3705 MISSION BLVD**  
**SAN DIEGO, CA 92109-7104**  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-W,F 8:30AM-5PM

### **NADEAU MANNING, JULIE, CSW**

**Provider Gender:** Female  
**License number:** 25094  
**NPI:** 1275609760  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**4065 3RD AVE**  
**SAN DIEGO, CA 92103-2184**

**Phone:** (619) 515-2300  
**Fax:**  
**After Hours Phone:** (619) 515-2300  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:**

### **NADEAU MANNING, JULIE, CSW**

**Provider Gender:** Female  
**License number:** 25094  
**NPI:** 1275609760  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**3544 30TH ST**  
**SAN DIEGO, CA 92104-4120**  
**Phone:** (619) 515-2424  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2424  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

### **NADEAU MANNING, JULIE, CSW**

**Provider Gender:** Female  
**License number:** 25094  
**NPI:** 1275609760  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**1250 6TH AVE STE 100**  
**SAN DIEGO, CA 92101-4368**  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

---

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
515-2520  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

# J. Mental Health Directory

Hours: M-F 8AM-5PM

## **NADEAU MANNING, JULIE, CSW**

Provider Gender: Female

License number: 25094

NPI: 1275609760

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-TH 8:30AM-5PM

## **NADEAU MANNING, JULIE, CSW**

Provider Gender: Female

License number: 25094

NPI: 1275609760

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

## **NADEAU MANNING, JULIE, CSW**

Provider Gender: Female

License number: 25094

NPI: 1275609760

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

## **NAFICY, MAJID, MD**

Provider Gender: Male

License number: G70878

NPI: 1265564553

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi, Spanish

Cultural Competency:

SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

# J. Mental Health Directory

Hours:

## **NARANJO, JORGE, MD**

Provider Gender: Male

License number: A62504

NPI: 1992838684

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, Farsi, Hindi, Kannada,

Maithili, Sinhala, Sinhalese,

Spanish, Urdu

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours:

## **NAVAKAS MD, EDWARD, MD**

Provider Gender: Female

License number: 88320

NPI: 1184648248

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Arabic, Farsi, Hindi, Kannada,

Maithili, Sinhala, Sinhalese,

Spanish, Urdu

TDD: No

Min/Max Age:

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours:

## **NAWROCKI, KSENIA, MD**

Provider Gender: Female

License number: A123879

NPI: 1487882742

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency:

COMMUNITY RESEARCH

FOUNDATION INC

892 27TH ST

SAN DIEGO, CA 92154-1444

Phone: (619) 275-0822

Fax: (619) 696-9573

After Hours Phone: (619)

275-0822

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours:

## **NAWROCKI, KSENIA, MD**

Provider Gender: Female

License number: A123879

NPI: 1487882742

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency:

COMMUNITY RESEARCH

FOUNDATION INC

743 10TH AVE

SAN DIEGO, CA 92101-6673

Phone: (619) 239-4663

Fax: (619) 239-3045

After Hours Phone: (619)

239-4663

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours:

## **NAWROCKI, KSENIA, MD**

Provider Gender: Female

License number: A123879

NPI: 1487882742

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* COMMUNITY RESEARCH FOUNDATION INC  
1963 4TH AVE  
SAN DIEGO, CA 92101-2394  
*Phone:* (619) 233-3432  
*Fax:* (619) 233-7022  
*After Hours Phone:* (619) 233-3432  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**NAWROCKI, KSENIA, MD**  
*Provider Gender:* Female  
*License number:* A123879  
*NPI:* 1487882742  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* COMMUNITY RESEARCH FOUNDATION INC  
1465 30TH ST STE K  
SAN DIEGO, CA 92154-3497  
*Phone:* (619) 275-0822  
*Fax:* (619) 696-9573  
*After Hours Phone:* (619) 275-0822

*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M,W 9AM-8PM, TU,TH,F 9AM-5PM

**NAWROCKI, KSENIA, MD**  
*Provider Gender:* Female  
*License number:* A123879  
*NPI:* 1487882742  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* COMMUNITY RESEARCH FOUNDATION INC  
1568 6TH AVE  
SAN DIEGO, CA 92101-3216  
*Phone:* (619) 696-0822  
*Fax:* (619) 696-9573  
*After Hours Phone:* (619) 696-0822  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No

Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-6PM

**NAZARIO, JACOBETH, PSY**  
*Provider Gender:* Female  
*License number:* PSY32092  
*NPI:* 1326648684  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* *Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**  
*Provider Gender:* Female  
*License number:* PSY32092  
*NPI:* 1326648684  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* *Cultural Competency:* FAMILY HEALTH CENTERS OF

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## J. Mental Health Directory

SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**  
Provider Gender: Female  
License number: PSY32092  
NPI: 1326648684  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**  
Provider Gender: Female  
License number: PSY32092  
NPI: 1326648684  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**  
Provider Gender: Female  
License number: PSY32092  
NPI: 1326648684  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**  
Provider Gender: Female  
License number: PSY32092  
NPI: 1326648684  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621

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## J. Mental Health Directory

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Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **NAZARIO, JACOBETH, PSY**

Provider Gender: Female  
License number: PSY32092  
NPI: 1326648684  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **NAZARIO, JACOBETH, PSY**

Provider Gender: Female  
License number: PSY32092  
NPI: 1326648684  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
Phone: (619) 515-2300  
Fax:

After Hours Phone: (619) 515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

### **NAZARIO, JACOBETH, PSY**

Provider Gender: Female

License number: PSY32092  
NPI: 1326648684  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
Phone: (619) 515-2520

Fax:  
After Hours Phone: (619) 515-2520  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **NAZARIO, JACOBETH, PSY**

Provider Gender: Female  
License number: PSY32092  
NPI: 1326648684  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

# J. Mental Health Directory

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**NAZARIO, JACOBETH, PSY**  
 Provider Gender: Female  
 License number: PSY32092  
 NPI: 1326648684  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**NAZARIO, JACOBETH, PSY**  
 Provider Gender: Female  
 License number: PSY32092  
 NPI: 1326648684  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

**NELSON, THEODORA, MD**  
 Provider Gender: Female

License number: G75021  
 NPI: 1326130584  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours:

**NING, GRACE J , PSY**  
 Provider Gender: Female  
 License number: 27293  
 NPI: 1598911315  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524  
 Phone: (619) 563-0250  
 Fax: (619) 563-0015  
 After Hours Phone: (619) 563-0250

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## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-2PM

### **NING, GRACE J , PSY**

*Provider Gender:* Female  
*License number:* 27293  
*NPI:* 1598911315  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858)  
810-8700  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Farsi, Spanish,  
Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for

Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-2PM  
**NOUHI, NUSHA, PSY**  
*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Farsi  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**NOUHI, NUSHA, PSY**  
*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*

Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM  
**NOUHI, NUSHA, PSY**  
*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM  
**NOUHI, NUSHA, PSY**  
*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Farsi  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*  
**NOUHI, NUSHA, PSY**  
*Provider Gender:* Female  
*License number:* 27670  
*NPI:* 1942433917  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Farsi  
*Cultural Competency:*  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858)  
 810-8700  
*Website:*  
 www.beaconhealthoptions.com

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Farsi, Spanish,  
Vietnamese, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM, SA  
8AM-2PM

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female

*License number:* 27670

*NPI:* 1942433917

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Farsi

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female

*License number:* 27670

*NPI:* 1942433917

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Farsi

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338

*Fax:* (619) 702-8535

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female

*License number:* 27670

*NPI:* 1942433917

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2424

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

*Provider Gender:* Female

*License number:* 27670

*NPI:* 1942433917

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Farsi

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender  
**Restrictions**  
**American Sign Language (ASL):**  
 Yes  
 Please contact provider for  
 Accessibility information  
**Hours:** M-W,F 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

**Provider Gender:** Female  
**License number:** 27670  
**NPI:** 1942433917  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Farsi  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619)  
 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender

**Restrictions**  
**American Sign Language (ASL):**  
 Yes  
 Please contact provider for  
 Accessibility information  
**Hours:** M-F 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

**Provider Gender:** Female  
**License number:** 27670  
**NPI:** 1942433917  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Farsi  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619)  
 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
**TDD:** No

**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender  
**Restrictions**  
**American Sign Language (ASL):**  
 Yes  
 Please contact provider for  
 Accessibility information  
**Hours:** M-F 8:30AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

**Provider Gender:** Male  
**License number:** 27072

**NPI:** 1285984450  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8535  
**After Hours Phone:** (619)  
 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender  
**Restrictions**  
**American Sign Language (ASL):**  
 Yes  
 Please contact provider for  
 Accessibility information  
**Hours:** M-TH 8:30AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

**Provider Gender:** Male  
**License number:** 27072  
**NPI:** 1285984450  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

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## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

Provider Gender: Male  
 License number: 27072  
 NPI: 1285984450  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

Provider Gender: Male  
 License number: 27072  
 NPI: 1285984450  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No

Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

Provider Gender: Male  
 License number: 27072  
 NPI: 1285984450  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

Provider Gender: Male  
 License number: 27072  
 NPI: 1285984450  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

Provider Gender: Male  
License number: 27072  
NPI: 1285984450  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

Provider Gender: Male  
License number: 27072  
NPI: 1285984450  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

Provider Gender: Male  
License number: 27072  
NPI: 1285984450  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
Phone: (619) 515-2520  
Fax:  
After Hours Phone: (619) 515-2520  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

Provider Gender: Male  
License number: 27072  
NPI: 1285984450  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

Provider Gender: Male  
License number: 27072  
NPI: 1285984450  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes

Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

### **NWANGANGA, OKECHUKU R , CSW**

Provider Gender: Male  
License number: 27072  
NPI: 1285984450  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2424  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for

Accessibility information  
Hours: M-F 8:30AM-5PM

### **OBRYAN, KELLY, PSY**

Provider Gender: Female  
License number: 24966  
NPI: 1093882698  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **OBRYAN, KELLY, PSY**

Provider Gender: Female  
License number: 24966  
NPI: 1093882698  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

**OBRYAN, KELLY, PSY**  
Provider Gender: Female  
License number: 24966  
NPI: 1093882698  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**  
Provider Gender: Female  
License number: 24966  
NPI: 1093882698  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
Phone: (619) 515-2300  
Fax:

After Hours Phone: (619) 515-2300  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

**OBRYAN, KELLY, PSY**  
Provider Gender: Female  
License number: 24966  
NPI: 1093882698  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**  
Provider Gender: Female  
License number: 24966  
NPI: 1093882698  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

**OBRYAN, KELLY, PSY**  
 Provider Gender: Female  
 License number: 24966  
 NPI: 1093882698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**  
 Provider Gender: Female  
 License number: 24966  
 NPI: 1093882698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**  
 Provider Gender: Female

License number: 24966  
 NPI: 1093882698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**  
 Provider Gender: Female  
 License number: 24966  
 NPI: 1093882698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**OBRYAN, KELLY, PSY**  
 Provider Gender: Female  
 License number: 24966  
 NPI: 1093882698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM  
**OBRYAN, KELLY, PSY**  
 Provider Gender: Female  
 License number: 24966  
 NPI: 1093882698  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax:

After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**OCAMPO, ELAINE, NPA**  
 Provider Gender: Female

License number: 95003427  
 NPI: 1063856805  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524  
 Phone: (619) 563-0250  
 Fax: (619) 563-0015  
 After Hours Phone: (619) 563-0250  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM, SA  
 8AM-2PM

**OCAMPO, ELAINE, NPA**  
 Provider Gender: Female  
 License number: 95003427  
 NPI: 1063856805  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Website:  
 www.beaconhealthoptions.com

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Farsi, Spanish,

Vietnamese, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM, SA

8AM-2PM

### **OJHA, PRITI, MD**

*Provider Gender:* Female

*License number:* A139807

*NPI:* 1760897284

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

SAN DIEGO FAMILY CARE

4305 UNIVERSITY AVE

SAN DIEGO, CA 92105-1645

*Phone:* (858) 280-2058

*Fax:* (619) 563-0015

*After Hours Phone:* (858)

280-2058

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM, SA

8AM-2PM

### **OJHA, PRITI, MD**

*Provider Gender:* Female

*License number:* A139807

*NPI:* 1760897284

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

SAN DIEGO FAMILY CARE

6973 LINDA VISTA RD

SAN DIEGO, CA 92111-6342

*Phone:* (858) 810-8787

*Fax:* (858) 279-0377

*After Hours Phone:* (858)

810-8787

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Spanish, Vietnamese,

Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM, SA

8AM-1PM

### **OJHA, PRITI, MD**

*Provider Gender:* Female

*License number:* A139807

*NPI:* 1760897284

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

SAN DIEGO FAMILY CARE

7011 LINDA VISTA RD

SAN DIEGO, CA 92111-6307

*Phone:* (858) 810-8700

*Fax:* (858) 633-4680

*After Hours Phone:* (858)

810-8700

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Farsi, Spanish,

Vietnamese, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-F 8AM-5PM, SA

8AM-2PM

### **OJHA, PRITI, MD**

*Provider Gender:* Female

*License number:* A139807

*NPI:* 1760897284

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

SAN DIEGO FAMILY CARE

4290 POLK AVE

SAN DIEGO, CA 92105-1524

*Phone:* (619) 563-0250

*Fax:* (619) 563-0015

*After Hours Phone:* (619)

563-0250

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Vietnamese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-2PM

### **OJHA, PRITI, MD**

*Provider Gender:* Female

*License number:* A139807

*NPI:* 1760897284

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-W,F 8:30AM-5PM

### **OJHA, PRITI, MD**

*Provider Gender:* Female

*License number:* A139807

*NPI:* 1760897284

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:*

### **OLIVEIRA, SHANNON J , MFT**

*Provider Gender:* Female

*License number:* 100161

*NPI:* 1386874626

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

OLIVEIRA, SHANNON

2535 CAMINO DEL RIO S STE

230

SAN DIEGO, CA 92108-3795

*Phone:* (707) 738-3453

*Fax:*

*After Hours Phone:* (707)

738-3453

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:*

### **OLIVER, ELIZABETH, CSW**

*Provider Gender:* Female

*License number:* 66862

*NPI:* 1326296351

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

### **OLIVER, ELIZABETH, CSW**

*Provider Gender:* Female

*License number:* 66862

*NPI:* 1326296351

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **OLIVER, ELIZABETH, CSW**

*Provider Gender:* Female

*License number:* 66862

*NPI:* 1326296351

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **OLIVER, ELIZABETH, CSW**

*Provider Gender:* Female

*License number:* 66862

*NPI:* 1326296351

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338

*Fax:* (619) 702-8535

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **OLIVER, ELIZABETH, CSW**

*Provider Gender:* Female

*License number:* 66862

*NPI:* 1326296351

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:*

### **OLIVER, ELIZABETH, CSW**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*License number:* 66862  
*NPI:* 1326296351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OLIVER, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 66862  
*NPI:* 1326296351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **OLIVER, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 66862  
*NPI:* 1326296351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OLIVER, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 66862  
*NPI:* 1326296351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **OLIVER, ELIZABETH, CSW**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 66862  
*NPI:* 1326296351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**OLIVER, ELIZABETH, CSW**  
*Provider Gender:* Female  
*License number:* 66862  
*NPI:* 1326296351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**OLIVER, ELIZABETH, CSW**  
*Provider Gender:* Female  
*License number:* 66862  
*NPI:* 1326296351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**  
*Provider Gender:* Female  
*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**OMORODIN, AISHA, MD**  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **OMORODIN, AISHA, MD**

*Provider Gender:* Female  
*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **OMORODIN, AISHA, MD**

*Provider Gender:* Female  
*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OMORODIN, AISHA, MD**

*Provider Gender:* Female  
*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OMORODIN, AISHA, MD**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
515-2520  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **OMORODIN, AISHA, MD**

*Provider Gender:* Female  
*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OMORODIN, AISHA, MD**

*Provider Gender:* Female  
*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OMORODIN, AISHA, MD**

*Provider Gender:* Female  
*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OMORODIN, AISHA, MD**

*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **OMORODIN, AISHA, MD**

*Provider Gender:* Female  
*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **OMORODIN, AISHA, MD**

*Provider Gender:* Female  
*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ORBE, KERIN, MD**

*Provider Gender:* Female  
*License number:* 20A17225  
*NPI:* 1114256690  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **ORTEGA, MARIA G , MFT**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 49264  
*NPI:* 1154545739  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ORTIZ, MARIA, PSY**

*Provider Gender:* Female  
*License number:* 30953  
*NPI:* 1497980775  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:*

### **PAI, SARAH A , NPA**

*Provider Gender:* Female  
*License number:* 23711  
*NPI:* 1255762167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN DIEGO AMERICAN INDIAN HEALTH CENTER  
 2630 1ST AVE  
 SAN DIEGO, CA 92103-6599  
*Phone:* (619) 234-2158  
*Fax:* (619) 234-1979  
*After Hours Phone:* (619) 234-2158  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **PAI, SARAH A , NPA**

*Provider Gender:* Female  
*License number:* 23711  
*NPI:* 1255762167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858) 810-8700  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

### **PATTON, MICHAEL A , CSW**

*Provider Gender:* Male  
*License number:* 18244  
*NPI:* 1184756702  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Cultural Competency:*  
**INTEGRATED HEALTH  
 PARTNERS - ST VINCENT DE  
 PAUL VILLAGE INC**  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:* (619) 687-1067  
*After Hours Phone:* (619)  
 233-8500  
*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM, TH  
 8:30AM-9PM

### **PELLECCHIA, KRISTYN G , NPA**

*Provider Gender:* Female  
*License number:* 21354  
*NPI:* 1780981266  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**SENIOR MEDICAL  
 ASSOCIATES INC**  
 2810 CAMINO DEL RIO S STE  
 102  
 SAN DIEGO, CA 92108-3819  
*Phone:* (619) 299-1419  
*Fax:* (858) 461-6008  
*After Hours Phone:* (619)  
 299-1419  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
 TDD: No  
*Min/Max Age:* 13/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **PENNER, ANDREW W , NPA**

*Provider Gender:* Male  
*License number:* 94025490  
*NPI:* 1285862326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**EHAB YACIOUB MD INC.**  
 3914 3RD AVE  
 SAN DIEGO, CA 92103-3003  
*Phone:* (310) 515-8113  
*Fax:* (310) 538-2102  
*After Hours Phone:* (310)  
 515-8113  
*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-SU 7AM-9PM

### **PERRY, KATHERINE, NPA**

*Provider Gender:* Female

*License number:* 95014964  
*NPI:* 1215543426  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**SAN DIEGO AMERICAN INDIAN  
 HEALTH CENTER**  
 2630 1ST AVE  
 SAN DIEGO, CA 92103-6599  
*Phone:* (619) 234-2158  
*Fax:* (619) 234-1979  
*After Hours Phone:* (619)  
 234-2158  
*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **PHAN, HY V , MD**

*Provider Gender:* Male  
*License number:* C56033  
*NPI:* 1144373408  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**COMMUNITY RESEARCH  
 FOUNDATION INC**  
 1963 4TH AVE  
 SAN DIEGO, CA 92101-2394  
*Phone:* (619) 233-3432  
*Fax:* (619) 233-7022  
*After Hours Phone:* (619)  
 233-3432  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PHAN, HY V , MD**

*Provider Gender:* Male  
*License number:* C56033  
*NPI:* 1144373408  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COMMUNITY RESEARCH  
FOUNDATION INC  
1465 30TH ST STE K  
SAN DIEGO, CA 92154-3497  
*Phone:* (619) 275-0822  
*Fax:* (619) 696-9573  
*After Hours Phone:* (619)  
275-0822  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M,W 9AM-8PM, TU,TH,F  
9AM-5PM

### **PHAN, HY V , MD**

*Provider Gender:* Male  
*License number:* C56033  
*NPI:* 1144373408  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COMMUNITY RESEARCH  
FOUNDATION INC  
1568 6TH AVE  
SAN DIEGO, CA 92101-3216  
*Phone:* (619) 696-0822  
*Fax:* (619) 696-9573  
*After Hours Phone:* (619)  
696-0822  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-6PM

### **PHAN, HY V , MD**

*Provider Gender:* Male  
*License number:* C56033  
*NPI:* 1144373408  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COMMUNITY RESEARCH  
FOUNDATION INC  
743 10TH AVE  
SAN DIEGO, CA 92101-6673

*Phone:* (619) 239-4663  
*Fax:* (619) 239-3045  
*After Hours Phone:* (619)  
239-4663  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

### **PHAN, HY V , MD**

*Provider Gender:* Male  
*License number:* C56033  
*NPI:* 1144373408  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COMMUNITY RESEARCH  
FOUNDATION INC  
892 27TH ST  
SAN DIEGO, CA 92154-1444  
*Phone:* (619) 275-0822  
*Fax:* (619) 696-9573  
*After Hours Phone:* (619)  
275-0822  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:*

### **PHAN, HY V , MD**

*Provider Gender:* Male  
*License number:* C56033  
*NPI:* 1144373408  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
COMMUNITY RESEARCH FOUNDATION INC  
10717 CAMINO RUIZ STE 207  
SAN DIEGO, CA 92126-2364  
*Phone:* (858) 695-2211  
*Fax:* (858) 695-3521  
*After Hours Phone:* (858) 695-2211  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 9:30AM-6PM

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male  
*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male  
*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male  
*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male  
*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male  
*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male  
*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male  
*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male  
*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male  
*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male  
*License number:* 91103  
*NPI:* 1710361712  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **PINEDO, YANELI, CSW**

*Provider Gender:* Male

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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License number: 91103  
NPI: 1710361712  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

Provider Gender: Female  
License number: 95004145  
NPI: 1932566031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

Provider Gender: Female  
License number: 95004145  
NPI: 1932566031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

### **PRASEK, LAUREN, NPA**

Provider Gender: Female  
License number: 95004145  
NPI: 1932566031  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

Provider Gender: Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **PRASEK, LAUREN, NPA**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**  
*Provider Gender:* Female  
*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**  
*Provider Gender:* Female  
*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**  
*Provider Gender:* Female  
*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**PROCTOR, MELISSA S , CSW**  
*Provider Gender:* Female  
*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**  
*Provider Gender:* Female  
*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**  
*Provider Gender:* Female  
*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**  
*Provider Gender:* Female  
*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**  
*Provider Gender:* Female  
*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**PROCTOR, MELISSA S , CSW**  
*Provider Gender:* Female  
*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM  
**PROCTOR, MELISSA S , CSW**  
*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* 62650  
*NPI:* 1336188655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **PROOSASELTS, YULIYA, MD**

*Provider Gender:* Female  
*License number:* A133675  
*NPI:* 1952747875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Russian  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PROOSASELTS, YULIYA, MD**

*Provider Gender:* Female  
*License number:* A133675  
*NPI:* 1952747875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Russian  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **PROOSASELTS, YULIYA, MD**

*Provider Gender:* Female  
*License number:* A133675  
*NPI:* 1952747875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Russian  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### **PROOSASELTS, YULIYA, MD**

*Provider Gender:* Female  
*License number:* A133675  
*NPI:* 1952747875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **PROOSASELTS, YULIYA, MD**

*Provider Gender:* Female  
*License number:* A133675  
*NPI:* 1952747875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO

1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **PROOSASELTS, YULIYA, MD**

*Provider Gender:* Female  
*License number:* A133675  
*NPI:* 1952747875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **PROOSASELTS, YULIYA, MD**

*Provider Gender:* Female  
*License number:* A133675  
*NPI:* 1952747875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

# J. Mental Health Directory

Hours: M-F 8:30AM-5PM

## **PROOSASELTS, YULIYA, MD**

Provider Gender: Female

License number: A133675

NPI: 1952747875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

## **PROOSASELTS, YULIYA, MD**

Provider Gender: Female

License number: A133675

NPI: 1952747875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

## **PROOSASELTS, YULIYA, MD**

Provider Gender: Female

License number: A133675

NPI: 1952747875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)

515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

## **PROOSASELTS, YULIYA, MD**

Provider Gender: Female

License number: A133675

NPI: 1952747875

Provider English Spoken: Yes

Provider Language(s) Spoken:

Russian

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

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Accessibility information  
Hours: M-TH 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**

Provider Gender: Female  
License number: A133675  
NPI: 1952747875  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Russian  
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-W,F 8:30AM-5PM

**QUIROZ, NORMA, MFT**

Provider Gender: Female  
License number: 50504  
NPI: 1902945199  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF

SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-W,F 8:30AM-5PM

**QUIROZ, NORMA, MFT**

Provider Gender: Female  
License number: 50504  
NPI: 1902945199  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

**RABBAN, DIANA, CSW**

Provider Gender: Female  
License number: 72987  
NPI: 1033426374  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-W,F 8:30AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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### **RADOJEVIC, NATASHA, PSY**

*Provider Gender:* Female  
*License number:* PSYD28495  
*NPI:* 1821365008  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858)  
810-8700  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Farsi, Spanish,  
Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-2PM

### **RAMIREZ, LORIEN, CSW**

*Provider Gender:* Male  
*License number:* 88678  
*NPI:* 1356906259  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO FAMILY CARE  
4290 POLK AVE  
SAN DIEGO, CA 92105-1524

*Phone:* (619) 563-0250  
*Fax:* (619) 563-0015  
*After Hours Phone:* (619)  
563-0250  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Vietnamese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-2PM

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **RAMOS, ELIZABETH, CSW**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:*

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO

2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*Hours: M-F 8:30AM-5PM*

**RAMOS, ELIZABETH, CSW**

*Provider Gender: Female*

*License number: 73374*

*NPI: 1992046890*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours: M-F 8:30AM-5PM*

**RAMOS, ELIZABETH, CSW**

*Provider Gender: Female*

*License number: 73374*

*NPI: 1992046890*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF

SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

*Phone: (619) 515-2338*

*Fax: (619) 702-8535*

*After Hours Phone: (619)*

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours: M-TH 8:30AM-5PM*

**REGHABI, NASEEM, PSY**

*Provider Gender: Female*

*License number: 21940*

*NPI: 1225573421*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone: (619) 515-2338*

*Fax: (619) 702-8536*

*After Hours Phone: (619)*

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD: No*

*Min/Max Age: 0/99*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours: M-W,F 8:30AM-5PM*

**REID, EMILY, NPA**

*Provider Gender: Female*

*License number: 95002766*

*NPI: 1083081467*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency:*

LA MAESTRA COMMUNITY  
HEALTH CENTERS

4157 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1609

*Phone: (619) 285-7097*

*Fax: (619) 564-8140*

*After Hours Phone: (619)*

285-7097

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*TDD: No*

*Min/Max Age: 19/64*

*Gender Restriction: No Gender  
Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for  
Accessibility information

*Hours:*

**REID, EMILY, NPA**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Provider Gender:* Female  
*License number:* 95002766  
*NPI:* 1083081467  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 LA MAESTRA COMMUNITY  
 HEALTH CENTERS  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
*Phone:* (619) 280-4213  
*Fax:* (619) 281-6738  
*After Hours Phone:* (619)  
 280-4213  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5:30PM

### **RENE, RACHELLE, PSY**

*Provider Gender:* Female  
*License number:* 23993  
*NPI:* 1629108188  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **RENTERIA, SABRINA, MD**

*Provider Gender:* Female  
*License number:* A145894  
*NPI:* 1285029421  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **RINGEL, BRENDA L , MD**

*Provider Gender:* Female  
*License number:* A65800  
*NPI:* 1689869976  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 EXODUS RECOVERY, INC.  
 2950 EL CAJON BLVD STE 4  
 SAN DIEGO, CA 92104-1205  
*Phone:* (619) 528-1752  
*Fax:* (619) 528-1756  
*After Hours Phone:* (619)  
 528-1752  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-4:30PM

### **ROBITZ, RACHEL A , MD**

*Provider Gender:* Female  
*License number:* A127641  
*NPI:* 1700140159  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)  
662-4100

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:*

### **RODRIGUEZ, CHRISTINE, PSY**

*Provider Gender:* Female

*License number:* 30472

*NPI:* 1568656619

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

*Phone:* (619) 515-2338

*Fax:* (619) 702-8535

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-TH 8:30AM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

*Provider Gender:* Female

*License number:* 30472

*NPI:* 1568656619

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **RODRIGUEZ, CHRISTINE, PSY**

*Provider Gender:* Female

*License number:* 30472

*NPI:* 1568656619

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

*Provider Gender:* Female

*License number:* 30472

*NPI:* 1568656619

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

Provider Gender: Female

License number: 30472

NPI: 1568656619

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)

515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

Provider Gender: Female

License number: 30472

NPI: 1568656619

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

Provider Gender: Female

License number: 30472

NPI: 1568656619

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)

515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

Provider Gender: Female

License number: 30472

NPI: 1568656619

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

Provider Gender: Female  
 License number: 30472  
 NPI: 1568656619  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

Provider Gender: Female  
 License number: 30472  
 NPI: 1568656619  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

**RODRIGUEZ, CHRISTINE, PSY**  
 Provider Gender: Female  
 License number: 30472  
 NPI: 1568656619  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

License number: 30472  
 NPI: 1568656619  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

Provider Gender: Female  
 License number: 30472  
 NPI: 1568656619  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

# J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

## **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
 License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

## **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
 License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338

Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

## **ROSENFARB, BARBARA, CSW**

Provider Gender: Female

License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

## **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
 License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

# J. Mental Health Directory

Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

## **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
 License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-W,F 8:30AM-5PM

## **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
 License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338

Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8:30AM-5PM

## **ROSENFARB, BARBARA, CSW**

Provider Gender: Female

License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
 Phone: (619) 515-2300

Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours:

## **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
 License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

# J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

## **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
 License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

## **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
 License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338

Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

## **ROSENFARB, BARBARA, CSW**

Provider Gender: Female

License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520

Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

## **ROSENFARB, BARBARA, CSW**

Provider Gender: Female  
 License number: 28590  
 NPI: 1447477781  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ROSE, RICHARD S , MD**  
*Provider Gender:* Male  
*License number:* G21963  
*NPI:* 1033206552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SENIOR MEDICAL ASSOCIATES INC  
 2810 CAMINO DEL RIO S STE 102  
 SAN DIEGO, CA 92108-3819  
*Phone:* (619) 299-1419  
*Fax:* (858) 461-6008  
*After Hours Phone:* (619) 299-1419  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No

*Min/Max Age:* 13/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**ROZELL, KATHY, CSW**  
*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**  
*Provider Gender:* Female  
*License number:* 25068

*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**  
*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**ROZELL, KATHY, CSW**

*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**

*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*

*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

**ROZELL, KATHY, CSW**

*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**ROZELL, KATHY, CSW**

*Provider Gender:* Female  
*License number:* 25068  
*NPI:* 1578603973  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> American Sign Language, Farsi,<br/> Japanese, Portuguese, Russian,<br/> Spanish, Yue Chinese<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 0/99<br/> <i>Gender Restriction:</i> No Gender<br/> Restrictions<br/> <i>American Sign Language (ASL):</i><br/> Yes<br/> Please contact provider for<br/> Accessibility information<br/> <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>ROZELL, KATHY, CSW</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 25068<br/> <i>NPI:</i> 1578603973<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i><br/> FAMILY HEALTH CENTERS OF<br/> SAN DIEGO<br/> 3705 MISSION BLVD<br/> SAN DIEGO, CA 92109-7104<br/> <i>Phone:</i> (619) 515-2338<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619)<br/> 515-2338<br/> <i>Website:</i><br/> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> American Sign Language, Farsi,<br/> Japanese, Portuguese, Russian,<br/> Spanish, Yue Chinese<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 0/99<br/> <i>Gender Restriction:</i> No Gender<br/> Restrictions<br/> <i>American Sign Language (ASL):</i><br/> Yes<br/> Please contact provider for<br/> Accessibility information<br/> <i>Hours:</i> M-F 8:30AM-5PM</p> | <p>Accessibility information<br/> <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>ROZELL, KATHY, CSW</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 25068<br/> <i>NPI:</i> 1578603973<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i><br/> FAMILY HEALTH CENTERS OF<br/> SAN DIEGO<br/> 3705 MISSION BLVD<br/> SAN DIEGO, CA 92109-7104<br/> <i>Phone:</i> (619) 515-2338<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619)<br/> 515-2338<br/> <i>Website:</i><br/> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> American Sign Language, Farsi,<br/> Japanese, Portuguese, Russian,<br/> Spanish, Yue Chinese<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i> 0/99<br/> <i>Gender Restriction:</i> No Gender<br/> Restrictions<br/> <i>American Sign Language (ASL):</i><br/> Yes<br/> Please contact provider for<br/> Accessibility information<br/> <i>Hours:</i> M-F 8:30AM-5PM</p> <p><b>ROZELL, KATHY, CSW</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 25068<br/> <i>NPI:</i> 1578603973<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i><br/> FAMILY HEALTH CENTERS OF<br/> SAN DIEGO<br/> 4094 4TH AVE<br/> SAN DIEGO, CA 92103-2143<br/> <i>Phone:</i> (619) 515-2338<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619)<br/> 515-2338<br/> <i>Website:</i><br/> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> American Sign Language, Farsi,</p> | <p>4874 POLK AVE<br/> SAN DIEGO, CA 92105-2026<br/> <i>Phone:</i> (619) 515-2338<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619)<br/> 515-2338<br/> <i>Website:</i><br/> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> American Sign Language, Farsi,<br/> Japanese, Portuguese, Russian,<br/> Spanish, Yue Chinese<br/> <i>TDD:</i> No<br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender<br/> Restrictions<br/> <i>American Sign Language (ASL):</i><br/> Yes<br/> Please contact provider for<br/> Accessibility information<br/> <i>Hours:</i> M-F 8AM-5PM</p> <p><b>ROZELL, KATHY, CSW</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 25068<br/> <i>NPI:</i> 1578603973<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i><br/> FAMILY HEALTH CENTERS OF<br/> SAN DIEGO<br/> 4094 4TH AVE<br/> SAN DIEGO, CA 92103-2143<br/> <i>Phone:</i> (619) 515-2338<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619)<br/> 515-2338<br/> <i>Website:</i><br/> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> American Sign Language, Farsi,</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**ROZELL, KATHY, CSW**

Provider Gender: Female  
License number: 25068  
NPI: 1578603973  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**SACHS, MELISSA R , CSW**

Provider Gender: Female  
License number: 76968  
NPI: 1649760356  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**SACHS, MELISSA R , CSW**

Provider Gender: Female  
License number: 76968  
NPI: 1649760356  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**SACHS, MELISSA R , CSW**

Provider Gender: Female  
License number: 76968  
NPI: 1649760356  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **SACHS, MELISSA R , CSW**

Provider Gender: Female  
 License number: 76968  
 NPI: 1649760356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **SACHS, MELISSA R , CSW**

Provider Gender: Female

License number: 76968  
 NPI: 1649760356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **SACHS, MELISSA R , CSW**

Provider Gender: Female  
 License number: 76968  
 NPI: 1649760356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **SACHS, MELISSA R , CSW**

Provider Gender: Female  
 License number: 76968  
 NPI: 1649760356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **SACHS, MELISSA R , CSW**

Provider Gender: Female  
 License number: 76968  
 NPI: 1649760356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **SACHS, MELISSA R , CSW**

Provider Gender: Female

License number: 76968  
 NPI: 1649760356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **SACHS, MELISSA R , CSW**

Provider Gender: Female  
 License number: 76968  
 NPI: 1649760356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **SACHS, MELISSA R , CSW**

Provider Gender: Female  
 License number: 76968  
 NPI: 1649760356  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **SALGUERO GALLAND, MARIO L, MD**

Provider Gender: Male  
 License number: A122101  
 NPI: 1487947826  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS  
 4157 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1609  
 Phone: (619) 285-7097  
 Fax: (619) 564-8140  
 After Hours Phone: (619) 285-7097  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 TDD: No  
 Min/Max Age: 19/64  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

### **SALGUERO GALLAND, MARIO L, MD**

Provider Gender: Male  
 License number: A122101  
 NPI: 1487947826  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: LA MAESTRA COMMUNITY HEALTH CENTERS  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608  
 Phone: (619) 280-4213  
 Fax: (619) 281-6738  
 After Hours Phone: (619) 280-4213  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5:30PM

### **SAMADI, ESTHER, MD**

Provider Gender: Female  
 License number: A113657  
 NPI: 1396986204  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **SAMADI, ESTHER, MD**

Provider Gender: Female  
 License number: A113657  
 NPI: 1396986204  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

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*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

### **SAMADI, ESTHER, MD**

*Provider Gender: Female*  
*License number: A113657*  
*NPI: 1396986204*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**1809 NATIONAL AVE**  
**SAN DIEGO, CA 92113-2113**  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age: 0/99*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

### **SAMADI, ESTHER, MD**

*Provider Gender: Female*

*License number: A113657*  
*NPI: 1396986204*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**4094 4TH AVE**  
**SAN DIEGO, CA 92103-2143**  
*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

### **SAMADI, ESTHER, MD**

*Provider Gender: Female*  
*License number: A113657*  
*NPI: 1396986204*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
**2204 NATIONAL AVE**  
**SAN DIEGO, CA 92113-3615**

*Phone: (619) 515-2338*  
*Fax: (619) 702-8536*  
*After Hours Phone: (619) 515-2338*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD: No*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): Yes*  
*Please contact provider for Accessibility information*  
*Hours: M-F 8:30AM-5PM*

### **SANGHADIA, MUKESH, MD**

*Provider Gender: Male*  
*License number: C56113*  
*NPI: 1366550246*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency:*  
**COMMUNITY RESEARCH FOUNDATION INC**  
**995 GATEWAY CENTER WAY**  
**SAN DIEGO, CA 92102-4500**  
*Phone: (619) 398-2156*  
*Fax: (619) 398-2165*  
*After Hours Phone: (619) 398-2156*  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken:*  
Spanish  
*TDD: No*  
*Min/Max Age: 0/99*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **SCHANOWITZ, JEFF Y , PSY**

*Provider Gender:* Male  
*License number:* 20362  
*NPI:* 1679683007  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* SCHANOWITZ, JEFF  
2525 CAMINO DEL RIO S STE 245  
SAN DIEGO, CA 92108-3775  
*Phone:* (619) 252-3713  
*Fax:* (619) 810-0620  
*After Hours Phone:* (619) 252-3713  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-SU 8AM-8PM

### **SCOTT, KELLY, NPA**

*Provider Gender:* Female  
*License number:* 95015026  
*NPI:* 1013420801  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:

SAN DIEGO AMERICAN INDIAN HEALTH CENTER  
2630 1ST AVE  
SAN DIEGO, CA 92103-6599  
*Phone:* (619) 234-2158  
*Fax:* (619) 234-1979  
*After Hours Phone:* (619) 234-2158  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male  
*License number:* A113283  
*NPI:* 1306165402  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi,

Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male  
*License number:* A113283  
*NPI:* 1306165402  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

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## J. Mental Health Directory

---

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male

*License number:* A113283

*NPI:* 1306165402

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)

515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male

*License number:* A113283

*NPI:* 1306165402

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-W,F 8:30AM-5PM

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male

*License number:* A113283

*NPI:* 1306165402

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)

515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male

*License number:* A113283

*NPI:* 1306165402

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

# J. Mental Health Directory

Hours: M-F 8:30AM-5PM

## **SEPULVEDA, JOE, MD**

Provider Gender: Male

License number: A113283

NPI: 1306165402

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

## **SEPULVEDA, JOE, MD**

Provider Gender: Male

License number: A113283

NPI: 1306165402

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF

SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

## **SEPULVEDA, JOE, MD**

Provider Gender: Male

License number: A113283

NPI: 1306165402

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

Accessibility information

Hours: M-TH 8:30AM-5PM

## **SEPULVEDA, JOE, MD**

Provider Gender: Male

License number: A113283

NPI: 1306165402

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Accessibility information

Hours: M-F 8AM-5PM

### **SEPULVEDA, JOE, MD**

Provider Gender: Male

License number: A113283

NPI: 1306165402

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **SEPULVEDA, JOE, MD**

Provider Gender: Male

License number: A113283

NPI: 1306165402

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **SHEARED, JORDAN S , CSW**

Provider Gender: Female

License number: ASW74739

NPI: 1699121749

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-W,F 8:30AM-5PM

### **SIMPSON, JENNIFER, CSW**

Provider Gender: Female

License number: 82678

NPI: 1740765866

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

Hours: M-W,F 8:30AM-5PM

### **SIMPSON, JENNIFER, CSW**

Provider Gender: Female

License number: 82678

NPI: 1740765866

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619)

515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **SIMPSON, JENNIFER, CSW**

Provider Gender: Female

License number: 82678

NPI: 1740765866

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **SIMPSON, JENNIFER, CSW**

Provider Gender: Female

License number: 82678

NPI: 1740765866

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **SIMPSON, JENNIFER, CSW**

Provider Gender: Female

License number: 82678

NPI: 1740765866

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **SIMPSON, JENNIFER, CSW**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Provider Gender:* Female  
*License number:* 82678  
*NPI:* 1740765866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SIMPSON, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 82678  
*NPI:* 1740765866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **SIMPSON, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 82678  
*NPI:* 1740765866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SIMPSON, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 82678  
*NPI:* 1740765866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
 515-2300  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:*

### **SIMPSON, JENNIFER, CSW**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*License number:* 82678  
*NPI:* 1740765866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

**SIMPSON, JENNIFER, CSW**  
*Provider Gender:* Female  
*License number:* 82678  
*NPI:* 1740765866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**SIMPSON, JENNIFER, CSW**  
*Provider Gender:* Female  
*License number:* 82678  
*NPI:* 1740765866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**SINNO, BASSAM, MD**  
*Provider Gender:* Male  
*License number:* C37831  
*NPI:* 1982767893  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Arabic  
*Cultural Competency:*  
SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*

*After Hours Phone:* (619)  
662-4100  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

**SIPIN, ELVIRA P, CSW**  
*Provider Gender:* Female

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SIPIN, ELVIRA P , CSW**

*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SIPIN, ELVIRA P , CSW**

*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619)  
 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **SIPIN, ELVIRA P , CSW**

*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2424  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SIPIN, ELVIRA P , CSW**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SIPIN, ELVIRA P , CSW**

*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SIPIN, ELVIRA P , CSW**

*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SIPIN, ELVIRA P , CSW**

*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

### **SIPIN, ELVIRA P , CSW**

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**SIPIN, ELVIRA P , CSW**  
*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**SMITH, STEPHANIE, PSY**  
*Provider Gender:* Female  
*License number:* 30779  
*NPI:* 1346700325  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
 662-4100  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Farsi, Hindi, Kannada,  
 Maithili, Sinhala, Sinhalese,  
 Spanish, Urdu  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:*

**SOLTANI, MARYAM, MD**  
*Provider Gender:* Female  
*License number:* A139075  
*NPI:* 1518372267  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 INTEGRATED HEALTH  
 PARTNERS - ST VINCENT DE  
 PAUL VILLAGE INC  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:* (619) 687-1067  
*After Hours Phone:* (619)  
 233-8500  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM, TH  
 8:30AM-9PM

**SOLTANI, MARYAM, MD**  
*Provider Gender:* Female  
*License number:* A139075  
*NPI:* 1518372267

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care  
 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 NESTOR COMMUNITY HEALTH  
 CENTER

1016 OUTER RD  
 SAN DIEGO, CA 92154-1351

*Phone:* (619) 429-3733

*Fax:* (619) 628-5550

*After Hours Phone:* (619)  
 429-3733

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:* 13/99

*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 No

Please contact provider for  
 Accessibility information

*Hours:* M,TU,TH 8AM-8PM, W,F  
 8AM-5PM, SA 8AM-12PM

### **SPAHR, CHRISTIE C , MFT**

*Provider Gender:* Female

*License number:* 51792

*NPI:* 1295085736

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
 515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information

*Hours:* M-F 8:30AM-5PM

### **SPAHR, CHRISTIE C , MFT**

*Provider Gender:* Female

*License number:* 51792

*NPI:* 1295085736

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
 515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **SPAHR, CHRISTIE C , MFT**

*Provider Gender:* Female

*License number:* 51792

*NPI:* 1295085736

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
 515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information

*Hours:*

### **SPINELLI, LAUREN, CSW**

*Provider Gender:* Female

*License number:* 82862

*NPI:* 1437630787

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

SAN DIEGO FAMILY CARE

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue ShieldPromise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
Phone: (858) 810-8700  
Fax: (858) 633-4680  
After Hours Phone: (858) 810-8700  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Farsi, Spanish,  
Vietnamese, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM, SA  
8AM-2PM

**SPINELLI, LAUREN, CSW**  
Provider Gender: Female  
License number: 82862  
NPI: 1437630787  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
SAN DIEGO FAMILY CARE  
6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342  
Phone: (858) 810-8787  
Fax: (858) 279-0377  
After Hours Phone: (858) 810-8787  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Spanish, Vietnamese,  
Yue Chinese

TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM, SA  
8AM-1PM

**STEVENSON, MARC E , CSW**  
Provider Gender: Male  
License number: 70064  
NPI: 1356795637  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
INTEGRATED HEALTH  
PARTNERS - ST VINCENT DE  
PAUL VILLAGE INC  
1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
Phone: (619) 233-8500  
Fax: (619) 687-1067  
After Hours Phone: (619) 233-8500  
Website:  
www.beaconhealthoptions.com

Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM, TH  
8:30AM-9PM

**STEWART, ANDREA M , MFT**  
Provider Gender: U

License number: 45174  
NPI: 1508993122  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**  
Provider Gender: U  
License number: 45174  
NPI: 1508993122  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**  
*Provider Gender:* U  
*License number:* 45174  
*NPI:* 1508993122  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**STEWART, ANDREA M , MFT**  
*Provider Gender:* U  
*License number:* 45174  
*NPI:* 1508993122  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**STEWART, ANDREA M , MFT**  
*Provider Gender:* U  
*License number:* 45174  
*NPI:* 1508993122  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

**STEWART, ANDREA M , MFT**  
*Provider Gender:* U

*License number:* 45174  
*NPI:* 1508993122  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**  
*Provider Gender:* U  
*License number:* 45174  
*NPI:* 1508993122  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**  
Provider Gender: U  
License number: 45174  
NPI: 1508993122  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM  
**STEWART, ANDREA M , MFT**  
Provider Gender: U  
License number: 45174  
NPI: 1508993122  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-5PM

**STEWART, ANDREA M , MFT**  
Provider Gender: U  
License number: 45174  
NPI: 1508993122  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

**STEWART, ANDREA M , MFT**  
Provider Gender: U

License number: 45174  
NPI: 1508993122  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**STEWART, ANDREA M , MFT**  
Provider Gender: U  
License number: 45174  
NPI: 1508993122  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-TH 8:30AM-5PM

**STEWART, ANDREA M , MFT**

Provider Gender: U

License number: 45174

NPI: 1508993122

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**STRAUSS, KATHLEEN L , PSY**

Provider Gender: Female

License number: 15765

NPI: 1154362184

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

STRAUSS, KATHLEEN

3914 3RD AVE

SAN DIEGO, CA 92103-3003

Phone: (619) 291-4808

Fax: (619) 291-4426

After Hours Phone: (619) 291-4808

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

TDD: No

Min/Max Age: 19/64

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours: M-F 9AM-5PM

**SUHIR, ERIN, NPA**

Provider Gender: Female

License number: 95008203

NPI: 1528426947

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

LA MAESTRA COMMUNITY HEALTH CENTERS

4157 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1609

Phone: (619) 285-7097

Fax: (619) 564-8140

After Hours Phone: (619) 285-7097

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/64

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Hours:

**SUHIR, ERIN, NPA**

Provider Gender: Female

License number: 95008203

NPI: 1528426947

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

LA MAESTRA COMMUNITY HEALTH CENTERS

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1608

Phone: (619) 280-4213

Fax: (619) 281-6738

After Hours Phone: (619) 280-4213

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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Spanish  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5:30PM

### **SULLIVAN, JOHN P , MD**

Provider Gender: Male  
License number: A106680  
NPI: 1851597389  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC  
743 10TH AVE  
SAN DIEGO, CA 92101-6673  
Phone: (619) 239-4663  
Fax: (619) 239-3045  
After Hours Phone: (619) 239-4663  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Russian  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours:

### **SULLIVAN, JOHN P , MD**

Provider Gender: Male  
License number: A106680

NPI: 1851597389  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC  
1465 30TH ST STE K  
SAN DIEGO, CA 92154-3497  
Phone: (619) 275-0822  
Fax: (619) 696-9573  
After Hours Phone: (619) 275-0822  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Russian  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M,W 9AM-8PM, TU,TH,F 9AM-5PM

### **SULLIVAN, JOHN P , MD**

Provider Gender: Male  
License number: A106680  
NPI: 1851597389  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC  
892 27TH ST  
SAN DIEGO, CA 92154-1444  
Phone: (619) 275-0822  
Fax: (619) 696-9573  
After Hours Phone: (619) 275-0822

Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Russian  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours:

### **SULLIVAN, JOHN P , MD**

Provider Gender: Male  
License number: A106680  
NPI: 1851597389  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: COMMUNITY RESEARCH FOUNDATION INC  
1963 4TH AVE  
SAN DIEGO, CA 92101-2394  
Phone: (619) 233-3432  
Fax: (619) 233-7022  
After Hours Phone: (619) 233-3432  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Russian  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

Hours: M-F 8:30AM-5PM

**SULLIVAN, JOHN P , MD**

Provider Gender: Male

License number: A106680

NPI: 1851597389

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

COMMUNITY RESEARCH

FOUNDATION INC

1568 6TH AVE

SAN DIEGO, CA 92101-3216

Phone: (619) 696-0822

Fax: (619) 696-9573

After Hours Phone: (619)

696-0822

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-6PM

**SWEENEY, ZSA ZSA, NPA**

Provider Gender: Female

License number: 95007730

NPI: 1003159344

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

LA MAESTRA COMMUNITY

HEALTH CENTERS

4157 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1609

Phone: (619) 285-7097

Fax: (619) 564-8140

After Hours Phone: (619)

285-7097

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 19/64

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours:

**SWEENEY, ZSA ZSA, NPA**

Provider Gender: Female

License number: 95007730

NPI: 1003159344

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

LA MAESTRA COMMUNITY

HEALTH CENTERS

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1608

Phone: (619) 280-4213

Fax: (619) 281-6738

After Hours Phone: (619)

280-4213

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 8AM-5:30PM

**SWIFT, SOUZAN, PSY**

Provider Gender: Female

License number: 30933

NPI: 1770918898

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

ACCESS PSYCHOLOGY

SERVICES, PC

750 B ST STE 2870

SAN DIEGO, CA 92101-8132

Phone: (619) 722-0014

Fax: (619) 327-4174

After Hours Phone: (619)

722-0014

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender

Restrictions

American Sign Language (ASL):

No

Please contact provider for

Accessibility information

Hours: M-F 9AM-5PM

**TAHBAZ, ASH, MFT**

Provider Gender: U

License number: 87601

NPI: 1205294543

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**  
Provider Gender: U  
License number: 87601  
NPI: 1205294543  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**  
Provider Gender: U  
License number: 87601  
NPI: 1205294543  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**  
Provider Gender: U  
License number: 87601  
NPI: 1205294543  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2424  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**TAHBAZ, ASH, MFT**  
Provider Gender: U  
License number: 87601  
NPI: 1205294543  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

### **TAHBAZ, ASH, MFT**

Provider Gender: U  
License number: 87601  
NPI: 1205294543  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **TAHBAZ, ASH, MFT**

Provider Gender: U  
License number: 87601  
NPI: 1205294543  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com

Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **TAHBAZ, ASH, MFT**

Provider Gender: U

License number: 87601  
NPI: 1205294543  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com

Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **TAHBAZ, ASH, MFT**

Provider Gender: U  
License number: 87601  
NPI: 1205294543  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)  
515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **TAHBAZ, ASH, MFT**

*Provider Gender:* U

*License number:* 87601

*NPI:* 1205294543

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5PM

### **TAHBAZ, ASH, MFT**

*Provider Gender:* U

*License number:* 87601

*NPI:* 1205294543

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **TAYLOR, TASHA K , MD**

*Provider Gender:* Female

*License number:* A82187

*NPI:* 1528144433

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:*

### **THANH, ELAINE, MD**

*Provider Gender:* Female

*License number:* NP95019446

*NPI:* 1215696307

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

SAN DIEGO FAMILY CARE  
4305 UNIVERSITY AVE

SAN DIEGO, CA 92105-1645

*Phone:* (858) 280-2058

*Fax:* (619) 563-0015

*After Hours Phone:* (858)

280-2058

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*

Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**THICKSTUN, MARY SUSAN, CSW**  
*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**THICKSTUN, MARY SUSAN, CSW**  
*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619)  
515-2300  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:*

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*

*After Hours Phone:* (619)  
515-2520  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female  
*License number:* 21573

*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female

*License number:* 21573

*NPI:* 1437354875

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-W,F 8:30AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female

*License number:* 21573

*NPI:* 1437354875

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female

*License number:* 21573

*NPI:* 1437354875

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female

*License number:* 21573

*NPI:* 1437354875

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**  
*Provider Gender:* U  
*License number:* 14259  
*NPI:* 1841541984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**  
*Provider Gender:* U  
*License number:* 14259  
*NPI:* 1841541984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1250 6TH AVE STE 100  
SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**  
*Provider Gender:* U  
*License number:* 14259  
*NPI:* 1841541984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**  
*Provider Gender:* U  
*License number:* 14259  
*NPI:* 1841541984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715

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# J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**  
 Provider Gender: U  
 License number: 14259  
 NPI: 1841541984  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**  
 Provider Gender: U  
 License number: 14259  
 NPI: 1841541984  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**THIESSEN, BRUCE L , PSY**  
 Provider Gender: U

License number: 14259  
 NPI: 1841541984  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**  
 Provider Gender: U  
 License number: 14259  
 NPI: 1841541984  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**

Provider Gender: U

License number: 14259

NPI: 1841541984

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)

515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

**THIESSEN, BRUCE L , PSY**

Provider Gender: U

License number: 14259

NPI: 1841541984

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-TH 8:30AM-5PM

**THIESSEN, BRUCE L , PSY**

Provider Gender: U

License number: 14259

NPI: 1841541984

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-W,F 8:30AM-5PM

**THOMAS, DALIA M , CSW**

Provider Gender: Female

License number: LCSW82132

NPI: 1104151372

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

SAN YSIDRO HEALTH CENTER

950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100

Fax:

After Hours Phone: (619)

662-4100

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

### **TIMONY, THERESA, NPA**

*Provider Gender:* Female  
*License number:* NP95007497  
*NPI:* 1689818015  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858)  
810-8700  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Farsi, Spanish,  
Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-2PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Yue Chinese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*

*After Hours Phone:* (619)  
515-2520  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

Spanish, Yue Chinese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Yue Chinese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Yue Chinese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Yue Chinese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Yue Chinese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Yue Chinese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

---

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **TONG, GARRICK, MD**

*Provider Gender:* Male

*License number:* A102192

*NPI:* 1831361278

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Yue Chinese

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male

*License number:* A102192

*NPI:* 1831361278

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Yue Chinese

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male

*License number:* A102192

*NPI:* 1831361278

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Yue Chinese

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male

*License number:* A102192

*NPI:* 1831361278

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish, Yue Chinese

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**TONG, GARRICK, MD**  
*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Yue Chinese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**TORRES, LAURA, CSW**  
*Provider Gender:* Female  
*License number:* 65059  
*NPI:* 1568612943  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

**TORRES, LAURA, CSW**  
*Provider Gender:* Female  
*License number:* 65059  
*NPI:* 1568612943  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**TORRES, LAURA, CSW**  
*Provider Gender:* Female  
*License number:* 65059  
*NPI:* 1568612943  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-TH 8:30AM-5PM

**TORRES, LAURA, CSW**

Provider Gender: Female

License number: 65059

NPI: 1568612943

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619) 515-2424

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**TORRES, LAURA, CSW**

Provider Gender: Female

License number: 65059

NPI: 1568612943

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**TORRES, LAURA, CSW**

Provider Gender: Female

License number: 65059

NPI: 1568612943

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8AM-5PM

**TORRES, LAURA, CSW**

Provider Gender: Female

License number: 65059

NPI: 1568612943

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## 2565

## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**TORRES, LAURA, CSW**

Provider Gender: Female

License number: 65059

NPI: 1568612943

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours:

**TRIANA, JENNIFER, CSW**

Provider Gender: Female

License number: 88589

NPI: 1073844460

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

1809 NATIONAL AVE

SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**

Provider Gender: Female

License number: 88589

NPI: 1073844460

Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**

Provider Gender: Female

License number: 88589

NPI: 1073844460

Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-5PM

**TRIANA, JENNIFER, CSW**  
 Provider Gender: Female  
 License number: 88589  
 NPI: 1073844460  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**  
 Provider Gender: Female  
 License number: 88589  
 NPI: 1073844460  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**  
 Provider Gender: Female  
 License number: 88589  
 NPI: 1073844460  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**  
 Provider Gender: Female  
 License number: 88589  
 NPI: 1073844460  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

**TRIANA, JENNIFER, CSW**  
Provider Gender: Female  
License number: 88589  
NPI: 1073844460  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**  
Provider Gender: Female  
License number: 88589  
NPI: 1073844460  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**  
Provider Gender: Female  
License number: 88589  
NPI: 1073844460  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
Phone: (619) 515-2300  
Fax:  
After Hours Phone: (619)  
515-2300  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours:

**TRIANA, JENNIFER, CSW**  
Provider Gender: Female  
License number: 88589  
NPI: 1073844460  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
FAMILY HEALTH CENTERS OF

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

**SAN DIEGO**  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**TRIANA, JENNIFER, CSW**  
*Provider Gender:* Female  
*License number:* 88589  
*NPI:* 1073844460  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**TROYER, EMILY, PSY**  
*Provider Gender:* Female  
*License number:* A149101  
*NPI:* 1326484437  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**TROYER, EMILY, PSY**  
*Provider Gender:* Female  
*License number:* A149101  
*NPI:* 1326484437  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

*Hours:* M-F 8AM-5PM  
**TROYER, EMILY, PSY**  
*Provider Gender:* Female  
*License number:* A149101  
*NPI:* 1326484437  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**TROYER, EMILY, PSY**  
*Provider Gender:* Female  
*License number:* A149101  
*NPI:* 1326484437  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 1250 6TH AVE STE 100  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TROYER, EMILY, PSY**

*Provider Gender:* Female  
*License number:* A149101  
*NPI:* 1326484437  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TROYER, EMILY, PSY**

*Provider Gender:* Female  
*License number:* A149101  
*NPI:* 1326484437  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **TROYER, EMILY, PSY**

*Provider Gender:* Female  
*License number:* A149101  
*NPI:* 1326484437  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **TROYER, EMILY, PSY**

*Provider Gender:* Female  
*License number:* A149101  
*NPI:* 1326484437  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **TROYER, EMILY, PSY**

Provider Gender: Female

License number: A149101

NPI: 1326484437

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3544 30TH ST

SAN DIEGO, CA 92104-4120

Phone: (619) 515-2424

Fax: (619) 702-8536

After Hours Phone: (619) 515-2424

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **TROYER, EMILY, PSY**

Provider Gender: Female

License number: A149101

NPI: 1326484437

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **TROYER, EMILY, PSY**

Provider Gender: Female

License number: A149101

NPI: 1326484437

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

5454 EL CAJON BLVD

SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **TROYER, EMILY, PSY**

Provider Gender: Female

License number: A149101

NPI: 1326484437

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

4065 3RD AVE

SAN DIEGO, CA 92103-2184

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Phone:* (619) 515-2300

*Fax:*

*After Hours Phone:* (619)  
515-2300

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:*

### **TROYER, EMILY, PSY**

*Provider Gender:* Female

*License number:* A149101

*NPI:* 1326484437

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

2204 NATIONAL AVE

SAN DIEGO, CA 92113-3615

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **TUCKER, MEGAN, PSY**

*Provider Gender:* Female

*License number:* 27333

*NPI:* 1861877516

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

LA MAESTRA COMMUNITY  
HEALTH CENTERS

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105-1608

*Phone:* (619) 280-4213

*Fax:* (619) 281-6738

*After Hours Phone:* (619)

280-4213

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-F 8AM-5:30PM

### **VALENZUELA, GLORIA M , CSW**

*Provider Gender:* Female

*License number:* 22926

*NPI:* 1679653380

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE

SAN DIEGO, CA 92114-6201

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:* (619)

662-4100

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:*

### **VIERLING, SABRINA C , PSY**

*Provider Gender:* Female

*License number:* 26117

*NPI:* 1215288238

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

SAN DIEGO FAMILY CARE

4305 UNIVERSITY AVE

SAN DIEGO, CA 92105-1645

*Phone:* (858) 280-2058

*Fax:* (619) 563-0015

*After Hours Phone:* (858)

280-2058

*Website:*

www.beaconhealthoptions.com

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM, SA 8AM-2PM

### **WAUGH, BRANDON, CSW**

*Provider Gender:* Male

*License number:* 83457

*NPI:* 1619459187

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **WAUGH, BRANDON, CSW**

*Provider Gender:* Male

*License number:* 83457

*NPI:* 1619459187

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

*Phone:* (619) 515-2520

*Fax:*

*After Hours Phone:* (619)

515-2520

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

### **WAUGH, BRANDON, CSW**

*Provider Gender:* Male

*License number:* 83457

*NPI:* 1619459187

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4094 4TH AVE

SAN DIEGO, CA 92103-2143

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **WAUGH, BRANDON, CSW**

*Provider Gender:* Male

*License number:* 83457

*NPI:* 1619459187

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

4874 POLK AVE

SAN DIEGO, CA 92105-2026

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian,

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **WAUGH, BRANDON, CSW**

Provider Gender: Male  
 License number: 83457  
 NPI: 1619459187  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WAUGH, BRANDON, CSW**

Provider Gender: Male  
 License number: 83457  
 NPI: 1619459187  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WAUGH, BRANDON, CSW**

Provider Gender: Male  
 License number: 83457  
 NPI: 1619459187  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **WAUGH, BRANDON, CSW**

Provider Gender: Male  
 License number: 83457  
 NPI: 1619459187  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WAUGH, BRANDON, CSW**

Provider Gender: Male  
 License number: 83457  
 NPI: 1619459187  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **WAUGH, BRANDON, CSW**

Provider Gender: Male

License number: 83457  
 NPI: 1619459187  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WAUGH, BRANDON, CSW**

Provider Gender: Male  
 License number: 83457  
 NPI: 1619459187  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEAVER, JHOSMARA A , CSW**

Provider Gender: Female  
 License number: 77233  
 NPI: 1982848594  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **WEAVER, JHOSMARA A , CSW**

Provider Gender: Female  
 License number: 77233  
 NPI: 1982848594  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **WEAVER, JHOSMARA A , CSW**

Provider Gender: Female

License number: 77233  
 NPI: 1982848594  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536

After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEAVER, JHOSMARA A , CSW**

Provider Gender: Female  
 License number: 77233  
 NPI: 1982848594  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **WEAVER, JHOSMARA A , CSW**

Provider Gender: Female  
 License number: 77233  
 NPI: 1982848594  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEAVER, JHOSMARA A , CSW**

Provider Gender: Female  
 License number: 77233  
 NPI: 1982848594  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEAVER, JHOSMARA A , CSW**

Provider Gender: Female

License number: 77233  
 NPI: 1982848594  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536

After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEAVER, JHOSMARA A , CSW**

Provider Gender: Female  
 License number: 77233  
 NPI: 1982848594  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEAVER, JHOSMARA A , CSW**

Provider Gender: Female  
 License number: 77233  
 NPI: 1982848594  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **WEAVER, JHOSMARA A , CSW**

Provider Gender: Female  
 License number: 77233  
 NPI: 1982848594  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEAVER, JHOSMARA A , CSW**

Provider Gender: Female

License number: 77233  
 NPI: 1982848594  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536

After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female  
 License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female  
 License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female  
 License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female

License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: (619) 515-2338  
 Fax: (619) 702-8535  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-TH 8:30AM-5PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female  
 License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300  
 Fax:  
 After Hours Phone: (619) 515-2300  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours:

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female  
 License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female  
 License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 Phone: (619) 515-2424  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2424  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female

License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-W,F 8:30AM-5PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female  
 License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female  
 License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

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## J. Mental Health Directory

TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female  
 License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEBSTER, KRISTIN K , CSW**

Provider Gender: Female

License number: LCSW16118  
 NPI: 1902336837  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WEEDEN, MIRIAN, MFT**

Provider Gender: Female  
 License number: LMFT94339  
 NPI: 1821364712  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency:  
 SAN YSIDRO HEALTH CENTER  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201

Phone: (619) 662-4100  
 Fax:  
 After Hours Phone: (619) 662-4100  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours:

### **WEST, ALIXANDRA, CSW**

Provider Gender: Female  
 License number: 99311  
 NPI: 1619375649  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Farsi, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM, SA 8AM-2PM

### **WEST, ALIXANDRA, CSW**

*Provider Gender:* Female  
*License number:* 99311  
*NPI:* 1619375649  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: SAN DIEGO FAMILY CARE 6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342  
*Phone:* (858) 810-8787  
*Fax:* (858) 279-0377  
*After Hours Phone:* (858) 810-8787  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Spanish, Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM, SA 8AM-1PM

### **WIENS, KATHRYN, PSY**

*Provider Gender:* Female  
*License number:* 27115  
*NPI:* 1134470701

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: INTEGRATED HEALTH PARTNERS - ST VINCENT DE PAUL VILLAGE INC 1501 IMPERIAL AVE SAN DIEGO, CA 92101-7638  
*Phone:* (619) 233-8500  
*Fax:* (619) 687-1067  
*After Hours Phone:* (619) 233-8500  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* TDD: No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM, TH 8:30AM-9PM

### **WIGLE, CHARLES E , MFT**

*Provider Gender:* Male  
*License number:* MFC29757  
*NPI:* 1407911878  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO 3705 MISSION BLVD SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **WIJAYARATNE, IMANIE S , PSY**

*Provider Gender:* Female  
*License number:* 25044  
*NPI:* 1932358355  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Sinhala, Sinhalese  
*Cultural Competency:* SAN YSIDRO HEALTH CENTER 950 S EUCLID AVE SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619) 662-4100  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Farsi, Hindi, Kannada, Maithili, Sinhala, Sinhalese, Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

No  
Please contact provider for  
Accessibility information  
*Hours:*

**WILHOIT, LAURA, PSY**  
*Provider Gender:* Female  
*License number:* 26656  
*NPI:* 1649497637  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
COMMUNITY RESEARCH  
FOUNDATION INC  
928 BROADWAY  
SAN DIEGO, CA 92101-5514  
*Phone:* (619) 977-3716  
*Fax:* (619) 481-3075  
*After Hours Phone:* (619)  
977-3716  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-4:30PM

**WILHOIT, LAURA, PSY**  
*Provider Gender:* Female  
*License number:* 26656  
*NPI:* 1649497637  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*

COMMUNITY RESEARCH  
FOUNDATION INC  
995 GATEWAY CENTER WAY  
SAN DIEGO, CA 92102-4500  
*Phone:* (619) 398-2156  
*Fax:* (619) 398-2165  
*After Hours Phone:* (619)  
398-2156  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM

**WILLIAMS, SHANTRICE M ,  
NPA**  
*Provider Gender:* Female  
*License number:* 19664  
*NPI:* 1578865549  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
SAN YSIDRO HEALTH CENTER  
950 S EUCLID AVE  
SAN DIEGO, CA 92114-6201  
*Phone:* (619) 662-4100  
*Fax:*  
*After Hours Phone:* (619)  
662-4100  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

Arabic, Farsi, Hindi, Kannada,  
Maithili, Sinhala, Sinhalese,  
Spanish, Urdu  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

**WILSON, NICOLE M , CSW**  
*Provider Gender:* Female  
*License number:* 94855  
*NPI:* 1033576400  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

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## J. Mental Health Directory

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**WINGFIELD, CAROLYN, PSY**

*Provider Gender:* Female

*License number:* 28716

*NPI:* 1013316520

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

ACCESS PSYCHOLOGY

SERVICES, PC

750 B ST STE 2870

SAN DIEGO, CA 92101-8132

*Phone:* (619) 722-0014

*Fax:* (619) 327-4174

*After Hours Phone:* (619)

722-0014

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for Accessibility information

*Hours:* M-F 9AM-5PM

**WINTER, JEFFERY C , PSY**

*Provider Gender:* Male

*License number:* 6795

*NPI:* 1396904850

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MOUNTAIN HEALTH AND

COMMUNITY SERVICES INC

316 25TH ST

SAN DIEGO, CA 92102-3016

*Phone:* (619) 445-6200

*Fax:* (619) 238-5551

*After Hours Phone:* (619)

445-6200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Armenian

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

**WINTER, JEFFERY C , PSY**

*Provider Gender:* Male

*License number:* 6795

*NPI:* 1396904850

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

MOUNTAIN HEALTH AND

COMMUNITY SERVICES INC

4690 EL CAJON BLVD

SAN DIEGO, CA 92115-4403

*Phone:* (619) 445-6200

*Fax:* (619) 824-9076

*After Hours Phone:* (619)

445-6200

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Armenian

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM

**WITT, ANNETTE, CSW**

*Provider Gender:* Female

*License number:* 15770

*NPI:* 1912263468

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**

*Provider Gender:* Female

*License number:* 15770

*NPI:* 1912263468

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**WITT, ANNETTE, CSW**  
*Provider Gender:* Female  
*License number:* 15770  
*NPI:* 1912263468  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**WITT, ANNETTE, CSW**  
*Provider Gender:* Female  
*License number:* 15770  
*NPI:* 1912263468  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for

Accessibility information  
*Hours:*

**WITT, ANNETTE, CSW**  
*Provider Gender:* Female  
*License number:* 15770  
*NPI:* 1912263468  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**  
*Provider Gender:* Female  
*License number:* 15770  
*NPI:* 1912263468  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**  
Provider Gender: Female  
License number: 15770  
NPI: 1912263468  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**  
Provider Gender: Female  
License number: 15770  
NPI: 1912263468  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com

Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-W,F 8:30AM-5PM

**WITT, ANNETTE, CSW**  
Provider Gender: Female  
License number: 15770  
NPI: 1912263468  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

**WITT, ANNETTE, CSW**  
Provider Gender: Female  
License number: 15770  
NPI: 1912263468  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM

### **WITT, ANNETTE, CSW**

*Provider Gender:* Female  
*License number:* 15770  
*NPI:* 1912263468  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **WITT, ANNETTE, CSW**

*Provider Gender:* Female  
*License number:* 15770  
*NPI:* 1912263468  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **WOLFE, TINA L , PSY**

*Provider Gender:* Female

*License number:* PSY28694  
*NPI:* 1346398922  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
 4690 EL CAJON BLVD  
 SAN DIEGO, CA 92115-4403  
*Phone:* (619) 445-6200  
*Fax:* (619) 824-9076  
*After Hours Phone:* (619) 445-6200  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### **WOLFE, TINA L , PSY**

*Provider Gender:* Female  
*License number:* PSY28694  
*NPI:* 1346398922  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
 316 25TH ST  
 SAN DIEGO, CA 92102-3016  
*Phone:* (619) 445-6200  
*Fax:* (619) 238-5551  
*After Hours Phone:* (619) 445-6200

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Armenian  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):**  
 No  
 Please contact provider for Accessibility information  
**Hours:** M-F 8AM-5PM

**WOLF, CELIA C , NPA**  
**Provider Gender:** Female  
**License number:** 95001899  
**NPI:** 1245635564  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4065 3RD AVE  
 SAN DIEGO, CA 92103-2184  
**Phone:** (619) 515-2300  
**Fax:**  
**After Hours Phone:** (619) 515-2300  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):**  
 Yes

Please contact provider for Accessibility information  
**Hours:**  
**WOLF, CELIA C , NPA**  
**Provider Gender:** Female  
**License number:** 95001899  
**NPI:** 1245635564  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):**  
 Yes

**WOLF, CELIA C , NPA**  
**Provider Gender:** Female  
**License number:** 95001899  
**NPI:** 1245635564  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):**  
 Yes

**WOLF, CELIA C , NPA**  
**Provider Gender:** Female  
**License number:** 95001899  
**NPI:** 1245635564  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):**  
 Yes  
 Please contact provider for Accessibility information  
**Hours:** M-F 8:30AM-5PM

**WOLF, CELIA C , NPA**  
**Provider Gender:** Female  
**License number:** 95001899  
**NPI:** 1245635564  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619) 515-2338  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-W,F 8:30AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female

License number: 95001899

NPI: 1245635564

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1550 BROADWAY STE 2

SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338

Fax: (619) 702-8535

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-TH 8:30AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female

License number: 95001899

NPI: 1245635564

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female

License number: 95001899

NPI: 1245635564

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

1250 6TH AVE STE 100

SAN DIEGO, CA 92101-4368

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female

License number: 95001899

NPI: 1245635564

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)

515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female  
License number: 95001899  
NPI: 1245635564  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female

License number: 95001899  
NPI: 1245635564  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female  
License number: 95001899  
NPI: 1245635564  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **WOLF, CELIA C , NPA**

Provider Gender: Female  
License number: 95001899  
NPI: 1245635564  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male  
 License number: NP95006887  
 NPI: 1417471459  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 140 ELM ST  
 SAN DIEGO, CA 92101-2602  
 Phone: (619) 515-2520  
 Fax:  
 After Hours Phone: (619) 515-2520  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male

License number: NP95006887  
 NPI: 1417471459  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No

Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male  
 License number: NP95006887  
 NPI: 1417471459  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male  
 License number: NP95006887  
 NPI: 1417471459  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male  
License number: NP95006887  
NPI: 1417471459  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-W,F 8:30AM-5PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male

License number: NP95006887  
NPI: 1417471459  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No

Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male  
License number: NP95006887  
NPI: 1417471459  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713

Phone: (619) 515-2338  
Fax: (619) 702-8535  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-TH 8:30AM-5PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male  
License number: NP95006887  
NPI: 1417471459  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
Phone: (619) 515-2424  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2424  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male  
 License number: NP95006887  
 NPI: 1417471459  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8:30AM-5PM

### **WOOD, KEEGAN, NPA**

Provider Gender: Male

License number: NP95006887  
 NPI: 1417471459  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website: www.beaconhealthoptions.com

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): Yes  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM

### **WOOLLEY, LAUREN, PSY**

Provider Gender: Female  
 License number: 23740  
 NPI: 1952785784  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: (858) 810-8787  
 Fax: (858) 279-0377  
 After Hours Phone: (858) 810-8787

Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Spanish, Vietnamese, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 8AM-5PM, SA 8AM-1PM

### **WOOLLEY, LAUREN, PSY**

Provider Gender: Female  
 License number: 23740  
 NPI: 1952785784  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 SAN DIEGO FAMILY CARE  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524  
 Phone: (619) 563-0250  
 Fax: (619) 563-0015  
 After Hours Phone: (619) 563-0250  
 Website: www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Vietnamese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

Accessibility information  
Hours: M-F 8AM-5PM, SA  
8AM-2PM

### **WOOLLEY, LAUREN, PSY**

*Provider Gender:* Female  
*License number:* 23740  
*NPI:* 1952785784  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
SAN DIEGO FAMILY CARE  
7011 LINDA VISTA RD  
SAN DIEGO, CA 92111-6307  
*Phone:* (858) 810-8700  
*Fax:* (858) 633-4680  
*After Hours Phone:* (858)  
810-8700  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Farsi, Spanish,  
Vietnamese, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-5PM, SA  
8AM-2PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF

SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-W,F 8:30AM-5PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
2204 NATIONAL AVE  
SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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Accessibility information  
Hours: M-F 8:30AM-5PM

**YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
140 ELM ST  
SAN DIEGO, CA 92101-2602  
*Phone:* (619) 515-2520  
*Fax:*  
*After Hours Phone:* (619) 515-2520  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO  
4065 3RD AVE  
SAN DIEGO, CA 92103-2184  
*Phone:* (619) 515-2300  
*Fax:*  
*After Hours Phone:* (619) 515-2300  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:*

**YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
4874 POLK AVE  
SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
5454 EL CAJON BLVD  
SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1550 BROADWAY STE 2  
SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-TH 8:30AM-5PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4725 MARKET ST  
SAN DIEGO, CA 92102-4715  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3544 30TH ST  
SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2424  
*Website:*  
www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8:30AM-5PM</p> <p><b>YALYSHAVA, VOLHA, CSW</b><br/>Provider Gender: Female<br/>License number: LCSW69810<br/>NPI: 1821392002<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Russian<br/>Cultural Competency:<br/>FAMILY HEALTH CENTERS OF<br/>SAN DIEGO<br/>1250 6TH AVE STE 100<br/>SAN DIEGO, CA 92101-4368<br/>Phone: (619) 515-2338<br/>Fax: (619) 702-8536<br/>After Hours Phone: (619)<br/>515-2338<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>American Sign Language, Farsi,<br/>Japanese, Portuguese, Russian,<br/>Spanish, Yue Chinese<br/>TDD: No<br/>Min/Max Age: 0/99<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>Yes<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8:30AM-5PM</p> <p><b>ZAPATEL, JUAN PABLO, CSW</b><br/>Provider Gender: Male<br/>License number: 78174<br/>NPI: 1043446644<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:</p> | <p>Spanish<br/>Cultural Competency:<br/>SAN YSIDRO HEALTH CENTER<br/>950 S EUCLID AVE<br/>SAN DIEGO, CA 92114-6201<br/>Phone: (619) 662-4100<br/>Fax:<br/>After Hours Phone: (619)<br/>662-4100<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>Arabic, Farsi, Hindi, Kannada,<br/>Maithili, Sinhala, Sinhalese,<br/>Spanish, Urdu<br/>TDD: No<br/>Min/Max Age:<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours:</p> <p><b>ZARANKOW, BEATA, MD</b><br/>Provider Gender: Female<br/>License number: C53656<br/>NPI: 1902995384<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>COMMUNITY RESEARCH<br/>FOUNDATION INC<br/>892 27TH ST<br/>SAN DIEGO, CA 92154-1444<br/>Phone: (619) 275-0822<br/>Fax: (619) 696-9573<br/>After Hours Phone: (619)<br/>275-0822<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes</p> | <p>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>Russian<br/>TDD: No<br/>Min/Max Age: 0/99<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours:</p> <p><b>ZARANKOW, BEATA, MD</b><br/>Provider Gender: Female<br/>License number: C53656<br/>NPI: 1902995384<br/>Provider English Spoken: Yes<br/>Provider Language(s) Spoken:<br/>Cultural Competency:<br/>COMMUNITY RESEARCH<br/>FOUNDATION INC<br/>1963 4TH AVE<br/>SAN DIEGO, CA 92101-2394<br/>Phone: (619) 233-3432<br/>Fax: (619) 233-7022<br/>After Hours Phone: (619)<br/>233-3432<br/>Website:<br/>www.beaconhealthoptions.com<br/>Accepting New Patients: Yes<br/>Site English Spoken: Yes<br/>Site Language(s) Spoken:<br/>Russian<br/>TDD: No<br/>Min/Max Age: 0/99<br/>Gender Restriction: No Gender<br/>Restrictions<br/>American Sign Language (ASL):<br/>No<br/>Please contact provider for<br/>Accessibility information<br/>Hours: M-F 8:30AM-5PM</p> <p><b>ZARANKOW, BEATA, MD</b></p> |
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This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

*Provider Gender:* Female  
*License number:* C53656  
*NPI:* 1902995384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COMMUNITY RESEARCH  
FOUNDATION INC  
743 10TH AVE  
SAN DIEGO, CA 92101-6673  
*Phone:* (619) 239-4663  
*Fax:* (619) 239-3045  
*After Hours Phone:* (619)  
239-4663  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:*

**ZARANKOW, BEATA, MD**  
*Provider Gender:* Female  
*License number:* C53656  
*NPI:* 1902995384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COMMUNITY RESEARCH  
FOUNDATION INC  
1568 6TH AVE  
SAN DIEGO, CA 92101-3216  
*Phone:* (619) 696-0822  
*Fax:* (619) 696-9573  
*After Hours Phone:* (619)  
696-0822

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-6PM

**ZARANKOW, BEATA, MD**  
*Provider Gender:* Female  
*License number:* C53656  
*NPI:* 1902995384  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COMMUNITY RESEARCH  
FOUNDATION INC  
1465 30TH ST STE K  
SAN DIEGO, CA 92154-3497  
*Phone:* (619) 275-0822  
*Fax:* (619) 696-9573  
*After Hours Phone:* (619)  
275-0822  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information

*Hours:* M,W 9AM-8PM, TU,TH,F  
9AM-5PM

**ZAYAS, GILBERTO, MD**  
*Provider Gender:* Male  
*License number:* A136760  
*NPI:* 1508174970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
4094 4TH AVE  
SAN DIEGO, CA 92103-2143  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ZAYAS, GILBERTO, MD**  
*Provider Gender:* Male  
*License number:* A136760  
*NPI:* 1508174970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

### FAMILY HEALTH CENTERS OF SAN DIEGO

4065 3RD AVE  
SAN DIEGO, CA 92103-2184

Phone: (619) 515-2300

Fax:

After Hours Phone: (619)

515-2300

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours:

### **ZAYAS, GILBERTO, MD**

Provider Gender: Male

License number: A136760

NPI: 1508174970

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3705 MISSION BLVD

SAN DIEGO, CA 92109-7104

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-W,F 8:30AM-5PM

### **ZAYAS, GILBERTO, MD**

Provider Gender: Male

License number: A136760

NPI: 1508174970

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

140 ELM ST

SAN DIEGO, CA 92101-2602

Phone: (619) 515-2520

Fax:

After Hours Phone: (619)

515-2520

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **ZAYAS, GILBERTO, MD**

Provider Gender: Male

License number: A136760

NPI: 1508174970

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

4725 MARKET ST

SAN DIEGO, CA 92102-4715

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **ZAYAS, GILBERTO, MD**

Provider Gender: Male

License number: A136760

NPI: 1508174970

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
*Phone:* (619) 515-2424  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2424  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ZAYAS, GILBERTO, MD**  
*Provider Gender:* Male  
*License number:* A136760  
*NPI:* 1508174970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ZAYAS, GILBERTO, MD**  
*Provider Gender:* Male  
*License number:* A136760  
*NPI:* 1508174970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*

Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**ZAYAS, GILBERTO, MD**  
*Provider Gender:* Male  
*License number:* A136760  
*NPI:* 1508174970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8535  
*After Hours Phone:* (619) 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-TH 8:30AM-5PM  
**ZAYAS, GILBERTO, MD**  
*Provider Gender:* Male  
*License number:* A136760  
*NPI:* 1508174970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8AM-5PM

**ZAYAS, GILBERTO, MD**  
*Provider Gender:* Male  
*License number:* A136760  
*NPI:* 1508174970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113-3615  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338

*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ZAYAS, GILBERTO, MD**  
*Provider Gender:* Male  
*License number:* A136760  
*NPI:* 1508174970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 5454 EL CAJON BLVD  
 SAN DIEGO, CA 92115-3621  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender

Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ZUREK, BEDEANIA R , CSW**  
*Provider Gender:* Female  
*License number:* LCSW74215  
*NPI:* 1942375811  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 NESTOR COMMUNITY HEALTH  
 CENTER  
 1016 OUTER RD  
 SAN DIEGO, CA 92154-1351  
*Phone:* (619) 429-3733  
*Fax:* (619) 628-5550  
*After Hours Phone:* (619)  
 429-3733  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*TDD:* No  
*Min/Max Age:* 13/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU,TH 8AM-8PM, W,F  
 8AM-5PM, SA 8AM-12PM

### SAN MARCOS

**AKANDE, ADERONKE, NPA**  
*Provider Gender:* Female  
*License number:* 21597

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

NPI: 1083980247  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 COGNITIVE HEALTH  
 SOLUTIONS INC  
 960 W SAN MARCOS BLVD  
 SAN MARCOS, CA 92078-1100  
 Phone: (858) 227-0887  
 Fax: (858) 430-9611  
 After Hours Phone: (858)  
 227-0887  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Russian  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 9AM-6PM

**ALTAMIRANO, LEON, PSY**  
 Provider Gender: Male  
 License number: 23734  
 NPI: 1619271517  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH  
 SERVICES  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6700  
 Fax: (760) 736-6753  
 After Hours Phone: (760)  
 736-6700

Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-6PM, SA  
 8AM-5PM

**BUCHMANN, RYAN D , MFT**  
 Provider Gender: Male  
 License number: 50774  
 NPI: 1063639102  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 BUCHMANN, RYAN  
 (1063639102)  
 330 RANCHEROS DR STE 222  
 SAN MARCOS, CA 92069-2940  
 Phone: (760) 566-8760  
 Fax: (760) 820-2461  
 After Hours Phone: (760)  
 566-8760  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age: 13/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information

Hours: TU-F 10AM-6PM, SA  
 1PM-5PM

**CAI, SHEILA X , MD**  
 Provider Gender: Female  
 License number: C149845  
 NPI: 1780625012  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Chinese  
 Cultural Competency:  
 NORTH COUNTY HEALTH  
 SERVICES  
 150 VALPRED RD  
 SAN MARCOS, CA 92069-2973  
 Phone: (760) 736-6700  
 Fax: (760) 736-6753  
 After Hours Phone: (760)  
 736-6700  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8AM-6PM, SA  
 8AM-5PM

**CHALMERS, VIRGINIA, CSW**  
 Provider Gender: Female  
 License number: 28053  
 NPI: 1265613715  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 NORTH COUNTY HEALTH

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

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### SERVICES

150 VALPRED RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6700

Fax: (760) 736-6753

After Hours Phone: (760)

736-6700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM, SA  
8AM-5PM

### CHENG, JIM, NPA

Provider Gender: Male

License number: 22852

NPI: 1790122638

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

150 VALPRED RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6700

Fax: (760) 736-6753

After Hours Phone: (760)

736-6700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM, SA  
8AM-5PM

### COOK, SHERYL G , PSY

Provider Gender: Female

License number: 15449

NPI: 1750420816

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

COGNITIVE HEALTH

SOLUTIONS INC

960 W SAN MARCOS BLVD

SAN MARCOS, CA 92078-1100

Phone: (858) 227-0887

Fax: (858) 430-9611

After Hours Phone: (858)

227-0887

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Hindi,  
Russian

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 9AM-6PM

### CORNER, EMILY, MFT

Provider Gender: Female

License number: 102353

NPI: 1093225823

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

150 VALPRED RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6700

Fax: (760) 736-6753

After Hours Phone: (760)

736-6700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM, SA  
8AM-5PM

### CORTIZO, ROSA, PSY

Provider Gender: Female

License number: 22278

NPI: 1952316648

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

150 VALPRED RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6700

Fax: (760) 736-6753

After Hours Phone: (760)

736-6700

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-6PM, SA  
8AM-5PM

**ESPOSITO, NICOLE E , MD**  
*Provider Gender:* Female  
*License number:* A91107  
*NPI:* 1497880579  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
COGNITIVE HEALTH  
SOLUTIONS INC  
960 W SAN MARCOS BLVD  
SAN MARCOS, CA 92078-1100  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858)  
227-0887  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi,  
Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for

*Accessibility information*  
*Hours:* M-F 9AM-6PM

**FLYNN (NEWMAN), DANIELLE  
I , PSY**

*Provider Gender:* U  
*License number:* 26184  
*NPI:* 1477785137  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
150 VALPREDA RD  
SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6700  
*Fax:* (760) 736-6753  
*After Hours Phone:* (760)  
736-6700

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-6PM, SA  
8AM-5PM

**FREEMAN, WANDA, NPA**  
*Provider Gender:* Female  
*License number:* 95003903  
*NPI:* 1659504264  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES

150 VALPREDA RD  
SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6700  
*Fax:* (760) 736-6753  
*After Hours Phone:* (760)  
736-6700  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8AM-6PM, SA  
8AM-5PM

**GEORGIEV, MARY JO C , PSY**  
*Provider Gender:* Female  
*License number:* 17954  
*NPI:* 1518996875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
NORTH COUNTY HEALTH  
SERVICES  
150 VALPREDA RD  
SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6700  
*Fax:* (760) 736-6753  
*After Hours Phone:* (760)  
736-6700  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Chinese  
*TDD:* No

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## J. Mental Health Directory

---

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

### **GEORGIEV, MARY JO C , PSY**

*Provider Gender:* Female  
*License number:* 17954  
*NPI:* 1518996875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: COGNITIVE HEALTH SOLUTIONS INC  
960 W SAN MARCOS BLVD  
SAN MARCOS, CA 92078-1100  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858) 227-0887  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 9AM-6PM

### **HARDIN INGRAM, ANDREA, CSW**

*Provider Gender:* Female  
*License number:* 28677

*NPI:* 1801947692  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: COGNITIVE HEALTH SOLUTIONS INC  
960 W SAN MARCOS BLVD  
SAN MARCOS, CA 92078-1100  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858) 227-0887  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 9AM-6PM

### **JENSEN, BRIAN M , PSY**

*Provider Gender:* Male  
*License number:* 26041  
*NPI:* 1518138049  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: NORTH COUNTY HEALTH SERVICES  
150 VALPRED A RD  
SAN MARCOS, CA 92069-2973  
*Phone:* (760) 736-6700  
*Fax:* (760) 736-6753  
*After Hours Phone:* (760) 736-6700  
*Website:* www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-6PM, SA 8AM-5PM

### **KOGOUT, OXANA A , NPA**

*Provider Gender:* Female  
*License number:* 95004052  
*NPI:* 1477910214  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* COGNITIVE HEALTH SOLUTIONS INC  
960 W SAN MARCOS BLVD  
SAN MARCOS, CA 92078-1100  
*Phone:* (858) 227-0887  
*Fax:* (858) 430-9611  
*After Hours Phone:* (858) 227-0887  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Russian  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Hours: M-F 9AM-6PM

**KRAPES, MICHAEL B , PSY**

Provider Gender: Male

License number: 25077

NPI: 1215233028

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

150 VALPRED A RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6700

Fax: (760) 736-6753

After Hours Phone: (760)

736-6700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM, SA  
8AM-5PM

**MONTEZ, REBECCA, CSW**

Provider Gender: Female

License number: 26869

NPI: 1396047809

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

150 VALPRED A RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6700

Fax: (760) 736-6753

After Hours Phone: (760)

736-6700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM, SA  
8AM-5PM

**SIMMONS, LILIANA C , NPA**

Provider Gender: Female

License number: 177800

NPI: 1396113254

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

150 VALPRED A RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6700

Fax: (760) 736-6753

After Hours Phone: (760)

736-6700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM, SA  
8AM-5PM

**SIMMONS, SUZANNE, NPA**

Provider Gender: Female

License number: 95016129

NPI: 1245733450

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

150 VALPRED A RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6700

Fax: (760) 736-6753

After Hours Phone: (760)

736-6700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM, SA  
8AM-5PM

**SIMPSON, ERIC, PSY**

Provider Gender: Male

License number: 28885

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

---

**NPI:** 1710110416  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**NORTH COUNTY HEALTH SERVICES**  
**150 VALPRED RD**  
**SAN MARCOS, CA 92069-2973**  
**Phone:** (760) 736-6700  
**Fax:** (760) 736-6753  
**After Hours Phone:** (760) 736-6700  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
Spanish, Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):**  
No  
Please contact provider for Accessibility information  
**Hours:** M-F 8AM-6PM, SA 8AM-5PM

**SUNDER, RAJAGOPAL K , MD**  
**Provider Gender:** Male  
**License number:** 94223  
**NPI:** 1972572824  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
Hindi  
**Cultural Competency:**  
**COGNITIVE HEALTH SOLUTIONS INC**  
**960 W SAN MARCOS BLVD**  
**SAN MARCOS, CA 92078-1100**  
**Phone:** (858) 227-0887  
**Fax:** (858) 430-9611  
**After Hours Phone:** (858) 227-0887

**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:** Hindi, Russian  
**TDD:** No  
**Min/Max Age:** 0/99  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):**  
No  
Please contact provider for Accessibility information  
**Hours:** M-F 9AM-6PM

**TAYLOR, CORRDERO A , CSW**  
**Provider Gender:** Male  
**License number:** 71284  
**NPI:** 1346501533  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**NORTH COUNTY HEALTH SERVICES**  
**150 VALPRED RD**  
**SAN MARCOS, CA 92069-2973**  
**Phone:** (760) 736-6700  
**Fax:** (760) 736-6753  
**After Hours Phone:** (760) 736-6700  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
Spanish, Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):**  
No  
Please contact provider for Accessibility information

**Hours:** M-F 8AM-6PM, SA 8AM-5PM

**TORRES, HECTOR M , PSY**  
**Provider Gender:** Male  
**License number:** 13309  
**NPI:** 1720265614  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
Spanish  
**Cultural Competency:**  
**NORTH COUNTY HEALTH SERVICES**  
**150 VALPRED RD**  
**SAN MARCOS, CA 92069-2973**  
**Phone:** (760) 736-6700  
**Fax:** (760) 736-6753  
**After Hours Phone:** (760) 736-6700  
**Website:**  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
Spanish, Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):**  
No  
Please contact provider for Accessibility information  
**Hours:** M-F 8AM-6PM, SA 8AM-5PM

**WALKER, SHAYNA T , MD**  
**Provider Gender:** Female  
**License number:** A107393  
**NPI:** 1760688295  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
**NORTH COUNTY HEALTH SERVICES**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

150 VALPREDA RD  
SAN MARCOS, CA 92069-2973  
Phone: (760) 736-6700  
Fax: (760) 736-6753  
After Hours Phone: (760)  
736-6700  
Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM, SA  
8AM-5PM

### **WELCH, MEGAN, MFT**

Provider Gender: Female

License number: 113763

NPI: 1689117400

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

NORTH COUNTY HEALTH  
SERVICES

150 VALPREDA RD

SAN MARCOS, CA 92069-2973

Phone: (760) 736-6700

Fax: (760) 736-6753

After Hours Phone: (760)

736-6700

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish, Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-6PM, SA  
8AM-5PM

### **SANTEE**

### **BARMAK, SHANT, PSY**

Provider Gender: Male

License number: 24998

NPI: 1235408972

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Armenian

Cultural Competency:

MOUNTAIN HEALTH AND  
COMMUNITY SERVICES INC  
120 TOWN CENTER PKWY  
SANTEE, CA 92071-5801

Phone: (619) 445-6200

Fax: (619) 873-3476

After Hours Phone: (619)  
445-6200

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Armenian

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **CHAMBERS, NICOLE, PSY**

Provider Gender: Female

License number: PSY30966

NPI: 1821297029

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MOUNTAIN HEALTH AND  
COMMUNITY SERVICES INC  
120 TOWN CENTER PKWY  
SANTEE, CA 92071-5801

Phone: (619) 445-6200

Fax: (619) 873-3476

After Hours Phone: (619)  
445-6200

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Armenian

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **FRITZ, JENNIFER K , PSY**

Provider Gender: Female

License number: PSY24350

NPI: 1013071497

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

MOUNTAIN HEALTH AND  
COMMUNITY SERVICES INC  
120 TOWN CENTER PKWY  
SANTEE, CA 92071-5801

Phone: (619) 445-6200

Fax: (619) 873-3476

After Hours Phone: (619)  
445-6200

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## J. Mental Health Directory

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*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**MANESS, PAULA J , PSY**  
*Provider Gender:* Female  
*License number:* 23787  
*NPI:* 1437312097  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
120 TOWN CENTER PKWY  
SANTEE, CA 92071-5801  
*Phone:* (619) 445-6200  
*Fax:* (619) 873-3476  
*After Hours Phone:* (619) 445-6200  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for Accessibility information

*Hours:* M-F 8AM-5PM  
**SWARTZ, SUSAN V , MFT**  
*Provider Gender:* Female  
*License number:* 42894  
*NPI:* 1265550362  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
120 TOWN CENTER PKWY  
SANTEE, CA 92071-5801  
*Phone:* (619) 445-6200  
*Fax:* (619) 873-3476  
*After Hours Phone:* (619) 445-6200  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**WINTER, JEFFERY C , PSY**  
*Provider Gender:* Male  
*License number:* 6795  
*NPI:* 1396904850  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
120 TOWN CENTER PKWY  
SANTEE, CA 92071-5801

*Phone:* (619) 445-6200  
*Fax:* (619) 873-3476  
*After Hours Phone:* (619) 445-6200  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

**WOLFE, TINA L , PSY**  
*Provider Gender:* Female  
*License number:* PSY28694  
*NPI:* 1346398922  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
MOUNTAIN HEALTH AND COMMUNITY SERVICES INC  
120 TOWN CENTER PKWY  
SANTEE, CA 92071-5801  
*Phone:* (619) 445-6200  
*Fax:* (619) 873-3476  
*After Hours Phone:* (619) 445-6200  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Armenian  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

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## J. Mental Health Directory

*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M-F 8AM-5PM

### SPRING VALLEY

#### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female  
*License number:* 29990  
*NPI:* 1699840587  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

#### **ABDULLAH, KERI, PSY**

*Provider Gender:* Female

*License number:* 29990  
*NPI:* 1699840587  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

#### **AGUIRRE, LEAH B , CSW**

*Provider Gender:* Female  
*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

#### **AGUIRRE, LEAH B , CSW**

*Provider Gender:* Female  
*License number:* 74440  
*NPI:* 1306151998  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency:  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian,

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## J. Mental Health Directory

Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M,TU 8:30AM-5PM, W 1PM-5PM

### **AGUIRRE, WENDY, CSW**

Provider Gender: Female  
License number: 74219  
NPI: 1205946282  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM  
**ALTERS, DENNIS, MD**  
Provider Gender: Male  
License number: G36206  
NPI: 1457371635  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M-F 8:30AM-5PM

**ALTERS, DENNIS, MD**  
Provider Gender: Male  
License number: G36206  
NPI: 1457371635  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): Yes  
Please contact provider for Accessibility information  
Hours: M,TU 8:30AM-5PM, W 1PM-5PM

### **ALVAREZ, DIANA P , CSW**

Provider Gender: Female  
License number: 81025  
NPI: 1013200617  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: FAMILY HEALTH CENTERS OF SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website: www.beaconhealthoptions.com

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## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **ANDERSON, NICOLE M , CSW**

*Provider Gender:* Female  
*License number:* LCSW28443  
*NPI:* 1679766380  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **ARAGON, DARINKA M , MD**

*Provider Gender:* Female  
*License number:* A139241  
*NPI:* 1114347291  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ARIELLA, LYNDIA R , PSY**

*Provider Gender:* Female  
*License number:* 19450  
*NPI:* 1073518965

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **ARIELLA, LYNDIA R , PSY**

*Provider Gender:* Female  
*License number:* 19450  
*NPI:* 1073518965  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035

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## J. Mental Health Directory

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
 License number: 14619  
 NPI: 1033623293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **ASH, VIVIAN, CSW**

Provider Gender: Female  
 License number: 14619  
 NPI: 1033623293  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M,TU 8:30AM-5PM, W  
 1PM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
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 Fax: (619) 702-8536  
 After Hours Phone: (619) 515-2338  
 Website:

www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M,TU 8:30AM-5PM, W  
 1PM-5PM

### **ASUNCION, JENNIFER, CSW**

Provider Gender: Male  
 License number: LCSW75956  
 NPI: 1083056279  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**ATALLAH, HANI M , MD**  
*Provider Gender:* Male  
*License number:* 132530  
*NPI:* 1104169655  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

**AUCOIN, DOUGLAS, CSW**  
*Provider Gender:* Male  
*License number:* 24707  
*NPI:* 1699007609  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**AUCOIN, DOUGLAS, CSW**  
*Provider Gender:* Male  
*License number:* 24707  
*NPI:* 1699007609  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
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*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

**AVILA, RADOMIR M , CSW**  
*Provider Gender:* Male  
*License number:* 75520  
*NPI:* 1487937330  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## J. Mental Health Directory

Portuguese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **AVILA, RADOMIR M , CSW**

*Provider Gender:* Male  
*License number:* 75520  
*NPI:* 1487937330  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Portuguese, Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030

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*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male  
*License number:* 90529  
*NPI:* 1194159871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
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*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **BARCELOS ANTONIO, TIAGO, CSW**

*Provider Gender:* Male  
*License number:* 90529  
*NPI:* 1194159871  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
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 SAN DIEGO  
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*Site Language(s) Spoken:*  
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 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

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## J. Mental Health Directory

Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

*Provider Gender:* Female  
*License number:* 86542  
*NPI:* 1720339708  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
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*Fax:* (619) 702-8536  
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515-2338  
*Website:*  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **BARTHOLOMEW, SARAH C , CSW**

*Provider Gender:* Female  
*License number:* 86542  
*NPI:* 1720339708

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
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*Fax:* (619) 702-8536  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BENNETT, RACHEL Q , CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BENNETT, RACHEL Q , CSW**

*Provider Gender:* Female  
*License number:* 76466  
*NPI:* 1558659797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
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*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

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# J. Mental Health Directory

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M,TU 8:30AM-5PM, W 1PM-5PM

## **BERKSON, BARRIE, CSW**

Provider Gender: Female

License number: 63313

NPI: 1922305465

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

## **BERKSON, BARRIE, CSW**

Provider Gender: Female

License number: 63313

NPI: 1922305465

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M,TU 8:30AM-5PM, W 1PM-5PM

## **BIRNBAUM, DEBORAH, MD**

Provider Gender: Female

License number: 20A11387

NPI: 1639308265

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3845 SPRING DR

SPRING VALLEY, CA

91977-1030

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M,TU 8:30AM-5PM, W 1PM-5PM

## **BIRNBAUM, DEBORAH, MD**

Provider Gender: Female

License number: 20A11387

NPI: 1639308265

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

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## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **BOND, ALAN, PSY**

*Provider Gender:* Male  
*License number:* PSY25805  
*NPI:* 1881927184  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
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*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BORREGO, DIANA E , NPA**

*Provider Gender:* Female  
*License number:* 95005019  
*NPI:* 1184012866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **BORREGO, DIANA E , NPA**

*Provider Gender:* Female  
*License number:* 95005019  
*NPI:* 1184012866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
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 515-2338

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## J. Mental Health Directory

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUBY, MYRA, CSW**

*Provider Gender:* Female  
*License number:* 23172  
*NPI:* 1093747511  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
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*Website:*

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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **BURGOS, EDNA, CSW**

*Provider Gender:* Female  
*License number:* 85597  
*NPI:* 1134591167  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
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*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **BUTERBAUGH, KRISTY L , CSW**

*Provider Gender:* Female  
*License number:* 65477  
*NPI:* 1346615838  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD

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## J. Mental Health Directory

SPRING VALLEY, CA  
91977-4035  
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*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**CABREJOS, CLAUDIO, MD**  
*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

**CABREJOS, CLAUDIO, MD**  
*Provider Gender:* Male  
*License number:* A71653  
*NPI:* 1033133483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Portuguese, Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*

Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**CARDENAS, ALONSO, MD**  
*Provider Gender:* Male  
*License number:* A137940  
*NPI:* 1811212145  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**CARILLO, KRYSTAL I, CSW**  
*Provider Gender:* Female  
*License number:* 80068  
*NPI:* 1871906735  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## J. Mental Health Directory

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*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **CARINO DIOKNO, RHODA, PSY**

*Provider Gender:* Female  
*License number:* 28073  
*NPI:* 1629109483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CARINO DIOKNO, RHODA, PSY**

*Provider Gender:* Female  
*License number:* 28073  
*NPI:* 1629109483  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
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SPRING VALLEY, CA  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **CASTELLANOS, TERESITA D , CSW**

*Provider Gender:* Female  
*License number:* 82782  
*NPI:* 1598165441  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for

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## J. Mental Health Directory

Accessibility information  
Hours: M-F 8:30AM-5PM

### **CHEN, ANGELA, MFT**

Provider Gender: Female  
License number: LMFT40923  
NPI: 1811027956  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **CHRISTENSEN, MELISSA, CSW**

Provider Gender: Female  
License number: 69616  
NPI: 1922313394  
Provider English Spoken: Yes  
Provider Language(s) Spoken:

Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **CHRISTENSEN, MELISSA, CSW**

Provider Gender: Female  
License number: 69616  
NPI: 1922313394  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
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SPRING VALLEY, CA  
91977-1030  
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Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338

Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **COMBS, LAURI, CSW**

Provider Gender: Female  
License number: LCSW75330  
NPI: 1538398979  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:

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## J. Mental Health Directory

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male  
*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **CROCKFORD, DANE, PSY**

*Provider Gender:* Male

*License number:* 28313  
*NPI:* 1780031831  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **DALONSO, SANDRA L , CSW**

*Provider Gender:* Female  
*License number:* 82240  
*NPI:* 1841797644  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian,

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## J. Mental Health Directory

Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M,TU 8:30AM-5PM, W  
 1PM-5PM

### **DAN, WENDY L , CSW**

Provider Gender: Female  
 License number: 26015  
 NPI: 1700224037  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information

Hours: M-F 8:30AM-5PM  
**DAN, WENDY L , CSW**  
 Provider Gender: Female  
 License number: 26015  
 NPI: 1700224037  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M,TU 8:30AM-5PM, W  
 1PM-5PM  
**DIAZ, LIZETH, CSW**  
 Provider Gender: Female  
 License number: 97277  
 NPI: 1124457023  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:

FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM  
**DIAZ, LIZETH, CSW**  
 Provider Gender: Female  
 License number: 97277  
 NPI: 1124457023  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
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## J. Mental Health Directory

---

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male

*License number:* G57276

*NPI:* 1548318348

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

*Phone:* (619) 515-2338

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*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **DOBOS, DAVID, MD**

*Provider Gender:* Male

*License number:* G57276

*NPI:* 1548318348

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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*Website:*

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M,TU 8:30AM-5PM, W

1PM-5PM

### **DRISCOLL, MICHAEL S , CSW**

*Provider Gender:* Male

*License number:* 93951

*NPI:* 1659761880

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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SPRING VALLEY, CA

91977-4035

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*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,

Japanese, Portuguese, Russian,

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **DUNFORD, KATELYN C , MFT**

*Provider Gender:* Female

*License number:* 126626

*NPI:* 1437517497

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR

SPRING VALLEY, CA

91977-1030

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## J. Mental Health Directory

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Website:  
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Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **DUNFORD, KATELYN C , MFT**

Provider Gender: Female  
License number: 126626  
NPI: 1437517497  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
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After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **DWYER, GEORGE, CSW**

Provider Gender: Male  
License number: 70988  
NPI: 1437606126  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **DWYER, GEORGE, CSW**

Provider Gender: Male  
License number: 70988  
NPI: 1437606126  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619) 515-2338  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **ERBE, EDWARD J , MD**

Provider Gender: Male  
License number: G76886  
NPI: 1952318289  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**FAJARDO, JACQUELINE M ,  
 CSW**  
*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**FAJARDO, JACQUELINE M ,  
 CSW**  
*Provider Gender:* Female  
*License number:* 87322  
*NPI:* 1215342118  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
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*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

**FEDEROFF, MONICA, MD**  
*Provider Gender:* Female  
*License number:* A164677  
*NPI:* 1912404492  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

**FEDEROFF, MONICA, MD**  
*Provider Gender:* Female

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## J. Mental Health Directory

*License number:* A164677  
*NPI:* 1912404492  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
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 515-2338  
*Website:*  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FLORES, MARY LUPE, CSW**

*Provider Gender:* Female  
*License number:* 19815  
*NPI:* 1134147457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035

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 515-2338  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **FLORES, MARY LUPE, CSW**

*Provider Gender:* Female  
*License number:* 19815  
*NPI:* 1134147457  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
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 Japanese, Portuguese, Russian,

Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **FRANCO, RODRIGO, CSW**

*Provider Gender:* Male  
*License number:* 71548  
*NPI:* 1952736043  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
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 515-2338  
*Website:*  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

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## J. Mental Health Directory

### **FRANCO, RODRIGO, CSW**

*Provider Gender:* Male

*License number:* 71548

*NPI:* 1952736043

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male

*License number:* 75713

*NPI:* 1366519670

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Japanese, Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF

SAN DIEGO

3845 SPRING DR

SPRING VALLEY, CA

91977-1030

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515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **FUKUI, TOMONORI, MD**

*Provider Gender:* Male

*License number:* 75713

*NPI:* 1366519670

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Japanese, Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

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*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female

*License number:* 16711

*NPI:* 1174646301

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR

SPRING VALLEY, CA

91977-1030

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **GALAPON, DIXIE L , PSY**

*Provider Gender:* Female

*License number:* 16711

*NPI:* 1174646301

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

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*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female

*License number:* 170667

*NPI:* 1508151598

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **GAUD, KRISTINA G , MD**

*Provider Gender:* Female

*License number:* 170667

*NPI:* 1508151598

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

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SPRING VALLEY, CA  
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515-2338

*Website:*

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **GLASSMAN, JAGA NATH, MD**

*Provider Gender:* Male

*License number:* G55004

*NPI:* 1558409771

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030

*Phone:* (619) 515-2338

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*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

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## J. Mental Health Directory

Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M,TU 8:30AM-5PM, W 1PM-5PM

### **GLASSMAN, JAGA NATH, MD**

Provider Gender: Male

License number: G55004

NPI: 1558409771

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **GLEASON, SHEILA, PSY**

Provider Gender: Female

License number: 13685

NPI: 1366641813

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA

91977-1030

Phone: (619) 515-2338

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After Hours Phone: (619) 515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M,TU 8:30AM-5PM, W 1PM-5PM

### **GLEASON, SHEILA, PSY**

Provider Gender: Female

License number: 13685

NPI: 1366641813

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
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Website:

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Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): Yes

Please contact provider for Accessibility information

Hours: M-F 8:30AM-5PM

### **GONZALES, JULIANA, CSW**

Provider Gender: Female

License number: 83254

NPI: 1821487406

Provider English Spoken: Yes

Provider Language(s) Spoken: Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030

Phone: (619) 515-2338

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Website:

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Accepting New Patients: Yes

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## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information

*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **GONZALES, JULIANA, CSW**

*Provider Gender:* Female

*License number:* 83254

*NPI:* 1821487406

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

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*Website:*

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information

*Hours:* M-F 8:30AM-5PM

### **GONZALEZ, ANDREA, CSW**

*Provider Gender:* Female

*License number:* 97593

*NPI:* 1326346198

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

8788 JAMACHA RD  
 SPRING VALLEY, CA

91977-4035

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 515-2338

*Website:*

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information

*Hours:* M-F 8:30AM-5PM

### **GONZALEZ, ANDREA, CSW**

*Provider Gender:* Female

*License number:* 97593

*NPI:* 1326346198

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
 Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

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 SPRING VALLEY, CA

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515-2338

*Website:*

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
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 Accessibility information

*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **GOTTUNG, CHRISTINA, CSW**

*Provider Gender:* Female

*License number:* 87716

*NPI:* 1134597123

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
 SAN DIEGO

8788 JAMACHA RD  
 SPRING VALLEY, CA

91977-4035

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

---

Phone: (619) 515-2338  
Fax: (619) 702-8536  
After Hours Phone: (619)  
515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**

Provider Gender: Female

License number: 86166

NPI: 1356749949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,

Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

**GUTIERREZ, APRIL P , CSW**

Provider Gender: Female

License number: 86166

NPI: 1356749949

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

**GUZMAN, KENIA, MFT**

Provider Gender: Female

License number: 77167

NPI: 1427326776

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

**Website:**

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

**HARRIMAN, CORAL, PSY**

Provider Gender: Female

License number: 26098

NPI: 1417373069

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## J. Mental Health Directory

**SAN DIEGO**  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HARRIMAN, CORAL, PSY**  
*Provider Gender:* Female  
*License number:* 26098  
*NPI:* 1417373069  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
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 91977-1030  
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 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes

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*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

**HAYDEN WADE, HELEN, PSY**  
*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
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*Accepting New Patients:* Yes  
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*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*

Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM  
**HAYDEN WADE, HELEN, PSY**  
*Provider Gender:* Female  
*License number:* PSY19313  
*NPI:* 1366951105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
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*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM  
**HEDMAN, TERI LEE, CSW**  
*Provider Gender:* U  
*License number:* 74947  
*NPI:* 1154811636  
*Provider English Spoken:* Yes

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## J. Mental Health Directory

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*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
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*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HORNBROOK, JESSICA, CSW**  
*Provider Gender:* Female  
*License number:* 26598  
*NPI:* 1134401805  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
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515-2338

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**  
*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
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www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender

*Restrictions*  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**HUBER, REBECCA, MD**  
*Provider Gender:* Female  
*License number:* A133711  
*NPI:* 1174960686  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
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515-2338  
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www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

**HUDSON, KATE, CSW**  
*Provider Gender:* Female  
*License number:* 83712

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## J. Mental Health Directory

NPI: 1194159384  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
 Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### ISHIDA, YO, CSW

Provider Gender: Female  
 License number: 29526  
 NPI: 1225154081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030

Phone: (619) 515-2338  
 Fax: (619) 702-8536  
 After Hours Phone: (619)  
 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M,TU 8:30AM-5PM, W  
 1PM-5PM

### ISHIDA, YO, CSW

Provider Gender: Female  
 License number: 29526  
 NPI: 1225154081  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
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 515-2338  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### JALAN, DEVESH, MD

Provider Gender: Male  
 License number: A167754  
 NPI: 1083092134  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
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 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
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 Accessibility information  
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## J. Mental Health Directory

### **JALAN, DEVESH, MD**

*Provider Gender:* Male

*License number:* A167754

*NPI:* 1083092134

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA

91977-1030

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*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **JAMES, CHRISTINE E , MD**

*Provider Gender:* Female

*License number:* 20A13931

*NPI:* 1679834022

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA

91977-1030

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*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **JAMES, CHRISTINE E , MD**

*Provider Gender:* Female

*License number:* 20A13931

*NPI:* 1679834022

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA

91977-4035

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender:* Female

*License number:* 26493

*NPI:* 1871772020

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA

91977-1030

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*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

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## J. Mental Health Directory

*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **JASSO-RAMIREZ, MARTHA, CSW**

*Provider Gender:* Female  
*License number:* 26493  
*NPI:* 1871772020  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
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*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **JENSEN, DEXTER, MD**

*Provider Gender:* Male

*License number:* A67960  
*NPI:* 1740465541  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* *Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
*Phone:* (619) 515-2338  
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*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **JONES, ADELE, PSY**

*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* *Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **JONES, ADELE, PSY**

*Provider Gender:* Female  
*License number:* 25311  
*NPI:* 1558602490  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* *Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
*Phone:* (619) 515-2338  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian,

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## J. Mental Health Directory

---

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **JONES, ATAVIA L , CSW**

*Provider Gender:* Female

*License number:* LCSW76796

*NPI:* 1952734899

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

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*Website:*

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **JONES, MICHAEL A , CSW**

*Provider Gender:* Male

*License number:* LCS 22452

*NPI:* 1548205719

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **JONES, MICHAEL A , CSW**

*Provider Gender:* Male

*License number:* LCS 22452

*NPI:* 1548205719

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

3845 SPRING DR

SPRING VALLEY, CA

91977-1030

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male

*License number:* A138266

*NPI:* 1396150041

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KEI, JUSTIN, MD**

*Provider Gender:* Male  
*License number:* A138266  
*NPI:* 1396150041  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
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*Accepting New Patients:* Yes  
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*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for

Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

*Provider Gender:* Female  
*License number:* 95005293  
*NPI:* 1235672502  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
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515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KLOBERDANZ, KELSEY L , NPA**

*Provider Gender:* Female  
*License number:* 95005293  
*NPI:* 1235672502  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
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*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **KNIGHT, MARK ANTHONY, MD**

*Provider Gender:* Male  
*License number:* A94460  
*NPI:* 1851573554  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

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## J. Mental Health Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Phone: (619) 515-2338<br/> Fax: (619) 702-8536<br/> After Hours Phone: (619) 515-2338<br/> Website:<br/> www.beaconhealthoptions.com<br/> Accepting New Patients: Yes<br/> Site English Spoken: Yes<br/> Site Language(s) Spoken:<br/> American Sign Language, Farsi,<br/> Japanese, Portuguese, Russian,<br/> Spanish, Yue Chinese<br/> TDD: No<br/> Min/Max Age: 0/99<br/> Gender Restriction: No Gender<br/> Restrictions<br/> American Sign Language (ASL):<br/> Yes<br/> Please contact provider for<br/> Accessibility information<br/> Hours: M-F 8:30AM-5PM</p>                                                                                        | <p>Spanish, Yue Chinese<br/> TDD: No<br/> Min/Max Age:<br/> Gender Restriction: No Gender<br/> Restrictions<br/> American Sign Language (ASL):<br/> Yes<br/> Please contact provider for<br/> Accessibility information<br/> Hours: M,TU 8:30AM-5PM, W<br/> 1PM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>1PM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <p><b>KNIGHT, MARK ANTHONY, MD</b><br/> Provider Gender: Male<br/> License number: A94460<br/> NPI: 1851573554<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency:<br/> FAMILY HEALTH CENTERS OF<br/> SAN DIEGO<br/> 3845 SPRING DR<br/> SPRING VALLEY, CA<br/> 91977-1030<br/> Phone: (619) 515-2338<br/> Fax: (619) 702-8536<br/> After Hours Phone: (619) 515-2338<br/> Website:<br/> www.beaconhealthoptions.com<br/> Accepting New Patients: Yes<br/> Site English Spoken: Yes<br/> Site Language(s) Spoken:<br/> American Sign Language, Farsi,<br/> Japanese, Portuguese, Russian,<br/> Spanish, Yue Chinese</p> | <p><b>KOH, STEVE H , MD</b><br/> Provider Gender: Male<br/> License number: A103468<br/> NPI: 1467650473<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency:<br/> FAMILY HEALTH CENTERS OF<br/> SAN DIEGO<br/> 3845 SPRING DR<br/> SPRING VALLEY, CA<br/> 91977-1030<br/> Phone: (619) 515-2338<br/> Fax: (619) 702-8536<br/> After Hours Phone: (619) 515-2338<br/> Website:<br/> www.beaconhealthoptions.com<br/> Accepting New Patients: Yes<br/> Site English Spoken: Yes<br/> Site Language(s) Spoken:<br/> American Sign Language, Farsi,<br/> Japanese, Portuguese, Russian,<br/> Spanish, Yue Chinese<br/> TDD: No<br/> Min/Max Age:<br/> Gender Restriction: No Gender<br/> Restrictions<br/> American Sign Language (ASL):<br/> Yes<br/> Please contact provider for<br/> Accessibility information<br/> Hours: M,TU 8:30AM-5PM, W</p> | <p><b>KOH, STEVE H , MD</b><br/> Provider Gender: Male<br/> License number: A103468<br/> NPI: 1467650473<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency:<br/> FAMILY HEALTH CENTERS OF<br/> SAN DIEGO<br/> 8788 JAMACHA RD<br/> SPRING VALLEY, CA<br/> 91977-4035<br/> Phone: (619) 515-2338<br/> Fax: (619) 702-8536<br/> After Hours Phone: (619) 515-2338<br/> Website:<br/> www.beaconhealthoptions.com<br/> Accepting New Patients: Yes<br/> Site English Spoken: Yes<br/> Site Language(s) Spoken:<br/> American Sign Language, Farsi,<br/> Japanese, Portuguese, Russian,<br/> Spanish, Yue Chinese<br/> TDD: No<br/> Min/Max Age: 0/99<br/> Gender Restriction: No Gender<br/> Restrictions<br/> American Sign Language (ASL):<br/> Yes<br/> Please contact provider for<br/> Accessibility information<br/> Hours: M-F 8:30AM-5PM</p> |
| <p><b>KYLE, MARCIE, CSW</b><br/> Provider Gender: Female<br/> License number: LCSW78555<br/> NPI: 1174981500<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency:<br/> FAMILY HEALTH CENTERS OF<br/> SAN DIEGO</p>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

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## J. Mental Health Directory

8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **KYLE, MARCIE, CSW**

*Provider Gender:* Female  
*License number:* LCSW78555  
*NPI:* 1174981500  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
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*Site Language(s) Spoken:*  
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 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **LEBLANC, ASHLEY B , CSW**

*Provider Gender:* Female  
*License number:* 83136  
*NPI:* 1275905622  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female  
*License number:* 161149  
*NPI:* 1942662093  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
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*After Hours Phone:* (619) 515-2338  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **LIDSTONE, PAVEN, MD**

*Provider Gender:* Female  
*License number:* 161149  
*NPI:* 1942662093  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## J. Mental Health Directory

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*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
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*Website:*  
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*Accepting New Patients:* Yes  
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*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**LIM, SANDRA S , MD**  
*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
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*After Hours Phone:* (619)  
515-2338

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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

**LIM, SANDRA S , MD**  
*Provider Gender:* Female  
*License number:* 20A13075  
*NPI:* 1083963094  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
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American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**  
*Provider Gender:* Female  
*License number:* 22526  
*NPI:* 1093991663  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
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*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

**LIPPERT, HEATHER M , CSW**  
*Provider Gender:* Female  
*License number:* 22526

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## J. Mental Health Directory

NPI: 1093991663  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
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 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M,TU 8:30AM-5PM, W  
 1PM-5PM

### **LOEB, CINDY, CSW**

Provider Gender: Female  
 License number: 75333  
 NPI: 1619108511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030

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 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M,TU 8:30AM-5PM, W  
 1PM-5PM

### **LOEB, CINDY, CSW**

Provider Gender: Female  
 License number: 75333  
 NPI: 1619108511  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
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 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age: 0/99  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 Yes  
 Please contact provider for  
 Accessibility information  
 Hours: M-F 8:30AM-5PM

### **LYDIARD, JESSICA, MD**

Provider Gender: Female  
 License number: A171775  
 NPI: 1841731296  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
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 Site Language(s) Spoken:  
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 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
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 Accessibility information  
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## J. Mental Health Directory

1PM-5PM

### **LYDIARD, JESSICA, MD**

*Provider Gender:* Female

*License number:* A171775

*NPI:* 1841731296

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

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*After Hours Phone:* (619)  
515-2338

*Website:*

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **LYONS, KEITH E , CSW**

*Provider Gender:* Male

*License number:* 92724

*NPI:* 1538704002

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

*Provider Gender:* Female

*License number:* 25570

*NPI:* 1659520179

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

*Website:*

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*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MACMASTER, LINDSAY, PSY**

*Provider Gender:* Female

*License number:* 25570

*NPI:* 1659520179

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030

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*Fax:* (619) 702-8536

*After Hours Phone:* (619)  
515-2338

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*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

Accessibility information

Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female

License number: 22296

NPI: 1700200888

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR

SPRING VALLEY, CA

91977-1030

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for

Accessibility information

Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **MAHONEY, PATRICIA A , CSW**

Provider Gender: Female

License number: 22296

NPI: 1700200888

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

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91977-4035

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Fax: (619) 702-8536

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515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female

License number: 88399

NPI: 1487128617

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

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Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### **MAIETTA, KATHLEEN H , CSW**

Provider Gender: Female

License number: 88399

NPI: 1487128617

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

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Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender

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## J. Mental Health Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Restrictions<br/> <i>American Sign Language (ASL):</i><br/> Yes<br/> Please contact provider for<br/> Accessibility information<br/> <i>Hours:</i> M,TU 8:30AM-5PM, W<br/> 1PM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><i>License number:</i> 73174<br/> <i>NPI:</i> 1356528434<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> Spanish<br/> <i>Cultural Competency:</i><br/> FAMILY HEALTH CENTERS OF<br/> SAN DIEGO<br/> 3845 SPRING DR<br/> SPRING VALLEY, CA<br/> 91977-1030<br/> <i>Phone:</i> (619) 515-2338<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619)<br/> 515-2338<br/> <i>Website:</i><br/> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> American Sign Language, Farsi,<br/> Japanese, Portuguese, Russian,<br/> Spanish, Yue Chinese<br/> TDD: No<br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender<br/> Restrictions<br/> <i>American Sign Language (ASL):</i><br/> Yes<br/> Please contact provider for<br/> Accessibility information<br/> <i>Hours:</i> M,TU 8:30AM-5PM, W<br/> 1PM-5PM</p> | <p>SPRING VALLEY, CA<br/> 91977-4035<br/> <i>Phone:</i> (619) 515-2338<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619)<br/> 515-2338<br/> <i>Website:</i><br/> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> American Sign Language, Farsi,<br/> Japanese, Portuguese, Russian,<br/> Spanish, Yue Chinese<br/> TDD: No<br/> <i>Min/Max Age:</i> 0/99<br/> <i>Gender Restriction:</i> No Gender<br/> Restrictions<br/> <i>American Sign Language (ASL):</i><br/> Yes<br/> Please contact provider for<br/> Accessibility information<br/> <i>Hours:</i> M-F 8:30AM-5PM</p> |
| <p><b>MARTIR, MICHEL, CSW</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 73174<br/> <i>NPI:</i> 1356528434<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> Spanish<br/> <i>Cultural Competency:</i><br/> FAMILY HEALTH CENTERS OF<br/> SAN DIEGO<br/> 8788 JAMACHA RD<br/> SPRING VALLEY, CA<br/> 91977-4035<br/> <i>Phone:</i> (619) 515-2338<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619)<br/> 515-2338<br/> <i>Website:</i><br/> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> American Sign Language, Farsi,<br/> Japanese, Portuguese, Russian,<br/> Spanish, Yue Chinese<br/> TDD: No<br/> <i>Min/Max Age:</i> 0/99<br/> <i>Gender Restriction:</i> No Gender<br/> Restrictions<br/> <i>American Sign Language (ASL):</i><br/> Yes<br/> Please contact provider for<br/> Accessibility information<br/> <i>Hours:</i> M-F 8:30AM-5PM</p> | <p><b>MCADAMS, HILDA, NPA</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 14201<br/> <i>NPI:</i> 1396838082<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> Spanish<br/> <i>Cultural Competency:</i><br/> FAMILY HEALTH CENTERS OF<br/> SAN DIEGO<br/> 3845 SPRING DR<br/> SPRING VALLEY, CA<br/> 91977-1030<br/> <i>Phone:</i> (619) 515-2338<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619)<br/> 515-2338<br/> <i>Website:</i><br/> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes</p>                                                                                                                                                                                                                                                                                                                                            | <p><b>MCADAMS, HILDA, NPA</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 14201<br/> <i>NPI:</i> 1396838082<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> Spanish<br/> <i>Cultural Competency:</i><br/> FAMILY HEALTH CENTERS OF<br/> SAN DIEGO<br/> 3845 SPRING DR<br/> SPRING VALLEY, CA<br/> 91977-1030<br/> <i>Phone:</i> (619) 515-2338<br/> <i>Fax:</i> (619) 702-8536<br/> <i>After Hours Phone:</i> (619)<br/> 515-2338<br/> <i>Website:</i><br/> www.beaconhealthoptions.com<br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes</p>                                                                 |

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## J. Mental Health Directory

*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for  
Accessibility information

*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **MCHENRY, KELLY, CSW**

*Provider Gender:* Female

*License number:* 29689

*NPI:* 1851544340

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

American Sign Language

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR

SPRING VALLEY, CA

91977-1030

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619)

515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for

Accessibility information

*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **MCHENRY, KELLY, CSW**

*Provider Gender:* Female

*License number:* 29689

*NPI:* 1851544340

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

American Sign Language

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

*Phone:* (619) 515-2338

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515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*

Yes

Please contact provider for  
Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MEJIA, RITA I, MFT**

*Provider Gender:* Female

*License number:* 99697

*NPI:* 1952741506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

*Phone:* (619) 515-2338

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515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
Yes

Please contact provider for

Accessibility information

*Hours:* M-F 8:30AM-5PM

### **MEJIA, RITA I, MFT**

*Provider Gender:* Female

*License number:* 99697

*NPI:* 1952741506

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
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SPRING VALLEY, CA

91977-1030

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Accepting New Patients: Yes  
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Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **MENDEZ, ANDRES G , PSY**

Provider Gender: Male  
License number: 28907  
NPI: 1841482692  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
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Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **MENDEZ, ANDRES G , PSY**

Provider Gender: Male  
License number: 28907  
NPI: 1841482692  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
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91977-4035  
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Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No  
Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **MERRILL, SARAH M , CSW**

Provider Gender: Female  
License number: 79014  
NPI: 1639403884  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

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Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
Yes  
Please contact provider for  
Accessibility information  
Hours: M-F 8:30AM-5PM

### **MERRILL, SARAH M , CSW**

Provider Gender: Female  
License number: 79014  
NPI: 1639403884  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
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 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

**MILLICAN, RUTH, PSY**  
*Provider Gender:* Female  
*License number:* 25354  
*NPI:* 1346472305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
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*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
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 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MILLICAN, RUTH, PSY**  
*Provider Gender:* Female  
*License number:* 25354  
*NPI:* 1346472305  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
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 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

**MODAD, ALBERT, PSY**  
*Provider Gender:* Female  
*License number:* 29697  
*NPI:* 1629453691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
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*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MODAD, ALBERT, PSY**  
*Provider Gender:* Female  
*License number:* 29697  
*NPI:* 1629453691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

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## J. Mental Health Directory

*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
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 Japanese, Portuguese, Russian,  
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*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

**MORALES MORENO,  
 MINERVA, CSW**  
*Provider Gender:* Female  
*License number:* 63550  
*NPI:* 1841337565  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**MORALES MORENO,  
 MINERVA, CSW**  
*Provider Gender:* Female  
*License number:* 63550  
*NPI:* 1841337565  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,

Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

**MORRISON, TYLER E , MD**  
*Provider Gender:* Male  
*License number:* A144917  
*NPI:* 1912391814  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Japanese  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

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## J. Mental Health Directory

Accessibility information  
Hours: M-F 8:30AM-5PM

### **MORRISON, TYLER E , MD**

*Provider Gender:* Male  
*License number:* A144917  
*NPI:* 1912391814  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Japanese  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **MUNOZ, VIVIANA, CSW**

*Provider Gender:* Female  
*License number:* 66637  
*NPI:* 1497987713  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **NADEAU MANNING, JULIE, CSW**

*Provider Gender:* Female  
*License number:* 25094  
*NPI:* 1275609760  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

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## J. Mental Health Directory

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **NAZARIO, JACOBETH, PSY**

Provider Gender: Female

License number: PSY32092

NPI: 1326648684

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **NAZARIO, JACOBETH, PSY**

Provider Gender: Female

License number: PSY32092

NPI: 1326648684

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR

SPRING VALLEY, CA

91977-1030

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

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Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

Yes

Please contact provider for  
Accessibility information

Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **NOUHI, NUSHA, PSY**

Provider Gender: Female

License number: 27670

NPI: 1942433917

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **NOUHI, NUSHA, PSY**

Provider Gender: Female

License number: 27670

NPI: 1942433917

Provider English Spoken: Yes

Provider Language(s) Spoken:

Farsi

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR

SPRING VALLEY, CA

91977-1030

Phone: (619) 515-2338

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## J. Mental Health Directory

**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
**TDD:** No

**Min/Max Age:**  
**Gender Restriction:** No Gender  
Restrictions  
**American Sign Language (ASL):**  
Yes  
Please contact provider for  
Accessibility information  
**Hours:** M,TU 8:30AM-5PM, W  
1PM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

**Provider Gender:** Male  
**License number:** 27072  
**NPI:** 1285984450  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
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**Fax:** (619) 702-8536  
**After Hours Phone:** (619)  
515-2338  
**Website:**

www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
**TDD:** No

**Min/Max Age:**  
**Gender Restriction:** No Gender  
Restrictions  
**American Sign Language (ASL):**  
Yes  
Please contact provider for  
Accessibility information  
**Hours:** M,TU 8:30AM-5PM, W  
1PM-5PM

### **NWANGANGA, OKECHUKU R , CSW**

**Provider Gender:** Male  
**License number:** 27072  
**NPI:** 1285984450  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
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SPRING VALLEY, CA  
91977-4035  
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515-2338  
**Website:**

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**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:** 0/99

**Gender Restriction:** No Gender  
Restrictions  
**American Sign Language (ASL):**  
Yes  
Please contact provider for  
Accessibility information  
**Hours:** M-F 8:30AM-5PM

**OBRYAN, KELLY, PSY**  
**Provider Gender:** Female  
**License number:** 24966  
**NPI:** 1093882698  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
**Phone:** (619) 515-2338  
**Fax:** (619) 702-8536  
**After Hours Phone:** (619)  
515-2338  
**Website:**

www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
Restrictions  
**American Sign Language (ASL):**  
Yes  
Please contact provider for  
Accessibility information  
**Hours:** M,TU 8:30AM-5PM, W  
1PM-5PM

**OBRYAN, KELLY, PSY**  
**Provider Gender:** Female  
**License number:** 24966  
**NPI:** 1093882698  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
FAMILY HEALTH CENTERS OF  
SAN DIEGO

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## J. Mental Health Directory

8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**OLIVER, ELIZABETH, CSW**  
*Provider Gender:* Female  
*License number:* 66862  
*NPI:* 1326296351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**OMORODIN, AISHA, MD**  
*Provider Gender:* Female  
*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
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*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for

Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

**OMORODIN, AISHA, MD**  
*Provider Gender:* Female  
*License number:* A169651  
*NPI:* 1629500301  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
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*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

**PRASEK, LAUREN, NPA**  
*Provider Gender:* Female  
*License number:* 95004145  
*NPI:* 1932566031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

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## J. Mental Health Directory

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)  
515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **PRASEK, LAUREN, NPA**

Provider Gender: Female

License number: 95004145

NPI: 1932566031

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2338

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Website:

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Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **PRESLEY, ARNOLD S , PSY**

Provider Gender: Male

License number: 23795

NPI: 1205017688

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

CONCEPT HEALTHCARE  
PSYCHOLOGY GROUP

325 KEMPTON ST  
SPRING VALLEY, CA

91977-5810

Phone: (866) 284-0482

Fax: (888) 977-1204

After Hours Phone: (866)  
284-0482

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Spanish

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):

No

Please contact provider for  
Accessibility information

Hours: M-F 8AM-5PM

### **PROCTOR, MELISSA S , CSW**

Provider Gender: Female

License number: 62650

NPI: 1336188655

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA

91977-1030

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Website:

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Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **PROCTOR, MELISSA S , CSW**

Provider Gender: Female

License number: 62650

NPI: 1336188655

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## J. Mental Health Directory

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
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*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**PROOSASELTS, YULIYA, MD**  
*Provider Gender:* Female  
*License number:* A133675  
*NPI:* 1952747875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

**PROOSASELTS, YULIYA, MD**  
*Provider Gender:* Female  
*License number:* A133675  
*NPI:* 1952747875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Russian  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

**RAMOS, ELIZABETH, CSW**  
*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
**FAMILY HEALTH CENTERS OF SAN DIEGO**  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

Accessibility information  
Hours: M-F 8:30AM-5PM

### **RAMOS, ELIZABETH, CSW**

*Provider Gender:* Female  
*License number:* 73374  
*NPI:* 1992046890  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

*Provider Gender:* Female  
*License number:* 30472  
*NPI:* 1568656619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **RODRIGUEZ, CHRISTINE, PSY**

*Provider Gender:* Female  
*License number:* 30472  
*NPI:* 1568656619  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338

*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ROSENFARB, BARBARA, CSW**

*Provider Gender:* Female  
*License number:* 28590  
*NPI:* 1447477781  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender

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## J. Mental Health Directory

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Restrictions<br><i>American Sign Language (ASL):</i><br>Yes<br>Please contact provider for<br>Accessibility information<br><i>Hours:</i> M,TU 8:30AM-5PM, W<br>1PM-5PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <i>NPI:</i> 1578603973<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br><i>Cultural Competency:</i><br>FAMILY HEALTH CENTERS OF<br>SAN DIEGO<br>3845 SPRING DR<br>SPRING VALLEY, CA<br>91977-1030<br><i>Phone:</i> (619) 515-2338<br><i>Fax:</i> (619) 702-8536<br><i>After Hours Phone:</i> (619)<br>515-2338<br><i>Website:</i><br>www.beaconhealthoptions.com<br><i>Accepting New Patients:</i> Yes<br><i>Site English Spoken:</i> Yes<br><i>Site Language(s) Spoken:</i><br>American Sign Language, Farsi,<br>Japanese, Portuguese, Russian,<br>Spanish, Yue Chinese<br><i>TDD:</i> No<br><i>Min/Max Age:</i><br><i>Gender Restriction:</i> No Gender<br>Restrictions<br><i>American Sign Language (ASL):</i><br>Yes<br>Please contact provider for<br>Accessibility information<br><i>Hours:</i> M-F 8:30AM-5PM | <i>Phone:</i> (619) 515-2338<br><i>Fax:</i> (619) 702-8536<br><i>After Hours Phone:</i> (619)<br>515-2338<br><i>Website:</i><br>www.beaconhealthoptions.com<br><i>Accepting New Patients:</i> Yes<br><i>Site English Spoken:</i> Yes<br><i>Site Language(s) Spoken:</i><br>American Sign Language, Farsi,<br>Japanese, Portuguese, Russian,<br>Spanish, Yue Chinese<br><i>TDD:</i> No<br><i>Min/Max Age:</i> 0/99<br><i>Gender Restriction:</i> No Gender<br>Restrictions<br><i>American Sign Language (ASL):</i><br>Yes<br>Please contact provider for<br>Accessibility information<br><i>Hours:</i> M-F 8:30AM-5PM                                                                |
| <b>ROSENFARB, BARBARA, CSW</b><br><i>Provider Gender:</i> Female<br><i>License number:</i> 28590<br><i>NPI:</i> 1447477781<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br><i>Cultural Competency:</i><br>FAMILY HEALTH CENTERS OF<br>SAN DIEGO<br>8788 JAMACHA RD<br>SPRING VALLEY, CA<br>91977-4035<br><i>Phone:</i> (619) 515-2338<br><i>Fax:</i> (619) 702-8536<br><i>After Hours Phone:</i> (619)<br>515-2338<br><i>Website:</i><br>www.beaconhealthoptions.com<br><i>Accepting New Patients:</i> Yes<br><i>Site English Spoken:</i> Yes<br><i>Site Language(s) Spoken:</i><br>American Sign Language, Farsi,<br>Japanese, Portuguese, Russian,<br>Spanish, Yue Chinese<br><i>TDD:</i> No<br><i>Min/Max Age:</i> 0/99<br><i>Gender Restriction:</i> No Gender<br>Restrictions<br><i>American Sign Language (ASL):</i><br>Yes<br>Please contact provider for<br>Accessibility information<br><i>Hours:</i> M-F 8:30AM-5PM | <b>ROZELL, KATHY, CSW</b><br><i>Provider Gender:</i> Female<br><i>License number:</i> 25068<br><i>NPI:</i> 1578603973<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br><i>Cultural Competency:</i><br>FAMILY HEALTH CENTERS OF<br>SAN DIEGO<br>8788 JAMACHA RD<br>SPRING VALLEY, CA<br>91977-4035                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SACHS, MELISSA R , CSW</b><br><i>Provider Gender:</i> Female<br><i>License number:</i> 76968<br><i>NPI:</i> 1649760356<br><i>Provider English Spoken:</i> Yes<br><i>Provider Language(s) Spoken:</i><br><i>Cultural Competency:</i><br>FAMILY HEALTH CENTERS OF<br>SAN DIEGO<br>3845 SPRING DR<br>SPRING VALLEY, CA<br>91977-1030<br><i>Phone:</i> (619) 515-2338<br><i>Fax:</i> (619) 702-8536<br><i>After Hours Phone:</i> (619)<br>515-2338<br><i>Website:</i><br>www.beaconhealthoptions.com<br><i>Accepting New Patients:</i> Yes<br><i>Site English Spoken:</i> Yes<br><i>Site Language(s) Spoken:</i><br>American Sign Language, Farsi,<br>Japanese, Portuguese, Russian, |
| <b>ROZELL, KATHY, CSW</b><br><i>Provider Gender:</i> Female<br><i>License number:</i> 25068                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **SACHS, MELISSA R , CSW**

*Provider Gender:* Female

*License number:* 76968

*NPI:* 1649760356

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619) 515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **SAMADI, ESTHER, MD**

*Provider Gender:* Female

*License number:* A113657

*NPI:* 1396986204

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619) 515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M,TU 8:30AM-5PM, W 1PM-5PM

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male

*License number:* A113283

*NPI:* 1306165402

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF

SAN DIEGO

8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619) 515-2338

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese

*TDD:* No

*Min/Max Age:* 0/99

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* Yes

Please contact provider for Accessibility information

*Hours:* M-F 8:30AM-5PM

### **SEPULVEDA, JOE, MD**

*Provider Gender:* Male

*License number:* A113283

*NPI:* 1306165402

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:*

FAMILY HEALTH CENTERS OF SAN DIEGO

3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030

*Phone:* (619) 515-2338

*Fax:* (619) 702-8536

*After Hours Phone:* (619) 515-2338

*Website:*

www.beaconhealthoptions.com

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **SIMPSON, JENNIFER, CSW**

*Provider Gender:* Female  
*License number:* 82678  
*NPI:* 1740765866  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **SIPIN, ELVIRA P , CSW**

*Provider Gender:* Female  
*License number:* LCS15308  
*NPI:* 1477759892  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **STEWART, ANDREA M , MFT**

*Provider Gender:* U  
*License number:* 45174  
*NPI:* 1508993122  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TAHBAZ, ASH, MFT**

*Provider Gender:* U  
*License number:* 87601  
*NPI:* 1205294543  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
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 515-2338

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## J. Mental Health Directory

*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*

*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **THICKSTUN, MARY SUSAN, CSW**

*Provider Gender:* Female  
*License number:* 21573  
*NPI:* 1437354875  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
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*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **THIESSEN, BRUCE L , PSY**

*Provider Gender:* U  
*License number:* 14259  
*NPI:* 1841541984  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
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 515-2338  
*Website:*  
[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **TONG, GARRICK, MD**

*Provider Gender:* Male  
*License number:* A102192  
*NPI:* 1831361278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Yue Chinese  
 Cultural Competency:  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR

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 at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
 Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

SPRING VALLEY, CA

91977-1030

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age:

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M,TU 8:30AM-5PM, W  
1PM-5PM

### **TONG, GARRICK, MD**

Provider Gender: Male

License number: A102192

NPI: 1831361278

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Yue Chinese

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **TORRES, LAURA, CSW**

Provider Gender: Female

License number: 65059

NPI: 1568612943

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for

Accessibility information

Hours: M-F 8:30AM-5PM

### **TRIANA, JENNIFER, CSW**

Provider Gender: Female

License number: 88589

NPI: 1073844460

Provider English Spoken: Yes

Provider Language(s) Spoken:  
Spanish

Cultural Competency:

FAMILY HEALTH CENTERS OF  
SAN DIEGO

8788 JAMACHA RD

SPRING VALLEY, CA

91977-4035

Phone: (619) 515-2338

Fax: (619) 702-8536

After Hours Phone: (619)

515-2338

Website:

www.beaconhealthoptions.com

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese

TDD: No

Min/Max Age: 0/99

Gender Restriction: No Gender  
Restrictions

American Sign Language (ASL):  
Yes

Please contact provider for  
Accessibility information

Hours: M-F 8:30AM-5PM

### **TRIANA, JENNIFER, CSW**

Provider Gender: Female

License number: 88589

NPI: 1073844460

Provider English Spoken: Yes

Provider Language(s) Spoken:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Spanish  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **TROYER, EMILY, PSY**

*Provider Gender:* Female  
*License number:* A149101  
*NPI:* 1326484437  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030

*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **WAUGH, BRANDON, CSW**

*Provider Gender:* Male  
*License number:* 83457  
*NPI:* 1619459187  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese

Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **WEAVER, JHOSMARA A , CSW**

*Provider Gender:* Female  
*License number:* 77233  
*NPI:* 1982848594  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

### **WEBSTER, KRISTIN K , CSW**

*Provider Gender:* Female  
*License number:* LCSW16118  
*NPI:* 1902336837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **WEBSTER, KRISTIN K , CSW**

*Provider Gender:* Female  
*License number:* LCSW16118  
*NPI:* 1902336837  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR

SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **WITT, ANNETTE, CSW**

*Provider Gender:* Female  
*License number:* 15770  
*NPI:* 1912263468  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 3845 SPRING DR  
 SPRING VALLEY, CA  
 91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes  
 Please contact provider for  
 Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
 1PM-5PM

### **WITT, ANNETTE, CSW**

*Provider Gender:* Female  
*License number:* 15770  
*NPI:* 1912263468  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
 FAMILY HEALTH CENTERS OF  
 SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
 515-2338  
*Website:*  
 www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 American Sign Language, Farsi,  
 Japanese, Portuguese, Russian,  
 Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## J. Mental Health Directory

Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **WOLF, CELIA C , NPA**

*Provider Gender:* Female  
*License number:* 95001899  
*NPI:* 1245635564  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **WOOD, KEEGAN, NPA**

*Provider Gender:* Male  
*License number:* NP95006887  
*NPI:* 1417471459  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:*

FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
3845 SPRING DR  
SPRING VALLEY, CA  
91977-1030  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338

*Website:*

www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
Yes  
Please contact provider for  
Accessibility information  
*Hours:* M,TU 8:30AM-5PM, W  
1PM-5PM

### **YALYSHAVA, VOLHA, CSW**

*Provider Gender:* Female  
*License number:* LCSW69810  
*NPI:* 1821392002  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Russian  
*Cultural Competency:*  
FAMILY HEALTH CENTERS OF  
SAN DIEGO  
8788 JAMACHA RD  
SPRING VALLEY, CA  
91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619)  
515-2338  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
American Sign Language, Farsi,  
Japanese, Portuguese, Russian,  
Spanish, Yue Chinese  
*TDD:* No

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## J. Mental Health Directory

*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **ZAYAS, GILBERTO, MD**

*Provider Gender:* Male  
*License number:* A136760  
*NPI:* 1508174970  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* FAMILY HEALTH CENTERS OF SAN DIEGO  
 8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035  
*Phone:* (619) 515-2338  
*Fax:* (619) 702-8536  
*After Hours Phone:* (619) 515-2338  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* American Sign Language, Farsi, Japanese, Portuguese, Russian, Spanish, Yue Chinese  
*TDD:* No  
*Min/Max Age:* 0/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* Yes  
 Please contact provider for Accessibility information  
*Hours:* M-F 8:30AM-5PM

### **VALLEY CENTER**

### **KARP, MICHAEL, MFT**

*Provider Gender:* Male  
*License number:* 16939  
*NPI:* 1376588541  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: KARP, MICHAEL  
 12115 MESA VERDE DR  
 VALLEY CENTER, CA  
 92082-5063  
*Phone:* (760) 913-9003  
*Fax:* (760) 749-1658  
*After Hours Phone:* (760) 913-9003  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* TDD: No  
*Min/Max Age:* 19/99  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M,TU 9AM-6PM, W 2PM-6PM, TH,F 9AM-12PM

### **VISTA**

### **ACOSTA, AZUCENA, CSW**

*Provider Gender:* Female  
*License number:* 98304  
*NPI:* 1255937496  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Hours:* M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

### **ACOSTA, AZUCENA, CSW**

*Provider Gender:* Female  
*License number:* 98304  
*NPI:* 1255937496  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760) 631-5000  
*Website:* www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu,

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## J. Mental Health Directory

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Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-TH 8AM-7PM, F 8AM-5PM

### **BERENSON, LAURIE E , PSY**

Provider Gender: Female  
License number: 12568  
NPI: 1104956556  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
BERENSON, LAURIE  
450 S MELROSE DR STE 113  
VISTA, CA 92081-6674  
Phone: (760) 224-4333  
Fax: (760) 301-0044  
After Hours Phone: (760) 224-4333  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: TDD: No

Min/Max Age: 19/99  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M 9AM-5PM, TU 9AM-2:30PM, W,TH 9AM-4:30PM, F 1PM-4:30PM

### **CHAUDHRI, YASHWANT, MD**

Provider Gender: Male

License number: A67679  
NPI: 1043258429  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Hindi, Urdu  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:

www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M-TH 8AM-7PM, F 8AM-5PM

### **CHAUDHRI, YASHWANT, MD**

Provider Gender: Male  
License number: A67679  
NPI: 1043258429  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Hindi, Urdu  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218

Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Hours: M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

### **CHRISTIANSON II, WARREN R , MD**

Provider Gender: Male  
License number: 20A9664  
NPI: 1932359445  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Cultural Competency:  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Mandarin, Hindi, Khmer,

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## J. Mental Health Directory

Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

### **CHRISTIANSON II, WARREN R , MD**

Provider Gender: Male  
License number: 20A9664  
NPI: 1932359445  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information

Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **CRUZ, VANESSA, CSW**

Provider Gender: Female  
License number: 87166  
NPI: 1285170662  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

### **CRUZ, VANESSA, CSW**

Provider Gender: Female  
License number: 87166  
NPI: 1285170662  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC

134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **DEMALLIE, DIANE A , MD**

Provider Gender: Female  
License number: 55982  
NPI: 1437162898  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

### **DEMALLIE, DIANE A , MD**

Provider Gender: Female  
License number: 55982  
NPI: 1437162898  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F

8AM-5PM

### **DESOCIO, KAREN, CSW**

Provider Gender: Female  
License number: 18451  
NPI: 1497727820  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **DESOCIO, KAREN, CSW**

Provider Gender: Female  
License number: 18451  
NPI: 1497727820  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency:  
VISTA COMMUNITY CLINIC

1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

### **DOUGHERTY, CHRISTINE, CSW**

Provider Gender: Female  
License number: 26686  
NPI: 1003194960  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)  
631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes

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## J. Mental Health Directory

---

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

**DOUGHERTY, CHRISTINE,  
CSW**

*Provider Gender:* Female

*License number:* 26686

*NPI:* 1003194960

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:*

VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)  
631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for

Accessibility information

*Hours:* M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

**GIORGIO, CHRISTINA, CSW**

*Provider Gender:* Female

*License number:* 101690

*NPI:* 1457786774

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

**GIORGIO, CHRISTINA, CSW**

*Provider Gender:* Female

*License number:* 101690

*NPI:* 1457786774

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:*

VISTA COMMUNITY CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information

*Hours:* M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

**GODINEZ, BRENDA, CSW**

*Provider Gender:* Female

*License number:* 88306

*NPI:* 1568918647

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
Spanish

*Cultural Competency:*

VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Website:*

www.beaconhealthoptions.com

*Accepting New Patients:* Yes

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## J. Mental Health Directory

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

### **GODINEZ, BRENDA, CSW**

*Provider Gender:* Female  
*License number:* 88306  
*NPI:* 1568918647  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
631-5000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No

Please contact provider for  
Accessibility information  
*Hours:* M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

### **GUERRERO, ADRIANA J , CSW**

*Provider Gender:* Female  
*License number:* LCSW86435  
*NPI:* 1356777361  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
631-5000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M-TH 8AM-7PM, F  
8AM-5PM

### **GUERRERO, ADRIANA J , CSW**

*Provider Gender:* Female  
*License number:* LCSW86435

*NPI:* 1356777361  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
*Phone:* (760) 631-5000  
*Fax:* (760) 414-3892  
*After Hours Phone:* (760)  
631-5000  
*Website:*  
www.beaconhealthoptions.com  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
*TDD:* No  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Hours:* M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

### **HALGEDAHL, YI TING, NPA**

*Provider Gender:* Female  
*License number:* 95006826  
*NPI:* 1619246907  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Mandarin, Chinese  
*Cultural Competency:*  
VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004

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## J. Mental Health Directory

Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8AM-7PM, F  
 8AM-5PM

### **HALGEDAHL, YI TING, NPA**

Provider Gender: Female  
 License number: 95006826  
 NPI: 1619246907  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Mandarin, Chinese  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,

Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M 8AM-7PM, W  
 8AM-6:30PM, TH 8:30AM-7PM,  
 F 8:30AM-12PM, SA 9AM-4PM

### **JAGANNATH, NIRMALA, CSW**

Provider Gender: Female  
 License number: 23183  
 NPI: 1639687726  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Tamil, Telugu  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M 8AM-7PM, W

8AM-6:30PM, TH 8:30AM-7PM,  
 F 8:30AM-12PM, SA 9AM-4PM

### **JAGANNATH, NIRMALA, CSW**

Provider Gender: Female  
 License number: 23183  
 NPI: 1639687726  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi, Tamil, Telugu  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Mandarin, Hindi, Khmer,  
 Spanish, Tamil, Telugu, Urdu,  
 Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Hours: M-TH 8AM-7PM, F  
 8AM-5PM

### **KONG, DARREN, CSW**

Provider Gender: Male  
 License number: 88493  
 NPI: 1447685078  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Khmer  
 Cultural Competency:

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## J. Mental Health Directory

VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **KONG, DARREN, CSW**

Provider Gender: Male  
License number: 88493  
NPI: 1447685078  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Khmer  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Yes

Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

### **MEYERHOF, GRETA, MFT**

Provider Gender: Female  
License number: 32299  
NPI: 1487196333  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for

Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **MEYERHOF, GRETA, MFT**

Provider Gender: Female  
License number: 32299  
NPI: 1487196333  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

### **MILLS, DONNA M , MD**

Provider Gender: Female  
License number: A51160  
NPI: 1831115658  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:

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## J. Mental Health Directory

---

**VISTA COMMUNITY CLINIC**  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

**MILLS, DONNA M , MD**  
Provider Gender: Female  
License number: A51160  
NPI: 1831115658  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:

Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

**MOTAGHED, HENGAMEH, PSY**  
Provider Gender: Female  
License number: 12707  
NPI: 1366550592  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Farsi  
Cultural Competency:  
MOTAGHED, HENGAMEH  
550 W VISTA WAY STE 107  
VISTA, CA 92083-5707  
Phone: (858) 922-4959  
Fax: (619) 294-8190  
After Hours Phone: (858) 922-4959  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Farsi  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: W 8AM-8PM

**NAVA, PETER B , NPA**  
Provider Gender: Male  
License number: 95016584  
NPI: 1689251571  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

**NAVA, PETER B , NPA**  
Provider Gender: Male  
License number: 95016584  
NPI: 1689251571  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218

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## J. Mental Health Directory

---

Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

### **NEVILLE, MARGARET, CSW**

Provider Gender: Female  
License number: 82407  
NPI: 1073682407  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,

Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-TH 8AM-7PM, F  
8AM-5PM

### **NEVILLE, MARGARET, CSW**

Provider Gender: Female  
License number: 82407  
NPI: 1073682407  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

### **PLACEK, KAREL, MD**

Provider Gender: Male  
License number: A42838  
NPI: 1124127675  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Czech  
Cultural Competency:  
MENTAL HEALTH SYSTEMS  
INC  
550 W VISTA WAY STE 407  
VISTA, CA 92083-5714  
Phone: (760) 758-1092  
Fax: (760) 758-8481  
After Hours Phone: (760) 758-1092  
Website:  
www.beaconhealthoptions.com  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Czech  
TDD: No  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Hours: M-F 8AM-4:30PM

### **RINGEL, BRENDA L , MD**

Provider Gender: Female  
License number: A65800  
NPI: 1689869976  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency:  
EXODUS RECOVERY, INC.  
524 W VISTA WAY  
VISTA, CA 92083-5704

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

Phone: (760) 758-1150  
 Fax: (760) 758-1808  
 After Hours Phone: (760) 758-1150  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-F 9AM-5PM

### **SANCHEZ, ADRIANA, CSW**

Provider Gender: Female  
 License number: 97093  
 NPI: 1609450451  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender

Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-7PM, F 8AM-5PM

### **SANCHEZ, ADRIANA, CSW**

Provider Gender: Female  
 License number: 97093  
 NPI: 1609450451  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M 8AM-7PM, W 8AM-6:30PM, TH 8:30AM-7PM, F 8:30AM-12PM, SA 9AM-4PM

### **SMITH, SONYA L , CSW**

Provider Gender: Female

License number: 82598  
 NPI: 1902070857  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website:  
 www.beaconhealthoptions.com  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Mandarin, Hindi, Khmer, Spanish, Tamil, Telugu, Urdu, Chinese  
 TDD: No  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Hours: M-TH 8AM-7PM, F 8AM-5PM

### **SMITH, SONYA L , CSW**

Provider Gender: Female  
 License number: 82598  
 NPI: 1902070857  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency:  
 VISTA COMMUNITY CLINIC  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## J. Mental Health Directory

**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
Restrictions  
**American Sign Language (ASL):**  
No  
Please contact provider for  
Accessibility information  
**Hours:** M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

### **SWENSON, ING E , CSW**

**Provider Gender:** Male  
**License number:** 28549  
**NPI:** 1063680650  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
**Phone:** (760) 631-5000  
**Fax:** (760) 414-3892  
**After Hours Phone:** (760)  
631-5000  
**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender

**Restrictions**  
**American Sign Language (ASL):**  
No  
Please contact provider for  
Accessibility information  
**Hours:** M-TH 8AM-7PM, F  
8AM-5PM

### **SWENSON, ING E , CSW**

**Provider Gender:** Male  
**License number:** 28549  
**NPI:** 1063680650  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
**Phone:** (760) 631-5000  
**Fax:** (760) 414-3892  
**After Hours Phone:** (760)  
631-5000  
**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
**TDD:** No

**Min/Max Age:**  
**Gender Restriction:** No Gender  
Restrictions  
**American Sign Language (ASL):**  
No  
Please contact provider for  
Accessibility information  
**Hours:** M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

### **WILSON, CARLENE, CSW**

**Provider Gender:** Female  
**License number:** 74685

**NPI:** 1508327081  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
VISTA COMMUNITY CLINIC  
1000 VALE TERRACE DR  
VISTA, CA 92084-5218  
**Phone:** (760) 631-5000  
**Fax:** (760) 414-3892  
**After Hours Phone:** (760)  
631-5000  
**Website:**  
www.beaconhealthoptions.com  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
Mandarin, Hindi, Khmer,  
Spanish, Tamil, Telugu, Urdu,  
Chinese  
**TDD:** No  
**Min/Max Age:**  
**Gender Restriction:** No Gender  
Restrictions  
**American Sign Language (ASL):**  
No  
Please contact provider for  
Accessibility information  
**Hours:** M 8AM-7PM, W  
8AM-6:30PM, TH 8:30AM-7PM,  
F 8:30AM-12PM, SA 9AM-4PM

### **WILSON, CARLENE, CSW**

**Provider Gender:** Female  
**License number:** 74685  
**NPI:** 1508327081  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:**  
VISTA COMMUNITY CLINIC  
134 GRAPEVINE RD  
VISTA, CA 92083-4004  
**Phone:** (760) 631-5000  
**Fax:** (760) 414-3892  
**After Hours Phone:** (760)  
631-5000

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## J. Mental Health Directory

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*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu,

Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-TH 8AM-7PM, F

8AM-5PM

**ZAPPONE, ALIDA, CSW**

*Provider Gender:* Female

*License number:* 26061

*NPI:* 1154705598

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

VISTA COMMUNITY CLINIC

134 GRAPEVINE RD

VISTA, CA 92083-4004

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu,

Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M-TH 8AM-7PM, F

8AM-5PM

**ZAPPONE, ALIDA, CSW**

*Provider Gender:* Female

*License number:* 26061

*NPI:* 1154705598

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency:*

VISTA COMMUNITY CLINIC

1000 VALE TERRACE DR

VISTA, CA 92084-5218

*Phone:* (760) 631-5000

*Fax:* (760) 414-3892

*After Hours Phone:* (760)

631-5000

*Website:*

[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Mandarin, Hindi, Khmer,

Spanish, Tamil, Telugu, Urdu,

Chinese

*TDD:* No

*Min/Max Age:*

*Gender Restriction:* No Gender

Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Hours:* M 8AM-7PM, W

8AM-6:30PM, TH 8:30AM-7PM,

F 8:30AM-12PM, SA 9AM-4PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## K. Vision Provider Directory - Eye & Vision Services

### ALPINE

#### **AOTO, KIM N , OD**

*Provider Gender:* Female  
*License number:* 14524  
*NPI:* 1780935650  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103  
*Phone:* (619) 445-2687  
*Fax:* (619) 445-0801  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

#### **AVALLONE, THOMAS, MD**

*Provider Gender:* Male  
*License number:* A147199  
*NPI:* 1679865950  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103

*Phone:* (619) 445-2687  
*Fax:* (619) 445-0801  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

#### **BINDER, NICHOLAS, MD**

*Provider Gender:* Male  
*License number:* A124698  
*NPI:* 1306076716  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103  
*Phone:* (619) 445-2687  
*Fax:* (619) 445-0801  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M,W 9AM-5PM, TU

10AM-6PM, TH 8AM-5PM, F 9AM-4PM

#### **DEAN, MOENA, OD**

*Provider Gender:* Female  
*License number:* 33955  
*NPI:* 1265927578  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103  
*Phone:* (619) 445-2687  
*Fax:* (619) 445-0801  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

#### **DYER, SHARON M , OD**

*Provider Gender:* Female  
*License number:* 33450  
*NPI:* 1063866887  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901-1103  
*Phone:* (619) 445-2687  
*Fax:* (619) 445-0801  
*After Hours Phone:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* No

*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

### **KATZMAN, BARRY, MD**

*Provider Gender:* Male

*License number:* A34834

*NPI:* 1760473797

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* Yes

WEST COAST EYE CARE  
1620 ALPINE BLVD STE 117  
ALPINE, CA 91901-1103

*Phone:* (619) 445-2687

*Fax:* (619) 445-0801

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* No

*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

### **KIM, HEAWON, OD**

*Provider Gender:* Female

*License number:* 34584TLG

*NPI:* 1912517707

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* Yes

WEST COAST EYE CARE  
1620 ALPINE BLVD STE 117  
ALPINE, CA 91901-1103

*Phone:* (619) 445-2687

*Fax:* (619) 445-0801

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* No

*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

### **MCGRAW, JOSEPH, MD**

*Provider Gender:* Male

*License number:* A155228

*NPI:* 1588624852

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* Yes

WEST COAST EYE CARE  
1620 ALPINE BLVD STE 117  
ALPINE, CA 91901-1103

*Phone:* (619) 445-2687

*Fax:* (619) 445-0801

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* No

*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

### **MILLER, DOUGLAS G , MD**

*Provider Gender:* Male

*License number:* G52627

*NPI:* 1982636031

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

*Cultural Competency:* Yes

WEST COAST EYE CARE  
1620 ALPINE BLVD STE 117  
ALPINE, CA 91901-1103

*Phone:* (619) 445-2687

*Fax:* (619) 445-0801

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* No

*Hours:* M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

### **MORRISON REYES, JOSHUA, MD**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

**Provider Gender:** Male  
**License number:** A125435  
**NPI:** 1235366782  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Indonesian, Spanish  
**Cultural Competency:** Yes  
**WEST COAST EYE CARE**  
**1620 ALPINE BLVD STE 117**  
**ALPINE, CA 91901-1103**  
**Phone:** (619) 445-2687  
**Fax:** (619) 445-0801  
**After Hours Phone:**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Public transportation (within 1/2 mile from Site):** No  
**Hours:** M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

### **PATEL, GITANE, MD**

**Provider Gender:** Male  
**License number:** A108603  
**NPI:** 1710171434  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
**Cultural Competency:** Yes  
**WEST COAST EYE CARE**  
**1620 ALPINE BLVD STE 117**  
**ALPINE, CA 91901-1103**  
**Phone:** (619) 445-2687  
**Fax:** (619) 445-0801  
**After Hours Phone:**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**

**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Public transportation (within 1/2 mile from Site):** No  
**Hours:** M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

### **PATEL, SARJAN H , MD**

**Provider Gender:** Male  
**License number:** A114976  
**NPI:** 1316199326  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Gujarati, Hindi, Spanish  
**Cultural Competency:** Yes  
**WEST COAST EYE CARE**  
**1620 ALPINE BLVD STE 117**  
**ALPINE, CA 91901-1103**  
**Phone:** (619) 445-2687  
**Fax:** (619) 445-0801  
**After Hours Phone:**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Public transportation (within 1/2 mile from Site):** No  
**Hours:** M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

### **PRABHU, SUJATA P , MD**

**Provider Gender:** Female

**License number:** A115965  
**NPI:** 1982872552  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** Yes  
**WEST COAST EYE CARE**  
**1620 ALPINE BLVD STE 117**  
**ALPINE, CA 91901-1103**  
**Phone:** (619) 445-2687  
**Fax:** (619) 445-0801  
**After Hours Phone:**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Public transportation (within 1/2 mile from Site):** No  
**Hours:** M,W 9AM-5PM, TU 10AM-6PM, TH 8AM-5PM, F 9AM-4PM

## **BONITA**

### **CHA, DANIEL D , OD**

**Provider Gender:** Male  
**License number:** 14779  
**NPI:** 1386078020  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:** Spanish  
**Cultural Competency:** Yes  
**EYECARE OF BONITA**  
**4502 BONITA RD**  
**BONITA, CA 91902-1427**  
**Phone:** (619) 479-7334  
**Fax:** (619) 475-3456  
**After Hours Phone:**  
**Accepting New Patients:** Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Korean, Spanish

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* Yes

*Hours:* M 8AM-6:30PM, W,F 8AM-6PM, TH 12:30PM-6PM, SA 9AM-2PM

### **KIKUNAGA, HENRY E , OD**

*Provider Gender:* Male

*License number:* 13186

*NPI:* 1841406394

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Cultural Competency: Yes

BONITA POINT FAMILY OPTOMETRY

180 OTAY LAKES RD STE 201 BONITA, CA 91902-2400

*Phone:* (619) 267-9900

*Fax:* (619) 267-9910

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Japanese, Spanish

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* Yes

*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **PACK, ALYSSA, OD**

*Provider Gender:* Female

*License number:* 34608

*NPI:* 1750991220

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Cultural Competency: Yes

BONITA POINT FAMILY OPTOMETRY

180 OTAY LAKES RD STE 201 BONITA, CA 91902-2400

*Phone:* (619) 267-9900

*Fax:* (619) 267-9910

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Japanese, Spanish

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* Yes

*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **TRAJANO, CHARMINE D , OD**

*Provider Gender:* Female

*License number:* 14993

*NPI:* 1699183673

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Tagalog

Cultural Competency: Yes

BONITA POINT FAMILY OPTOMETRY

180 OTAY LAKES RD STE 201 BONITA, CA 91902-2400

*Phone:* (619) 267-9900

*Fax:* (619) 267-9910

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Japanese, Spanish

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* Yes

*Hours:* M-F 8AM-5PM, SA 8AM-12PM

### **CAMPO**

### **YANG, HARRISON H , OD**

*Provider Gender:* Male

*License number:* 33964

*NPI:* 1053806307

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Cultural Competency: Yes

SAN YSIDRO HEALTH

1388 BUCKMAN SPRINGS RD CAMPO, CA 91906-2028

*Phone:* (619) 662-4100

*Fax:*

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Chinese

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,TU,TH 8AM-5PM

### CARLSBAD

#### MORGAN, HUNTER, OD

*Provider Gender:* Male  
*License number:* 34799  
*NPI:* 1023547221  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
 BEYOND VISION CENTER  
 OPTOMETRY, INC.  
 6949 EL CAMINO REAL STE 105  
 CARLSBAD, CA 92009-4140  
*Phone:* (760) 438-2020  
*Fax:*  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 9AM-6PM

#### RAJADHYKSHA, SALOMI, OD

*Provider Gender:* Female  
*License number:* 34821  
*NPI:* 1134641434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi, Marathi, Spanish, Yiddish  
*Cultural Competency:* Yes

BEYOND VISION CENTER  
 OPTOMETRY, INC.  
 6949 EL CAMINO REAL STE 105  
 CARLSBAD, CA 92009-4140  
*Phone:* (760) 438-2020  
*Fax:*  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 9AM-6PM

#### SHARMA, GURU D , OD

*Provider Gender:* Male  
*License number:* 13675  
*NPI:* 1427484138  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* Yes  
 EYE STYLE OPTOMETRY  
 5814 VAN ALLEN WAY STE 146  
 CARLSBAD, CA 92008-7359  
*Phone:* (442) 244-5227  
*Fax:* (442) 287-8092  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*

No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* SA,SU 12PM-5PM, M-F 10AM-6PM

### CHULA VISTA

#### BERGMARK, JAMIE L , OD

*Provider Gender:* Female  
*License number:* 33657  
*NPI:* 1669920757  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 PACK & BIANES VISION -  
 TERRA NOVA  
 374 E H ST STE 1708  
 CHULA VISTA, CA 91910-7492  
*Phone:* (619) 425-7990  
*Fax:* (619) 425-7992  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

#### BIANES, BEVERLY P , OD

*Provider Gender:* Female  
*License number:* 9841  
*NPI:* 1285692756

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## K. Vision Provider Directory - Eye & Vision Services

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**PACK & BIANES VISION - EASTLAKE**  
 890 EASTLAKE PKWY STE 102  
 CHULA VISTA, CA 91914-4521  
*Phone:* (619) 216-3937  
*Fax:* (619) 216-9041  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM

### **BIANES, BEVERLY P , OD**

*Provider Gender:* Female  
*License number:* 9841  
*NPI:* 1285692756  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**PACK & BIANES VISION - TERRA NOVA**  
 374 E H ST STE 1708  
 CHULA VISTA, CA 91910-7492  
*Phone:* (619) 425-7990  
*Fax:* (619) 425-7992  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

### **CASTILLEJOS, DAVID, MD**

*Provider Gender:* Male  
*License number:* A44482  
*NPI:* 1558446401  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French, Portuguese, Spanish, Tagalog  
*Cultural Competency:* Yes  
**CASTILLEJOS EYE INSTITUTE MED GROUP**  
 342 F ST  
 CHULA VISTA, CA 91910-2625  
*Phone:* (619) 422-1471  
*Fax:* (619) 271-7044  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* French, Portuguese, Spanish, Tagalog, Vietnamese  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,W,F 8AM-5PM, TU,TH 7AM-5PM

### **CASTILLEJOS, MARIA E , MD**

*Provider Gender:* Female  
*License number:* A37652  
*NPI:* 1043395098  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**CASTILLEJOS EYE INSTITUTE MED GROUP**  
 342 F ST  
 CHULA VISTA, CA 91910-2625  
*Phone:* (619) 422-1471  
*Fax:* (619) 271-7044  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* French, Portuguese, Spanish, Tagalog, Vietnamese  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,W,F 8AM-5PM, TU,TH 7AM-5PM

### **HUANG, FLORA, OD**

*Provider Gender:* Female  
*License number:* 34082  
*NPI:* 1487137105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese  
*Cultural Competency:* Yes  
**PACK & BIANES VISION - TERRA NOVA**  
 374 E H ST STE 1708  
 CHULA VISTA, CA 91910-7492

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## K. Vision Provider Directory - Eye & Vision Services

Phone: (619) 425-7990  
 Fax: (619) 425-7992  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M,W-F 8:30AM-5:30PM,  
 TU 8:30AM-5PM, SA  
 8:30AM-1PM

### **HUANG, PETER D , OD**

Provider Gender: Male  
 License number: 11659  
 NPI: 1639100522  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 PETER D HUANG OD INC  
 557 H ST  
 CHULA VISTA, CA 91910-4330  
 Phone: (619) 422-0139  
 Fax: (619) 422-0066  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Vietnamese  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2

mile from Site): Yes  
 Hours: M,W 9AM-5PM, TU,TH  
 9AM-6PM, F 8AM-4PM, SA  
 9AM-2PM

### **KALRA, ANKUR, OD**

Provider Gender: Male  
 License number: 11898  
 NPI: 1124195789  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Hindi  
 Cultural Competency: Yes  
 OTAY RANCH EYEWORKS  
 OPTOMETRY  
 1741 EASTLAKE PKWY STE  
 101  
 CHULA VISTA, CA 91915-2032  
 Phone: (619) 421-6600  
 Fax: (619) 421-6006  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): No  
 Hours: SU 10AM-4PM, M-F  
 9AM-7PM, SA 9AM-5PM

### **KEDDINGTON, JOAN, OD**

Provider Gender: Female  
 License number: 6263  
 NPI: 1992872691  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: Yes

OTAY RANCH EYEWORKS  
 OPTOMETRY  
 1741 EASTLAKE PKWY STE  
 101  
 CHULA VISTA, CA 91915-2032  
 Phone: (619) 421-6600  
 Fax: (619) 421-6006  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): No  
 Hours: SU 10AM-4PM, M-F  
 9AM-7PM, SA 9AM-5PM

### **KING, MARY M , OD**

Provider Gender: Female  
 License number: 13711  
 NPI: 1578792107  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: Yes  
 OTAY RANCH EYEWORKS  
 OPTOMETRY  
 1741 EASTLAKE PKWY STE  
 101  
 CHULA VISTA, CA 91915-2032  
 Phone: (619) 421-6600  
 Fax: (619) 421-6006  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Spanish  
 Min/Max Age:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM

### **LEE, RACHEL J , OD**

*Provider Gender:* Female  
*License number:* 14986  
*NPI:* 1619379278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 OTAY RANCH EYEWORKS OPTOMETRY  
 1741 EASTLAKE PKWY STE 101  
 CHULA VISTA, CA 91915-2032  
*Phone:* (619) 421-6600  
*Fax:* (619) 421-6006  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM

### **MASCARENO, EFRAIN, OD**

*Provider Gender:* Male  
*License number:* 10906

*NPI:* 1457507279  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 EASTLAKE VISION CENTER  
 DR MASCARENO  
 2260 OTAY LAKES RD STE 111  
 CHULA VISTA, CA 91915-1007  
*Phone:* (619) 421-5550  
*Fax:* (619) 421-6022  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 9AM-6PM, SA 9AM-3PM

### **MASCARENO, EFRAIN, OD**

*Provider Gender:* Male  
*License number:* 10906  
*NPI:* 1457507279  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 CLEAR VISION OPTOMETRY  
 DR MASCARENO  
 440 4TH AVE  
 CHULA VISTA, CA 91910-4443  
*Phone:* (619) 427-2020  
*Fax:* (866) 254-5707  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-TH 9AM-6PM, F 9AM-5PM

### **MENDOZA, MARLON, OD**

*Provider Gender:* Male  
*License number:* 34896  
*NPI:* 1578233359  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
 OTAY RANCH EYEWORKS OPTOMETRY  
 1741 EASTLAKE PKWY STE 101  
 CHULA VISTA, CA 91915-2032  
*Phone:* (619) 421-6600  
*Fax:* (619) 421-6006  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM

### **PACK, ALYSSA, OD**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## K. Vision Provider Directory - Eye & Vision Services

**Provider Gender:** Female  
**License number:** 34608  
**NPI:** 1750991220  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Cultural Competency: Yes  
**PACK & BIANES VISION - EASTLAKE**  
 890 EASTLAKE PKWY STE 102  
 CHULA VISTA, CA 91914-4521  
**Phone:** (619) 216-3937  
**Fax:** (619) 216-9041  
**After Hours Phone:**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Spanish  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Public transportation (within 1/2 mile from Site):** No  
**Hours:** TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM

**PACK, ALYSSA, OD**  
**Provider Gender:** Female  
**License number:** 34608  
**NPI:** 1750991220  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Cultural Competency: Yes  
**PACK & BIANES VISION - TERRA NOVA**  
 374 E H ST STE 1708  
 CHULA VISTA, CA 91910-7492  
**Phone:** (619) 425-7990  
**Fax:** (619) 425-7992  
**After Hours Phone:**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes

**Site Language(s) Spoken:**  
 Spanish  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Public transportation (within 1/2 mile from Site):** Yes  
**Hours:** M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

**PACK, JOHN C , OD**  
**Provider Gender:** Male  
**License number:** 9684  
**NPI:** 1598723587  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
 Cultural Competency: Yes  
**PACK & BIANES VISION - EASTLAKE**  
 890 EASTLAKE PKWY STE 102  
 CHULA VISTA, CA 91914-4521  
**Phone:** (619) 216-3937  
**Fax:** (619) 216-9041  
**After Hours Phone:**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Spanish  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Public transportation (within 1/2 mile from Site):** No  
**Hours:** TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM

**PACK, JOHN C , OD**  
**Provider Gender:** Male  
**License number:** 9684  
**NPI:** 1598723587  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
 Cultural Competency: Yes  
**PACK & BIANES VISION - TERRA NOVA**  
 374 E H ST STE 1708  
 CHULA VISTA, CA 91910-7492  
**Phone:** (619) 425-7990  
**Fax:** (619) 425-7992  
**After Hours Phone:**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Spanish  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Public transportation (within 1/2 mile from Site):** Yes  
**Hours:** M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

**PEREZ, JUDI A , OD**  
**Provider Gender:** Female  
**License number:** 13210  
**NPI:** 1477616746  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
 Cultural Competency: Yes  
**PACK & BIANES VISION - TERRA NOVA**  
 374 E H ST STE 1708  
 CHULA VISTA, CA 91910-7492

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

Phone: (619) 425-7990  
 Fax: (619) 425-7992  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M,W-F 8:30AM-5:30PM,  
 TU 8:30AM-5PM, SA  
 8:30AM-1PM

### **PEREZ, JUDI A , OD**

Provider Gender: Female  
 License number: 13210  
 NPI: 1477616746  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: Yes  
 PACK & BIANES VISION -  
 EASTLAKE  
 890 EASTLAKE PKWY STE 102  
 CHULA VISTA, CA 91914-4521  
 Phone: (619) 216-3937  
 Fax: (619) 216-9041  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for

Accessibility information  
 Public transportation (within 1/2  
 mile from Site): No  
 Hours: TU,W,F 9AM-6PM, TH  
 10AM-6PM, SA 8:30AM-1PM

### **SCOVILL, ALEXANDRA, OD**

Provider Gender: Female  
 License number: 33711  
 NPI: 1184146094  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: Yes  
 CASTILLEJOS EYE INSTITUTE  
 MED GROUP  
 342 F ST  
 CHULA VISTA, CA 91910-2625  
 Phone: (619) 422-1471  
 Fax: (619) 271-7044  
 After Hours Phone:

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 French, Portuguese, Spanish,  
 Tagalog, Vietnamese  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M,W,F 8AM-5PM, TU,TH  
 7AM-5PM

### **TAN, JOCELYN, OD**

Provider Gender: Female  
 License number: 33985  
 NPI: 1053724112  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes

OTAY RANCH EYEWORKS  
 OPTOMETRY  
 1741 EASTLAKE PKWY STE  
 101  
 CHULA VISTA, CA 91915-2032  
 Phone: (619) 421-6600  
 Fax: (619) 421-6006  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Hindi,  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): No  
 Hours: SU 10AM-4PM, M-F  
 9AM-7PM, SA 9AM-5PM

### **THACH, QUEEN, OD**

Provider Gender: Female  
 License number: 33685  
 NPI: 1053841478  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 PACK & BIANES VISION -  
 EASTLAKE  
 890 EASTLAKE PKWY STE 102  
 CHULA VISTA, CA 91914-4521  
 Phone: (619) 216-3937  
 Fax: (619) 216-9041  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM

### **THACH, QUEEN, OD**

*Provider Gender:* Female  
*License number:* 33685  
*NPI:* 1053841478  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 PACK & BIANES VISION - TERRA NOVA  
 374 E H ST STE 1708  
 CHULA VISTA, CA 91910-7492  
*Phone:* (619) 425-7990  
*Fax:* (619) 425-7992  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

### **THAI, AMANDA, OD**

*Provider Gender:* Female  
*License number:* 34861  
*NPI:* 1457928558  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Cultural Competency: Yes  
 OTAY RANCH EYEWORKS OPTOMETRY  
 1741 EASTLAKE PKWY STE 101  
 CHULA VISTA, CA 91915-2032  
*Phone:* (619) 421-6600  
*Fax:* (619) 421-6006  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM

### **THAI, EMILY, OD**

*Provider Gender:* Female  
*License number:* 34649  
*NPI:* 1720699432  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 OTAY RANCH EYEWORKS OPTOMETRY  
 1741 EASTLAKE PKWY STE 101  
 CHULA VISTA, CA 91915-2032  
*Phone:* (619) 421-6600  
*Fax:* (619) 421-6006  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Spanish

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM

### **TOUBIA, ELIAS, OD**

*Provider Gender:* Male  
*License number:* 33758  
*NPI:* 1740701481  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* Yes  
 OTAY RANCH EYEWORKS OPTOMETRY  
 1741 EASTLAKE PKWY STE 101  
 CHULA VISTA, CA 91915-2032  
*Phone:* (619) 421-6600  
*Fax:* (619) 421-6006  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Hindi, Spanish  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* SU 10AM-4PM, M-F 9AM-7PM, SA 9AM-5PM

### **TRAJANO, CHARMINE D , OD**

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Provider Gender:* Female  
*License number:* 14993  
*NPI:* 1699183673  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* Yes  
**PACK & BIANES VISION - EASTLAKE**  
 890 EASTLAKE PKWY STE 102  
 CHULA VISTA, CA 91914-4521  
*Phone:* (619) 216-3937  
*Fax:* (619) 216-9041  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* TU,W,F 9AM-6PM, TH 10AM-6PM, SA 8:30AM-1PM

### **TRAJANO, CHARMINE D , OD**

*Provider Gender:* Female  
*License number:* 14993  
*NPI:* 1699183673  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog  
*Cultural Competency:* Yes  
**PACK & BIANES VISION - TERRA NOVA**  
 374 E H ST STE 1708  
 CHULA VISTA, CA 91910-7492  
*Phone:* (619) 425-7990  
*Fax:* (619) 425-7992  
*After Hours Phone:*

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,W-F 8:30AM-5:30PM, TU 8:30AM-5PM, SA 8:30AM-1PM

### **VILLA, ANGELICA M , OD**

*Provider Gender:* Female  
*License number:* 10561  
*NPI:* 1962544965  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**VILLA OPTOMETRY INC**  
 531 TELEGRAPH CANYON RD  
 CHULA VISTA, CA 91910-6436  
*Phone:* (619) 482-2020  
*Fax:* (619) 482-2671  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 9AM-6PM, SA

9AM-1PM

### **CORONADO**

### **KATZMAN, LEE R , MD**

*Provider Gender:* Male  
*License number:* A135673  
*NPI:* 1912297284  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
**ALVARADO EYE ASSOCIATES MED CLINIC INC**  
 801 ORANGE AVE STE 204  
 CORONADO, CA 92118-2663  
*Phone:* (619) 437-4406  
*Fax:* (619) 522-7983  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M,W,TH 9AM-4:30PM, TU 9AM-3PM

### **EL CAJON**

### **AOTO, KIM N , OD**

*Provider Gender:* Female  
*License number:* 14524  
*NPI:* 1780935650  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 450 FLETCHER PKWY STE 112

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

EL CAJON, CA 92020-2520

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): No

Hours: M-F 8:30AM-6PM

### **AVALLONE, THOMAS, MD**

Provider Gender: Male

License number: A147199

NPI: 1679865950

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

WEST COAST EYE CARE

450 FLETCHER PKWY STE 112

EL CAJON, CA 92020-2520

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): No

Hours: M-F 8:30AM-6PM

### **BERGMARK, JAMIE L , OD**

Provider Gender: Female

License number: 33657

NPI: 1669920757

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

MAIN STREET OPTOMETRY  
303 E MAIN ST

EL CAJON, CA 92020-3913

Phone: (619) 444-1153

Fax: (619) 444-1154

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours:

### **BINDER, NICHOLAS, MD**

Provider Gender: Male

License number: A124698

NPI: 1306076716

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

WEST COAST EYE CARE

450 FLETCHER PKWY STE 112

EL CAJON, CA 92020-2520

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): No

Hours: M-F 8:30AM-6PM

### **BUTLER, KIM J , OD**

Provider Gender: Male

License number: 6405

NPI: 1467444844

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

KIM J BUTLER OD

1273 BROADWAY

EL CAJON, CA 92021-4902

Phone: (619) 579-2345

Fax: (619) 579-0876

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M-F 9AM-5PM, SA 9AM-12PM

### **CHAN, KWOK FUNG, OD**

Provider Gender: Male

License number: 35087

NPI: 1407508385

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

WERNER OPTOMETRY  
2650 JAMACHA RD STE 155  
EL CAJON, CA 92019-4319  
Phone: (619) 670-6296

Fax: (619) 670-8852

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken: Italian, Spanish

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M,W,TH 9AM-5PM, TU 10AM-5PM, F 8AM-2PM

### **CHENG, PATTY L , OD**

Provider Gender: Female

License number: 12249

NPI: 1265526263

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

WEST COAST EYE CARE

450 FLETCHER PKWY STE 112

EL CAJON, CA 92020-2520

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): No  
Hours: M-F 8:30AM-6PM

### **DEAN, MOENA, OD**

Provider Gender: Female

License number: 33955

NPI: 1265927578

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

WEST COAST EYE CARE

450 FLETCHER PKWY STE 112

EL CAJON, CA 92020-2520

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): No

Hours: M-F 8:30AM-6PM

### **DYER, SHARON M , OD**

Provider Gender: Female

License number: 33450

NPI: 1063866887

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

WEST COAST EYE CARE

450 FLETCHER PKWY STE 112

EL CAJON, CA 92020-2520

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): No

Hours: M-F 8:30AM-6PM

### **KATZMAN, BARRY, MD**

Provider Gender: Male

License number: A34834

NPI: 1760473797

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: Yes

WEST COAST EYE CARE

450 FLETCHER PKWY STE 112

EL CAJON, CA 92020-2520

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): No

Hours: M-F 8:30AM-6PM

### **KIM, HEAWON, OD**

Provider Gender: Female

License number: 34584TLG

NPI: 1912517707

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
**450 FLETCHER PKWY STE 112**  
**EL CAJON, CA 92020-2520**  
*Phone:* (619) 440-5400  
*Fax:* (619) 440-0239  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-6PM

### **MCGRAW, JOSEPH, MD**

*Provider Gender:* Male  
*License number:* A155228  
*NPI:* 1588624852  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
**450 FLETCHER PKWY STE 112**  
**EL CAJON, CA 92020-2520**  
*Phone:* (619) 440-5400  
*Fax:* (619) 440-0239  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for

Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-6PM

### **MCMURREN, BRITTANY J , OD**

*Provider Gender:* Female  
*License number:* 14824  
*NPI:* 1104243815  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WERNER OPTOMETRY**  
**2650 JAMACHA RD STE 155**  
**EL CAJON, CA 92019-4319**  
*Phone:* (619) 670-6296  
*Fax:* (619) 670-8852  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Italian, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,W,TH 9AM-5PM, TU 10AM-5PM, F 8AM-2PM

### **MILLER, DOUGLAS G , MD**

*Provider Gender:* Male  
*License number:* G52627  
*NPI:* 1982636031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
**450 FLETCHER PKWY STE 112**  
**EL CAJON, CA 92020-2520**

*Phone:* (619) 440-5400  
*Fax:* (619) 440-0239  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-6PM

### **MORRISON REYES, JOSHUA, MD**

*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Indonesian, Spanish  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
**450 FLETCHER PKWY STE 112**  
**EL CAJON, CA 92020-2520**  
*Phone:* (619) 440-5400  
*Fax:* (619) 440-0239  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-6PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

### **PATEL, GITANE, MD**

*Provider Gender:* Male  
*License number:* A108603  
*NPI:* 1710171434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
*Phone:* (619) 440-5400  
*Fax:* (619) 440-0239  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-6PM

### **PATEL, SARJAN H , MD**

*Provider Gender:* Male  
*License number:* A114976  
*NPI:* 1316199326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
*Phone:* (619) 440-5400  
*Fax:* (619) 440-0239  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-6PM

### **PRABHU, SUJATA P , MD**

*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 450 FLETCHER PKWY STE 112  
 EL CAJON, CA 92020-2520  
*Phone:* (619) 440-5400  
*Fax:* (619) 440-0239  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-6PM

### **WEISS, LISA M , OD**

*Provider Gender:* Female  
*License number:* 11405  
*NPI:* 1790867091  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* Yes  
**MAIN STREET OPTOMETRY**  
 303 E MAIN ST  
 EL CAJON, CA 92020-3913  
*Phone:* (619) 444-1153  
*Fax:* (619) 444-1154  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:*

### **WERNER, R AARON, OD**

*Provider Gender:* Male  
*License number:* 13478  
*NPI:* 1821259458  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**WERNER OPTOMETRY**  
 2650 JAMACHA RD STE 155  
 EL CAJON, CA 92019-4319  
*Phone:* (619) 670-6296  
*Fax:* (619) 670-8852  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Italian, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M,W,TH 9AM-5PM, TU 10AM-5PM, F 8AM-2PM

### **WERNER, REX A , OD**

Provider Gender: Male  
License number: 9378  
NPI: 1891760716  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Italian, Spanish  
Cultural Competency: Yes  
WERNER OPTOMETRY  
2650 JAMACHA RD STE 155  
EL CAJON, CA 92019-4319  
Phone: (619) 670-6296  
Fax: (619) 670-8852  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Italian, Spanish  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M,W,TH 9AM-5PM, TU 10AM-5PM, F 8AM-2PM

### **ZVANUT, DONALD R , OD**

Provider Gender: Male  
License number: 8642  
NPI: 1336211804  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
WEST COAST EYE CARE  
450 FLETCHER PKWY STE 112

EL CAJON, CA 92020-2520  
Phone: (619) 440-5400  
Fax: (619) 440-0239  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): No  
Hours: M-F 8:30AM-6PM

### **ENCINITAS**

### **ADAMS, MONA N , OD**

Provider Gender: Female  
License number: 14457  
NPI: 1942564521  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
RADY CHILDRENS HOSPITAL  
ENCINITAS  
477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024-1374  
Phone: (858) 309-7702  
Fax: (858) 966-7403  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information

Public transportation (within 1/2 mile from Site): No  
Hours: M-F 8AM-5PM

### **AOTO, KIM N , OD**

Provider Gender: Female  
License number: 14524  
NPI: 1780935650  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish, Vietnamese  
Cultural Competency: Yes  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024-5139  
Phone: (760) 943-7141  
Fax: (760) 943-0371  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M-F 8AM-5PM

### **AVALLONE, THOMAS, MD**

Provider Gender: Male  
License number: A147199  
NPI: 1679865950  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024-5139

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## K. Vision Provider Directory - Eye & Vision Services

Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

**BANSAL, PREETI, MD**  
 Provider Gender: Female  
 License number: A90890  
 NPI: 1871664631  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: Yes  
 RADY CHILDRENS HOSPITAL ENCINITAS  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2

mile from Site): No  
 Hours: M-F 8AM-5PM  
**BHATIA, SHAGUN, MD**  
 Provider Gender: Female  
 License number: A154902  
 NPI: 1104237353  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 RADY CHILDRENS HOSPITAL ENCINITAS  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM

**CHANG, TOM S , MD**  
 Provider Gender: Male  
 License number: A69909  
 NPI: 1609848969  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone:

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

**DEAN, MOENA, OD**  
 Provider Gender: Female  
 License number: 33955  
 NPI: 1265927578  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

**DUONG, KIM S , OD**  
 Provider Gender: Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

License number: 34222  
 NPI: 1114448651  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: Yes  
 RADY CHILDRENS HOSPITAL  
 ENCINITAS  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM

### **DYER, SHARON M , OD**

Provider Gender: Female  
 License number: 33450  
 NPI: 1063866887  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish

Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **HUDSON, HENRY L , MD**

Provider Gender: Male  
 License number: G76091  
 NPI: 1851349195  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **KIM, HEAWON, OD**

Provider Gender: Female  
 License number: 34584TLG  
 NPI: 1912517707  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Cultural Competency: Yes  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **LEE, JASON, OD**

Provider Gender: Male  
 License number: 14881  
 NPI: 1679985584  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: Yes  
 RADY CHILDRENS HOSPITAL  
 ENCINITAS  
 477 N EL CAMINO REAL STE D302  
 ENCINITAS, CA 92024-1374  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL):

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## K. Vision Provider Directory - Eye & Vision Services

No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M-F 8AM-5PM

### **MCGRAW, JOSEPH, MD**

*Provider Gender:* Male  
*License number:* A155228  
*NPI:* 1588624852  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Cultural Competency: Yes  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024-5139  
*Phone:* (760) 943-7141  
*Fax:* (760) 943-0371  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **MOLL, ANGELA, MD**

*Provider Gender:* Female  
*License number:* A105472  
*NPI:* 1861648602  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Cultural Competency: Yes  
RADY CHILDRENS HOSPITAL  
ENCINITAS

477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-7403  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M-F 8AM-5PM

### **MORRISON REYES, JOSHUA, MD**

*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Indonesian, Spanish  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024-5139  
*Phone:* (760) 943-7141  
*Fax:* (760) 943-0371  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for

Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **O HALLORAN, HENRY, MD**

*Provider Gender:* Male  
*License number:* A73282  
*NPI:* 1235287947  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
German, Spanish  
*Cultural Competency:* Yes  
RADY CHILDRENS HOSPITAL  
ENCINITAS  
477 N EL CAMINO REAL STE  
D302  
ENCINITAS, CA 92024-1374  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-7403  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M-F 8AM-5PM

### **SAMUEL, MICHAEL A , MD**

*Provider Gender:* Male  
*License number:* A83237  
*NPI:* 1730175670  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Cultural Competency: Yes  
ACUITY EYE GROUP  
320 SANTA FE DR STE 104  
ENCINITAS, CA 92024-5139

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## K. Vision Provider Directory - Eye & Vision Services

Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M-F 8AM-5PM

**SCHER, COLIN A , MD**  
 Provider Gender: Male  
 License number: A42700  
 NPI: 1396816153  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Spanish  
 Cultural Competency: Yes  
 RADY CHILDRENS HOSPITAL  
 ENCINITAS  
 477 N EL CAMINO REAL STE  
 D302  
 ENCINITAS, CA 92024-1374  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2

mile from Site): No  
 Hours: M-F 8AM-5PM  
**SCOTTI, FRANK A , MD**  
 Provider Gender: Male  
 License number: G40698  
 NPI: 1801824313  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M-F 8AM-5PM

**TRAN, THAO P , OD**  
 Provider Gender: Female  
 License number: 12867  
 NPI: 1962581421  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Vietnamese  
 Cultural Competency: Yes  
 KINDERSPECS-GOOD EYES  
 OPTOMETRY  
 267 N EL CAMINO REAL STE D  
 ENCINITAS, CA 92024-5366

Phone: (760) 753-3665  
 Fax: (408) 969-1653  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Vietnamese  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M-TH 10AM-4:30PM, F  
 11AM-4PM

**VINH, JOHN B , OD**  
 Provider Gender: Male  
 License number: 14177  
 NPI: 1003102724  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024-5139  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

Hours: M-F 8AM-5PM

### ESCONDIDO

#### **ADAMS, MONA N , OD**

Provider Gender: Female

License number: 14457

NPI: 1942564521

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

RADY CHILDRENS

SPECIALISTS

2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for

Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M-F 8:30AM-4:30PM

#### **AOTO, KIM N , OD**

Provider Gender: Female

License number: 14524

NPI: 1780935650

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish, Vietnamese

Cultural Competency: Yes

WEST COAST EYE CARE

830 W VALLEY PKWY STE 300

ESCONDIDO, CA 92025-2529

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for

Accessibility information

Public transportation (within 1/2 mile from Site): No

Hours:

#### **BANSAL, PREETI, MD**

Provider Gender: Female

License number: A90890

NPI: 1871664631

Provider English Spoken: Yes

Provider Language(s) Spoken:

Spanish

Cultural Competency: Yes

RADY CHILDRENS

SPECIALISTS

2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for

Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M-F 8:30AM-4:30PM

#### **BHATIA, SHAGUN, MD**

Provider Gender: Female

License number: A154902

NPI: 1104237353

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

RADY CHILDRENS

SPECIALISTS

2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029-4159

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone:

Accepting New Patients: Yes

Site English Spoken: Yes

Site Language(s) Spoken:

Min/Max Age:

Gender Restriction: No Gender Restrictions

American Sign Language (ASL): No

Please contact provider for

Accessibility information

Public transportation (within 1/2 mile from Site): Yes

Hours: M-F 8:30AM-4:30PM

#### **CHENG, PATTY L , OD**

Provider Gender: Female

License number: 12249

NPI: 1265526263

Provider English Spoken: Yes

Provider Language(s) Spoken:

Cultural Competency: Yes

WEST COAST EYE CARE

830 W VALLEY PKWY STE 300

ESCONDIDO, CA 92025-2529

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone:

Accepting New Patients: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:*

### **DUONG, KIM S , OD**

*Provider Gender:* Female  
*License number:* 34222  
*NPI:* 1114448651  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* Yes  
 RADY CHILDRENS SPECIALISTS  
 2125 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8:30AM-4:30PM

### **KATZMAN, BARRY, MD**

*Provider Gender:* Male

*License number:* A34834  
*NPI:* 1760473797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
 WEST COAST EYE CARE  
 830 W VALLEY PKWY STE 300  
 ESCONDIDO, CA 92025-2529  
*Phone:* (760) 743-5872  
*Fax:* (760) 743-5879  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:*

### **KLAREN, AMANDA, OD**

*Provider Gender:* Female  
*License number:* 12617  
*NPI:* 1396876611  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 RADY CHILDRENS SPECIALISTS  
 2125 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8:30AM-4:30PM

### **LEE, JASON, OD**

*Provider Gender:* Male  
*License number:* 14881  
*NPI:* 1679985584  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
 RADY CHILDRENS SPECIALISTS  
 2125 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8:30AM-4:30PM

### **LE, TAM T , OD**

*Provider Gender:* Female  
*License number:* 12951  
*NPI:* 1235268707  
*Provider English Spoken:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

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| <p><i>Provider Language(s) Spoken:</i><br/>Spanish, Vietnamese<br/><i>Cultural Competency:</i> Yes<br/>TAM T LE OD INC<br/>1711 E VALLEY PKWY STE 109<br/>ESCONDIDO, CA 92027-2521<br/><i>Phone:</i> (760) 737-6064<br/><i>Fax:</i> (760) 737-6064<br/><i>After Hours Phone:</i><br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i><br/>Spanish, Vietnamese<br/><i>Min/Max Age:</i><br/><i>Gender Restriction:</i> No Gender Restrictions<br/><i>American Sign Language (ASL):</i><br/>No<br/>Please contact provider for Accessibility information<br/><i>Public transportation (within 1/2 mile from Site):</i> Yes<br/><i>Hours:</i> M-F 9AM-5:30PM, SA 10AM-2PM</p> <p><b>MOLL, ANGELA, MD</b><br/><i>Provider Gender:</i> Female<br/><i>License number:</i> A105472<br/><i>NPI:</i> 1861648602<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i><br/><i>Cultural Competency:</i> Yes<br/>RADY CHILDRENS SPECIALISTS<br/>2125 CITRACADO PKWY STE 200<br/>ESCONDIDO, CA 92029-4159<br/><i>Phone:</i> (760) 755-7600<br/><i>Fax:</i> (760) 755-7699<br/><i>After Hours Phone:</i><br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i><br/><i>Min/Max Age:</i><br/><i>Gender Restriction:</i> No Gender</p> | <p><i>Restrictions</i><br/><i>American Sign Language (ASL):</i><br/>No<br/>Please contact provider for Accessibility information<br/><i>Public transportation (within 1/2 mile from Site):</i> Yes<br/><i>Hours:</i> M-F 8:30AM-4:30PM</p> <p><b>MORRISON REYES, JOSHUA, MD</b><br/><i>Provider Gender:</i> Male<br/><i>License number:</i> A125435<br/><i>NPI:</i> 1235366782<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i><br/>Indonesian, Spanish<br/><i>Cultural Competency:</i> Yes<br/>WEST COAST EYE CARE<br/>830 W VALLEY PKWY STE 300<br/>ESCONDIDO, CA 92025-2529<br/><i>Phone:</i> (760) 743-5872<br/><i>Fax:</i> (760) 743-5879<br/><i>After Hours Phone:</i><br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i><br/><i>Min/Max Age:</i><br/><i>Gender Restriction:</i> No Gender Restrictions<br/><i>American Sign Language (ASL):</i><br/>No<br/>Please contact provider for Accessibility information<br/><i>Public transportation (within 1/2 mile from Site):</i> No<br/><i>Hours:</i></p> <p><b>MOVAGHAR, MANSOOR, MD</b><br/><i>Provider Gender:</i> Male<br/><i>License number:</i> A100897<br/><i>NPI:</i> 1497792220<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i><br/><i>Cultural Competency:</i> Yes</p> | <p>RADY CHILDRENS SPECIALISTS<br/>2125 CITRACADO PKWY STE 200<br/>ESCONDIDO, CA 92029-4159<br/><i>Phone:</i> (760) 755-7600<br/><i>Fax:</i> (760) 755-7699<br/><i>After Hours Phone:</i><br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i><br/><i>Min/Max Age:</i><br/><i>Gender Restriction:</i> No Gender Restrictions<br/><i>American Sign Language (ASL):</i><br/>No<br/>Please contact provider for Accessibility information<br/><i>Public transportation (within 1/2 mile from Site):</i> Yes<br/><i>Hours:</i> M-F 8:30AM-4:30PM</p> <p><b>O HALLORAN, HENRY, MD</b><br/><i>Provider Gender:</i> Male<br/><i>License number:</i> A73282<br/><i>NPI:</i> 1235287947<br/><i>Provider English Spoken:</i> Yes<br/><i>Provider Language(s) Spoken:</i><br/>German, Spanish<br/><i>Cultural Competency:</i> Yes<br/>RADY CHILDRENS SPECIALISTS<br/>2125 CITRACADO PKWY STE 200<br/>ESCONDIDO, CA 92029-4159<br/><i>Phone:</i> (760) 755-7600<br/><i>Fax:</i> (760) 755-7699<br/><i>After Hours Phone:</i><br/><i>Accepting New Patients:</i> Yes<br/><i>Site English Spoken:</i> Yes<br/><i>Site Language(s) Spoken:</i><br/><i>Min/Max Age:</i><br/><i>Gender Restriction:</i> No Gender Restrictions<br/><i>American Sign Language (ASL):</i></p> |
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This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-F 8:30AM-4:30PM

### **PANSARA, MEGHA, MD**

*Provider Gender:* Female  
*License number:* A143429  
*NPI:* 1184983728  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Gujarati  
*Cultural Competency:* Yes  
RADY CHILDRENS  
SPECIALISTS  
2125 CITRACADO PKWY STE  
200  
ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-F 8:30AM-4:30PM

### **PATEL, SARJAN H , MD**

*Provider Gender:* Male  
*License number:* A114976  
*NPI:* 1316199326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Gujarati, Hindi, Spanish  
*Cultural Competency:* Yes

WEST COAST EYE CARE  
830 W VALLEY PKWY STE 300  
ESCONDIDO, CA 92025-2529  
*Phone:* (760) 743-5872  
*Fax:* (760) 743-5879  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:*

### **PRABHU, SUJATA P , MD**

*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* Yes  
WEST COAST EYE CARE  
830 W VALLEY PKWY STE 300  
ESCONDIDO, CA 92025-2529  
*Phone:* (760) 743-5872  
*Fax:* (760) 743-5879  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2*

*mile from Site):* No  
*Hours:*

### **SCHER, COLIN A , MD**

*Provider Gender:* Male  
*License number:* A42700  
*NPI:* 1396816153  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* Yes  
RADY CHILDRENS  
SPECIALISTS  
2125 CITRACADO PKWY STE  
200  
ESCONDIDO, CA 92029-4159  
*Phone:* (760) 755-7600  
*Fax:* (760) 755-7699  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-F 8:30AM-4:30PM

### **THACH, TERILYN T , OD**

*Provider Gender:* Female  
*License number:* 11456  
*NPI:* 1710030861  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Vietnamese  
*Cultural Competency:* Yes  
INSIGHT VISION OPTOMETRY  
2419 E VALLEY PKWY  
ESCONDIDO, CA 92027-2932

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

Phone: (760) 738-9931  
 Fax: (760) 738-9933  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish, Vietnamese  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M,TU,F 9:30AM-5PM, TH  
 10AM-5:30PM

### **TONNU, ANH T , OD**

Provider Gender: Female  
 License number: 11318  
 NPI: 1679521280  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Vietnamese  
 Cultural Competency: Yes  
 WEST COAST EYE CARE  
 830 W VALLEY PKWY STE 300  
 ESCONDIDO, CA 92025-2529  
 Phone: (760) 743-5872  
 Fax: (760) 743-5879  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): No

Hours:

### **VERRET, ERIC, OD**

Provider Gender: Male  
 License number: 11401  
 NPI: 1194891853  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 French, Spanish  
 Cultural Competency: Yes  
 ESCONDIDO EYECARE  
 613 E GRAND AVE  
 ESCONDIDO, CA 92025-4402  
 Phone: (760) 747-7979  
 Fax: (760) 747-7799  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, French, Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M-TH 9AM-6PM

### **WILLEY, MELISSA M , OD**

Provider Gender: Female  
 License number: 14415  
 NPI: 1679836928  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 WEST COAST EYE CARE  
 830 W VALLEY PKWY STE 300  
 ESCONDIDO, CA 92025-2529  
 Phone: (760) 743-5872  
 Fax: (760) 743-5879  
 After Hours Phone:  
 Accepting New Patients: Yes

Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): No  
 Hours:

### **FALLBROOK**

### **COLEMAN, BROOKE A , OD**

Provider Gender: Female  
 License number: 13551  
 NPI: 1700040748  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 INLAND EYE SPECIALISTS  
 521 E ELDER ST STE 102  
 FALLBROOK, CA 92028-3082  
 Phone: (760) 728-5728  
 Fax: (760) 728-5934  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): No  
 Hours: M-F 8AM-5PM

### **CONNOR, JEFFREY, OD**

Provider Gender: Male

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

License number: 33683  
 NPI: 1063968980  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: Yes  
 INLAND EYE SPECIALISTS  
 521 E ELDER ST STE 102  
 FALLBROOK, CA 92028-3082  
 Phone: (760) 728-5728  
 Fax: (760) 728-5934  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM

**COOPER, MICHAEL J , OD**  
 Provider Gender: Male  
 License number: 10476  
 NPI: 1164586244  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 INLAND EYE SPECIALISTS  
 521 E ELDER ST STE 102  
 FALLBROOK, CA 92028-3082  
 Phone: (760) 728-5728  
 Fax: (760) 728-5934  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:

Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM

**DUONG, CHERYL, OD**  
 Provider Gender: Female  
 License number: OPT34070  
 NPI: 1366935678  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 INLAND EYE SPECIALISTS  
 521 E ELDER ST STE 102  
 FALLBROOK, CA 92028-3082  
 Phone: (760) 728-5728  
 Fax: (760) 728-5934  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:

Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM

**GEORGE, BRUCE D , OD**  
 Provider Gender: Male  
 License number: 7696  
 NPI: 1356414551  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Korean, Spanish

Cultural Competency: Yes  
 BRUCE D GEORGE OD  
 1102 S MAIN AVE  
 FALLBROOK, CA 92028-3325  
 Phone: (760) 723-8417  
 Fax: (760) 867-2222  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M 1PM-5PM, TU 9AM-6PM, W,TH 9AM-5PM, F,SA 9AM-1PM

**TEW, JOHN G , MD**  
 Provider Gender: Male  
 License number: A83206  
 NPI: 1174593354  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Portuguese  
 Cultural Competency: Yes  
 INLAND EYE SPECIALISTS  
 521 E ELDER ST STE 102  
 FALLBROOK, CA 92028-3082  
 Phone: (760) 728-5728  
 Fax: (760) 728-5934  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*American Sign Language (ASL):* No  
*Please contact provider for Accessibility information*  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-5PM

### IMPERIAL BEACH

#### **HANONO, ABRAHAM, OD**

*Provider Gender:* Male  
*License number:* 14900  
*NPI:* 1356754741  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hebrew, Spanish  
*Cultural Competency:* Yes  
 IMPERIAL BEACH  
 OPTOMETRY INC APC  
 894 PALM AVE STE B  
 IMPERIAL BEACH, CA  
 91932-1573  
*Phone:* (619) 424-9333  
*Fax:* (619) 424-3356  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
*Please contact provider for Accessibility information*  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 9AM-6PM

#### **HANONO, HELFON, OD**

*Provider Gender:* Male  
*License number:* 6681  
*NPI:* 1619942034

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
 IMPERIAL BEACH  
 OPTOMETRY INC APC  
 894 PALM AVE STE B  
 IMPERIAL BEACH, CA  
 91932-1573  
*Phone:* (619) 424-9333  
*Fax:* (619) 424-3356  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
*Please contact provider for Accessibility information*  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 9AM-6PM

### LA JOLLA

#### **AVALLONE, THOMAS, MD**

*Provider Gender:* Male  
*License number:* A147199  
*NPI:* 1679865950  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
*Please contact provider for Accessibility information*  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

#### **CHENG, PATTY L, OD**

*Provider Gender:* Female  
*License number:* 12249  
*NPI:* 1265526263  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
*Please contact provider for Accessibility information*  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

#### **CODEN, DANIEL J, MD**

*Provider Gender:* Male  
*License number:* G57587  
*NPI:* 1942317508  
*Provider English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## K. Vision Provider Directory - Eye & Vision Services

*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

### **DEAN, MOENA, OD**

*Provider Gender:* Female  
*License number:* 33955  
*NPI:* 1265927578  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No

Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

### **DYER, SHARON M , OD**

*Provider Gender:* Female  
*License number:* 33450  
*NPI:* 1063866887  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

### **HOO, PAMELA A , OD**

*Provider Gender:* Female  
*License number:* 11033  
*NPI:* 1275566010  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* Yes  
**UCSD SHILEY EYE CENTER**  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350

*Phone:* (858) 534-6290  
*Fax:* (858) 822-2948  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

### **HUDSON, HENRY L , MD**

*Provider Gender:* Male  
*License number:* G76091  
*NPI:* 1851349195  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

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## K. Vision Provider Directory - Eye & Vision Services

### **HUSTANA, LARA, OD**

*Provider Gender:* Female  
*License number:* 11472  
*NPI:* 1235161597  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* French  
*Cultural Competency:* Yes  
 UCSD SHILEY EYE CENTER  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:* (858) 822-2948  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

### **KIM, HEAWON, OD**

*Provider Gender:* Female  
*License number:* 34584TLG  
*NPI:* 1912517707  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:* Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

### **KIM, PHILIP, OD**

*Provider Gender:* Male  
*License number:* 33893  
*NPI:* 1376929034  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 UCSD SHILEY EYE CENTER  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:* (858) 822-2948  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

### **KULISCHAK, JOHN F , OD**

*Provider Gender:* Male  
*License number:* 9279  
*NPI:* 1740205236

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 UCSD SHILEY EYE CENTER  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:* (858) 822-2948  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 7:30AM-5PM, SA 8AM-2PM

### **LAM, ANNE B , OD**

*Provider Gender:* Female  
*License number:* 12810  
*NPI:* 1174550768  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 UCSD SHILEY EYE CENTER  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:* (858) 822-2948  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No

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## K. Vision Provider Directory - Eye & Vision Services

Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M-F 7:30AM-5PM, SA  
8AM-2PM

### LEE, SALLY S , DO

*Provider Gender:* Female  
*License number:* A8088  
*NPI:* 1457468514  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Chinese  
*Cultural Competency:* Yes  
SAN DIEGO EYE  
PROFESSIONALS  
9834 GENESEE AVE STE 427  
LA JOLLA, CA 92037-1264  
*Phone:* (858) 276-1013  
*Fax:* (619) 583-4288  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
German, Chinese  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M-F 10AM-5PM

### LUSBY, FRANKLIN W , MD

*Provider Gender:* Male  
*License number:* G41830  
*NPI:* 1265526180  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
LUSBY VISION INSTITUTE

9850 GENESEE AVE STE 220  
LA JOLLA, CA 92037-1208  
*Phone:* (858) 459-6200  
*Fax:* (858) 459-2025  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-F 9AM-5PM

### MIZOGUCHI, LIANNE T , OD

*Provider Gender:* Female  
*License number:* 10104  
*NPI:* 1619900313  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
UCSD SHILEY EYE CENTER  
9415 CAMPUS POINT DR  
LA JOLLA, CA 92093-1350  
*Phone:* (858) 534-6290  
*Fax:* (858) 822-2948  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M-F 7:30AM-5PM, SA

8AM-2PM

### MORRISON REYES, JOSHUA, MD

*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Indonesian, Spanish  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037-1208  
*Phone:* (858) 457-3010  
*Fax:* (858) 457-0028  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M-F 8AM-4:30PM

### PERRY, ARTHUR C , MD

*Provider Gender:* Male  
*License number:* C37934  
*NPI:* 1194832725  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037-1208

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## K. Vision Provider Directory - Eye & Vision Services

*Phone: (858) 457-3010*

*Fax: (858) 457-0028*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish, Tagalog

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Public transportation (within 1/2 mile from Site): No*

*Hours: M-F 8AM-4:30PM*

### **PRATT, STEVEN G , MD**

*Provider Gender: Male*

*License number: G32379*

*NPI: 1407963044*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: Yes*

ACUITY EYE GROUP

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037-1208

*Phone: (858) 457-3010*

*Fax: (858) 457-0028*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish, Tagalog

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Public transportation (within 1/2 mile from Site): No*

*Hours: M-F 8AM-4:30PM*

### **TONNU, ANH T , OD**

*Provider Gender: Female*

*License number: 11318*

*NPI: 1679521280*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Vietnamese

*Cultural Competency: Yes*

ACUITY EYE GROUP

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037-1208

*Phone: (858) 457-3010*

*Fax: (858) 457-0028*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish, Tagalog

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Public transportation (within 1/2 mile from Site): No*

*Hours: M-F 8AM-4:30PM*

### **VINH, JOHN B , OD**

*Provider Gender: Male*

*License number: 14177*

*NPI: 1003102724*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

ACUITY EYE GROUP

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037-1208

*Phone: (858) 457-3010*

*Fax: (858) 457-0028*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish, Tagalog

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Public transportation (within 1/2 mile from Site): No*

*Hours: M-F 8AM-4:30PM*

### **VO, ANDREW MINH, OD**

*Provider Gender: Male*

*License number: 33869*

*NPI: 1790291565*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Vietnamese

*Cultural Competency: Yes*

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR

LA JOLLA, CA 92093-1350

*Phone: (858) 534-6290*

*Fax: (858) 822-2948*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Public transportation (within 1/2 mile from Site): No*

*Hours: M-F 7:30AM-5PM, SA 8AM-2PM*

### **YU, CAROL, OD**

*Provider Gender: Female*

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## K. Vision Provider Directory - Eye & Vision Services

License number: 34047  
 NPI: 1639697451  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Chinese  
 Cultural Competency: Yes  
 UCSD SHILEY EYE CENTER  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093-1350  
 Phone: (858) 534-6290  
 Fax: (858) 822-2948  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 7:30AM-5PM, SA 8AM-2PM

### LA MESA

**AOTO, KIM N , OD**  
 Provider Gender: Female  
 License number: 14524  
 NPI: 1780935650  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Vietnamese  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes

Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

**ASIS, STEPHANIE, OD**  
 Provider Gender: Female  
 License number: 34013  
 NPI: 1902383540  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

**AVALLONE, THOMAS, MD**  
 Provider Gender: Male  
 License number: A147199  
 NPI: 1679865950

Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

**AVALLONE, THOMAS, MD**  
 Provider Gender: Male  
 License number: A147199  
 NPI: 1679865950  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
 5565 GRSMNT CTR DR STE 551  
 LA MESA, CA 91942-3078  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender

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## K. Vision Provider Directory - Eye & Vision Services

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Restrictions<br/> <i>American Sign Language (ASL):</i> No<br/> Please contact provider for Accessibility information<br/> <i>Public transportation (within 1/2 mile from Site):</i> No<br/> <i>Hours:</i> M-F 8AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>ACUITY EYE GROUP<br/> 7339 EL CAJON BLVD STE J<br/> LA MESA, CA 91942-7435<br/> <i>Phone:</i> (619) 722-8460<br/> <i>Fax:</i> (619) 722-8465<br/> <i>After Hours Phone:</i><br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i> Spanish<br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender Restrictions<br/> <i>American Sign Language (ASL):</i> No<br/> Please contact provider for Accessibility information<br/> <i>Public transportation (within 1/2 mile from Site):</i> Yes<br/> <i>Hours:</i> M-F 8AM-5PM</p>                                                                                                                                                                                                                                                                                                        | <p><i>Public transportation (within 1/2 mile from Site):</i> Yes<br/> <i>Hours:</i> M-F 8AM-5PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>BAGHOUMIAN, MARINEH, OD</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 14842<br/> <i>NPI:</i> 1972929438<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Armenian<br/> <i>Cultural Competency:</i> Yes<br/> ACUITY EYE GROUP<br/> 7339 EL CAJON BLVD STE J<br/> LA MESA, CA 91942-7435<br/> <i>Phone:</i> (619) 722-8460<br/> <i>Fax:</i> (619) 722-8465<br/> <i>After Hours Phone:</i><br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i> Spanish<br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender Restrictions<br/> <i>American Sign Language (ASL):</i> No<br/> Please contact provider for Accessibility information<br/> <i>Public transportation (within 1/2 mile from Site):</i> Yes<br/> <i>Hours:</i> M-F 8AM-5PM</p> | <p><b>CAHOON, BENJAMIN, OD</b><br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> 33877<br/> <i>NPI:</i> 1053819557<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> Yes<br/> ACUITY EYE GROUP<br/> 7339 EL CAJON BLVD STE J<br/> LA MESA, CA 91942-7435<br/> <i>Phone:</i> (619) 722-8460<br/> <i>Fax:</i> (619) 722-8465<br/> <i>After Hours Phone:</i><br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i> Spanish<br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender Restrictions<br/> <i>American Sign Language (ASL):</i> No<br/> Please contact provider for Accessibility information<br/> <i>Public transportation (within 1/2 mile from Site):</i> Yes<br/> <i>Hours:</i> M, TU 9AM-5:30PM, W 8AM-5PM, TH 9AM-6PM, F 8AM-1PM</p> | <p><b>CAUCHI, CAROLINE GUERRERO, OD</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 6882<br/> <i>NPI:</i> 1831268903<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> Yes<br/> VISION SOLUTIONS OPTOMETRY<br/> 8235 UNIVERSITY AVE<br/> LA MESA, CA 91942-9326<br/> <i>Phone:</i> (619) 461-4913<br/> <i>Fax:</i> (888) 509-6483<br/> <i>After Hours Phone:</i><br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i> Spanish<br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender Restrictions<br/> <i>American Sign Language (ASL):</i> No<br/> Please contact provider for Accessibility information<br/> <i>Public transportation (within 1/2 mile from Site):</i> Yes<br/> <i>Hours:</i> M, TU 9AM-5:30PM, W 8AM-5PM, TH 9AM-6PM, F 8AM-1PM</p> |
| <p><b>BINDER, NICHOLAS, MD</b><br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A124698<br/> <i>NPI:</i> 1306076716<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> Yes</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><b>CHANG, TOM S, MD</b><br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> A69909<br/> <i>NPI:</i> 1609848969<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Spanish<br/> <i>Cultural Competency:</i> Yes<br/> EYE ASSOCIATES OF SAN</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

**DIEGO/ACUITY EYE GROUP**  
 5565 GRSMNT CTR DR STE 551  
 LA MESA, CA 91942-3078  
*Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-5PM

**CHEA, LISA, OD**  
*Provider Gender:* Female  
*License number:* 33615  
*NPI:* 1902341472  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for

Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

**CHENG, PATTY L , OD**  
*Provider Gender:* Female  
*License number:* 12249  
*NPI:* 1265526263  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

**CHEW, WESLEY S , OD**  
*Provider Gender:* Male  
*License number:* 14901  
*NPI:* 1952714446  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435

*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

**CONRAD, RANDALL E , OD**  
*Provider Gender:* Male  
*License number:* 6423  
*NPI:* 1962617464  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**ALVARADO EYE ASSOCIATES MED CLINIC INC**  
 7877 PARKWAY DR STE 100  
 LA MESA, CA 91942-2000  
*Phone:* (619) 460-3711  
*Fax:* (619) 460-2184  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Hours: M-F 8AM-5PM*

### **COOK, GLENN B , MD**

*Provider Gender: Male*

*License number: G63727*

*NPI: 1013078427*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Spanish

*Cultural Competency: Yes*

ALVARADO EYE ASSOCIATES

MED CLINIC INC

7877 PARKWAY DR STE 100

LA MESA, CA 91942-2000

*Phone: (619) 460-3711*

*Fax: (619) 460-2184*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Min/Max Age:*

*Gender Restriction: No Gender*

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Public transportation (within 1/2*

*mile from Site): No*

*Hours: M-F 8AM-5PM*

### **DANG, JENNIFER A , OD**

*Provider Gender: Female*

*License number: 14634*

*NPI: 1770921942*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942-7435

*Phone: (619) 722-8460*

*Fax: (619) 722-8465*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction: No Gender*

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Public transportation (within 1/2*

*mile from Site): Yes*

*Hours: M-F 8AM-5PM*

### **DEAN, MOENA, OD**

*Provider Gender: Female*

*License number: 33955*

*NPI: 1265927578*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942-7435

*Phone: (619) 722-8460*

*Fax: (619) 722-8465*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction: No Gender*

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Public transportation (within 1/2*

*mile from Site): Yes*

*Hours: M-F 8AM-5PM*

### **DEAN, MOENA, OD**

*Provider Gender: Female*

*License number: 33955*

*NPI: 1265927578*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

EYE ASSOCIATES OF SAN

DIEGO/ACUITY EYE GROUP

5565 GRSMNT CTR DR STE

551

LA MESA, CA 91942-3078

*Phone: (619) 465-2020*

*Fax: (619) 698-1189*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction: No Gender*

*Restrictions*

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Public transportation (within 1/2*

*mile from Site): No*

*Hours: M-F 8AM-5PM*

### **DYER, SHARON M , OD**

*Provider Gender: Female*

*License number: 33450*

*NPI: 1063866887*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942-7435

*Phone: (619) 722-8460*

*Fax: (619) 722-8465*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **DYER, SHARON M , OD**

*Provider Gender:* Female  
*License number:* 33450  
*NPI:* 1063866887  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
 5565 GRSMNT CTR DR STE 551  
 LA MESA, CA 91942-3078  
*Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-5PM

### **GABRIELIAN, ZARINE, OD**

*Provider Gender:* Female  
*License number:* 34133  
*NPI:* 1083182398  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Russian  
*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **GALLARDO, JANELLE, OD**

*Provider Gender:* Female  
*License number:* 34581  
*NPI:* 1578171898  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **GILES, GREGORY E , OD**

*Provider Gender:* Male  
*License number:* 11362  
*NPI:* 1114931250  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 LA MESA VISION CARE  
 8007 LA MESA BLVD  
 LA MESA, CA 91942-6434  
*Phone:* (619) 466-5665  
*Fax:* (619) 466-5688  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 8AM-4PM, TU,TH 9AM-6PM, W 7AM-4PM, F 9AM-5PM, SA 8AM-1PM

### **GOLLOGLY, HEIDRUN, MD**

*Provider Gender:* Female  
*License number:* A134761  
*NPI:* 1477879823  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* German, French, Spanish  
*Cultural Competency:* Yes

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## K. Vision Provider Directory - Eye & Vision Services

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP  
5565 GRSMNT CTR DR STE  
551  
LA MESA, CA 91942-3078  
Phone: (619) 465-2020  
Fax: (619) 698-1189  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M-F 8AM-5PM

**GOLLOGLY, HEIDRUN, MD**  
Provider Gender: Female  
License number: A134761  
NPI: 1477879823  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
German, French, Spanish  
Cultural Competency: Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
Phone: (619) 722-8460  
Fax: (619) 722-8465  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):

No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-F 8AM-5PM

**HAIGHT, BRUCE T, MD**  
Provider Gender: Male  
License number: G41117  
NPI: 1427029628  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
Phone: (619) 722-8460  
Fax: (619) 722-8465  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-F 8AM-5PM

**HAIGHT, BRUCE T, MD**  
Provider Gender: Male  
License number: G41117  
NPI: 1427029628  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

5565 GRSMNT CTR DR STE  
551  
LA MESA, CA 91942-3078  
Phone: (619) 465-2020  
Fax: (619) 698-1189  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M-F 8AM-5PM

**HAMOUIE, JUDY, OD**  
Provider Gender: Female  
License number: 34984  
NPI: 1518638287  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
Phone: (619) 722-8460  
Fax: (619) 722-8465  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **HAN, SULKI, OD**

*Provider Gender:* Female  
*License number:* 34171  
*NPI:* 1750802195  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **HIXSON, THOMAS M , OD**

*Provider Gender:* Male  
*License number:* 7490  
*NPI:* 1528072683  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
LA MESA VISION CARE  
8007 LA MESA BLVD  
LA MESA, CA 91942-6434

*Phone:* (619) 466-5665  
*Fax:* (619) 466-5688  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 8AM-4PM, TU,TH 9AM-6PM, W 7AM-4PM, F 9AM-5PM, SA 8AM-1PM

### **HSU, CHRISTOPHER, MD**

*Provider Gender:* Male  
*License number:* A65973  
*NPI:* 1336167618  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes

*Hours:* M-F 8AM-5PM

### **HUDSON, HENRY L , MD**

*Provider Gender:* Male  
*License number:* G76091  
*NPI:* 1851349195  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
5565 GRSMNT CTR DR STE 551  
LA MESA, CA 91942-3078  
*Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-5PM

### **HUDSON, HENRY L , MD**

*Provider Gender:* Male  
*License number:* G76091  
*NPI:* 1851349195  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **HUNG, JANICE, OD**

Provider Gender: Female  
 License number: 34296  
 NPI: 1750917936  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **KATZMAN, BARRY, MD**

Provider Gender: Male

License number: A34834  
 NPI: 1760473797  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **KATZMAN, LEE R , MD**

Provider Gender: Male  
 License number: A135673  
 NPI: 1912297284  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 ALVARADO EYE ASSOCIATES  
 MED CLINIC INC  
 7877 PARKWAY DR STE 100  
 LA MESA, CA 91942-2000  
 Phone: (619) 460-3711  
 Fax: (619) 460-2184  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:

Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM

### **KIM, HEAWON, OD**

Provider Gender: Female  
 License number: 34584TLG  
 NPI: 1912517707  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **KIM, HEAWON, OD**

Provider Gender: Female  
 License number: 34584TLG  
 NPI: 1912517707  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

**EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP**  
 5565 GRSMNT CTR DR STE 551  
 LA MESA, CA 91942-3078  
*Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-5PM

**KIM, MELODY J , OD**  
*Provider Gender:* Female  
*License number:* 14726  
*NPI:* 1487082749  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Korean, Spanish  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*

No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

**LEE, JENNIFER A , OD**  
*Provider Gender:* Female  
*License number:* 33443  
*NPI:* 1891147351  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

**LEE, SALLY S , DO**  
*Provider Gender:* Female  
*License number:* A8088  
*NPI:* 1457468514  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Chinese  
*Cultural Competency:* Yes  
**SAN DIEGO EYE PROFESSIONALS**

5965 SEVERIN DR  
 LA MESA, CA 91942-3806  
*Phone:* (619) 583-4295  
*Fax:* (619) 825-7300  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Chinese  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 10AM-5PM

**LEVY, PHILLIP A , OD**  
*Provider Gender:* Male  
*License number:* 4884  
*NPI:* 1528189115  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
**PHILLIP A LEVY OD**  
 5020 BALTIMORE DR STE B  
 LA MESA, CA 91942-0692  
*Phone:* (619) 464-8303  
*Fax:* (619) 464-4971  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

Hours: M,F 10AM-5PM, TU-TH  
9AM-6PM

### **LE, HELEN W , OD**

Provider Gender: Female  
License number: 33767  
NPI: 1669995916  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Chinese  
Cultural Competency: Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
Phone: (619) 722-8460  
Fax: (619) 722-8465  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-F 8AM-5PM

### **MANCILLA, RAUL A , OD**

Provider Gender: Male  
License number: 12705  
NPI: 1487706198  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
Phone: (619) 722-8460  
Fax: (619) 722-8465  
After Hours Phone:

Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-F 8AM-5PM

### **MAO, KATHY, OD**

Provider Gender: Female  
License number: 33828  
NPI: 1053830158  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
Phone: (619) 722-8460  
Fax: (619) 722-8465  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-F 8AM-5PM

### **MCGRAW, JOSEPH, MD**

Provider Gender: Male

License number: A155228  
NPI: 1588624852  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP  
5565 GRSMNT CTR DR STE  
551  
LA MESA, CA 91942-3078  
Phone: (619) 465-2020  
Fax: (619) 698-1189  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M-F 8AM-5PM

### **MCGRAW, JOSEPH, MD**

Provider Gender: Male  
License number: A155228  
NPI: 1588624852  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
Phone: (619) 722-8460  
Fax: (619) 722-8465  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **MERALI, MURTAZA, OD**

*Provider Gender:* Female  
*License number:* 14558  
*NPI:* 1972944189  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **MILLER, DOUGLAS G , MD**

*Provider Gender:* Male  
*License number:* G52627  
*NPI:* 1982636031  
*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **MORRISON REYES, JOSHUA, MD**

*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Indonesian, Spanish  
*Cultural Competency:* Yes  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
 5565 GRSMNT CTR DR STE 551  
 LA MESA, CA 91942-3078  
*Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-5PM

### **MORRISON REYES, JOSHUA, MD**

*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Indonesian, Spanish  
*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **NEWMAN, DAVID M , OD**

*Provider Gender:* Male  
*License number:* 7296  
*NPI:* 1508856378  
*Provider English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## K. Vision Provider Directory - Eye & Vision Services

*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**DAVID M NEWMAN OD**  
 5642 LAKE MURRAY BLVD  
 LA MESA, CA 91942-1929  
*Phone:* (619) 589-6263  
*Fax:* (619) 589-6264  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 9AM-6PM, SA 10AM-5PM

**NGUYEN, MEGGIE, OD**  
*Provider Gender:* Female  
*License number:* 15342  
*NPI:* 1649552548  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No

Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

**NGUYEN, THY T , OD**  
*Provider Gender:* Female  
*License number:* 12746  
*NPI:* 1750490413  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish, Vietnamese  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

**OU, JOCELYN, OD**  
*Provider Gender:* Female  
*License number:* 34063  
*NPI:* 1225518996  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ALVARADO EYE ASSOCIATES**  
**MED CLINIC INC**  
 7877 PARKWAY DR STE 100

LA MESA, CA 91942-2000  
*Phone:* (619) 460-3711  
*Fax:* (619) 460-2184  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-5PM

**PANDYA, BHUMIKA, OD**  
*Provider Gender:* Female  
*License number:* 35025  
*NPI:* 1063182822  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Hindi  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Hours: M-F 8AM-5PM*

### **PATEL, GITANE, MD**

*Provider Gender: Male*

*License number: A108603*

*NPI: 1710171434*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

*ACUITY EYE GROUP*

*7339 EL CAJON BLVD STE J*

*LA MESA, CA 91942-7435*

*Phone: (619) 722-8460*

*Fax: (619) 722-8465*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Spanish*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL):*

*No*

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2 mile from Site): Yes*

*Hours: M-F 8AM-5PM*

### **PATEL, SARJAN H , MD**

*Provider Gender: Male*

*License number: A114976*

*NPI: 1316199326*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Gujarati, Hindi, Spanish*

*Cultural Competency: Yes*

*ACUITY EYE GROUP*

*7339 EL CAJON BLVD STE J*

*LA MESA, CA 91942-7435*

*Phone: (619) 722-8460*

*Fax: (619) 722-8465*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Spanish*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL):*

*No*

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2 mile from Site): Yes*

*Hours: M-F 8AM-5PM*

### **PETERSON, STEVEN G , OD**

*Provider Gender: Male*

*License number: 7554*

*NPI: 1659331320*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

*20/20 VISION*

*7090 PARKWAY DR STE A*

*LA MESA, CA 91942-1596*

*Phone: (619) 460-2020*

*Fax: (619) 713-0369*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Spanish*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL):*

*No*

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2 mile from Site): Yes*

*Hours: M,F 9AM-6PM, TU,TH 9AM-7PM, W 8AM-5PM, SA 9AM-12:30PM*

### **PETERS, JAMIE S , OD**

*Provider Gender: Female*

*License number: 10724*

*NPI: 1073691077*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: Yes*

*VISION SOLUTIONS*

*OPTOMETRY*

*8235 UNIVERSITY AVE*

*LA MESA, CA 91942-9326*

*Phone: (619) 461-4913*

*Fax: (888) 509-6483*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Spanish*

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL): No*

*Please contact provider for Accessibility information*

*Public transportation (within 1/2 mile from Site): Yes*

*Hours: M,TU 9AM-5:30PM, W 8AM-5PM, TH 9AM-6PM, F 8AM-1PM*

### **PRABHU, SUJATA P , MD**

*Provider Gender: Female*

*License number: A115965*

*NPI: 1982872552*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: Yes*

*ACUITY EYE GROUP*

*7339 EL CAJON BLVD STE J*

*LA MESA, CA 91942-7435*

*Phone: (619) 722-8460*

*Fax: (619) 722-8465*

*After Hours Phone:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## K. Vision Provider Directory - Eye & Vision Services

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL):*

No

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2 mile from Site): Yes*

*Hours: M-F 8AM-5PM*

### **PRABHU, SUJATA P , MD**

*Provider Gender: Female*

*License number: A115965*

*NPI: 1982872552*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken: Spanish*

*Cultural Competency: Yes*

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
5565 GRSMNT CTR DR STE 551

LA MESA, CA 91942-3078

*Phone: (619) 465-2020*

*Fax: (619) 698-1189*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL):*

No

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2 mile from Site): No*

*Hours: M-F 8AM-5PM*

### **QUACH, PHUC, OD**

*Provider Gender: Male*

*License number: 12891*

*NPI: 1770617805*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

Spanish, Vietnamese

*Cultural Competency: Yes*

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J

LA MESA, CA 91942-7435

*Phone: (619) 722-8460*

*Fax: (619) 722-8465*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL):*

No

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2 mile from Site): Yes*

*Hours: M-F 8AM-5PM*

### **RICE, LAWRENCE S , MD**

*Provider Gender: Male*

*License number: C31021*

*NPI: 1922060805*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
5565 GRSMNT CTR DR STE 551

LA MESA, CA 91942-3078

*Phone: (619) 465-2020*

*Fax: (619) 698-1189*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL):*

No

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2 mile from Site): No*

*Hours: M-F 8AM-5PM*

### **RICE, LAWRENCE S , MD**

*Provider Gender: Male*

*License number: C31021*

*NPI: 1922060805*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435

*Phone: (619) 722-8460*

*Fax: (619) 722-8465*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction: No Gender Restrictions*

*American Sign Language (ASL):*

No

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2 mile from Site): Yes*

*Hours: M-F 8AM-5PM*

### **SAMUEL, MICHAEL A , MD**

*Provider Gender: Male*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## K. Vision Provider Directory - Eye & Vision Services

License number: A83237  
 NPI: 1730175670  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 EYE ASSOCIATES OF SAN  
 DIEGO/ACUITY EYE GROUP  
 5565 GRSMNT CTR DR STE  
 551  
 LA MESA, CA 91942-3078  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): No  
 Hours: M-F 8AM-5PM

### **SCOTT, JEFFREY I, OD**

Provider Gender: Male  
 License number: 34978  
 NPI: 1568813434  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish

Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **TAUTGES, BENJAMIN, OD**

Provider Gender: Male  
 License number: 33945  
 NPI: 1225527153  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **TILLMAN, SYLVIA, OD**

Provider Gender: Female  
 License number: 9726  
 NPI: 1174730824  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:

Spanish  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No  
 Please contact provider for  
 Accessibility information  
 Public transportation (within 1/2  
 mile from Site): Yes  
 Hours: M-F 8AM-5PM

### **TON-NU, MY LINH, OD**

Provider Gender: Female  
 License number: 34990  
 NPI: 1245733476  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender  
 Restrictions  
 American Sign Language (ASL):  
 No

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **TONNU, ANH T , OD**

*Provider Gender:* Female  
*License number:* 11318  
*NPI:* 1679521280  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Vietnamese  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **TORRES, ALVARO, OD**

*Provider Gender:* Male  
*License number:* 34322  
*NPI:* 1932754637  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435

*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **TRAN, HENRY V , OD**

*Provider Gender:* Male  
*License number:* 15159  
*NPI:* 1467846709  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **TSUI, NANCY, OD**

*Provider Gender:* Female  
*License number:* 33944  
*NPI:* 1841785037  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **TU, BEVERLY, OD**

*Provider Gender:* Female  
*License number:* 34108  
*NPI:* 1053892794  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Vietnamese  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## K. Vision Provider Directory - Eye & Vision Services

*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **VANICHSARN, KRYSTAL T , OD**

*Provider Gender:* Female  
*License number:* 15449  
*NPI:* 1962886283  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **VINH, JOHN B , OD**

*Provider Gender:* Male  
*License number:* 14177

*NPI:* 1003102724  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
5565 GRSMNT CTR DR STE 551  
LA MESA, CA 91942-3078  
*Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-5PM

### **WASSERSTROM, JEFFREY P , MD**

*Provider Gender:* Male  
*License number:* G54813  
*NPI:* 1710922687  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP  
5565 GRSMNT CTR DR STE 551  
LA MESA, CA 91942-3078  
*Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-5PM

### **WILLEY, MELISSA M , OD**

*Provider Gender:* Female  
*License number:* 14415  
*NPI:* 1679836928  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
7339 EL CAJON BLVD STE J  
LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **WONG, SHARON A , OD**

*Provider Gender:* Female  
*License number:* 15137  
*NPI:* 1497159552

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **YEGHIAZARIAN, MARK, OD**

*Provider Gender:* Male  
*License number:* 34021  
*NPI:* 1356829691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**20/20 VISION**  
 7090 PARKWAY DR STE A  
 LA MESA, CA 91942-1596  
*Phone:* (619) 460-2020  
*Fax:* (619) 713-0369  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender

*Restrictions*  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,F 9AM-6PM, TU,TH 9AM-7PM, W 8AM-5PM, SA 9AM-12:30PM

### **YOUNG, JESSICA W , OD**

*Provider Gender:* Female  
*License number:* 33903  
*NPI:* 1043565435  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* *Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **ZVANUT, DONALD R , OD**

*Provider Gender:* Male  
*License number:* 8642  
*NPI:* 1336211804  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942-7435  
*Phone:* (619) 722-8460  
*Fax:* (619) 722-8465  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **ZVANUT, DONALD R , OD**

*Provider Gender:* Male  
*License number:* 8642  
*NPI:* 1336211804  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* *Cultural Competency:* Yes  
**EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP**  
 5565 GRSMNT CTR DR STE 551  
 LA MESA, CA 91942-3078  
*Phone:* (619) 465-2020  
*Fax:* (619) 698-1189  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M-F 8AM-5PM

### LAKESIDE

#### FLEMING, JOHN C , OD

*Provider Gender:* Male  
*License number:* 8461  
*NPI:* 1033192133  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
JOHN C FLEMING OD  
9710 WINTER GARDENS BLVD  
STE A  
LAKESIDE, CA 92040-3866  
*Phone:* (619) 443-1075  
*Fax:* (619) 443-9382  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M,TU,TH 9AM-5PM, W  
9AM-6PM, F 8:30AM-4PM

#### JOHNSON, CHRISTOPHER, OD

*Provider Gender:* Male  
*License number:* 15100  
*NPI:* 1568861425  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes

JOHN C FLEMING OD  
9710 WINTER GARDENS BLVD  
STE A  
LAKESIDE, CA 92040-3866  
*Phone:* (619) 443-1075  
*Fax:* (619) 443-9382  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M,TU,TH 9AM-5PM, W  
9AM-6PM, F 8:30AM-4PM

### LEMON GROVE

#### HUANG, FLORA, OD

*Provider Gender:* Female  
*License number:* 34082  
*NPI:* 1487137105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Chinese  
*Cultural Competency:* Yes  
LEMON GROVE OPTOMETRY  
7850 BROADWAY  
LEMON GROVE, CA  
91945-1801  
*Phone:* (619) 697-2020  
*Fax:* (619) 697-0728  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender

Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* TU,TH 9AM-6PM, W,F  
8AM-5PM, SA 8AM-1PM

#### WESLING, PAUL J , OD

*Provider Gender:* Male  
*License number:* 10869  
*NPI:* 1932130648  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* Yes  
LEMON GROVE OPTOMETRY  
7850 BROADWAY  
LEMON GROVE, CA  
91945-1801  
*Phone:* (619) 697-2020  
*Fax:* (619) 697-0728  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* TU,TH 9AM-6PM, W,F  
8AM-5PM, SA 8AM-1PM

### NATIONAL CITY

#### AOTO, KIM N , OD

*Provider Gender:* Female

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

License number: 14524  
 NPI: 1780935650  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Vietnamese  
 Cultural Competency: Yes  
 WEST COAST EYE CARE  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA  
 91950-5164  
 Phone: (619) 470-2700  
 Fax: (619) 267-8221  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8:30AM-5PM, SA 8:30AM-3PM

**AVALLONE, THOMAS, MD**  
 Provider Gender: Male  
 License number: A147199  
 NPI: 1679865950  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
 Phone: (619) 472-1010  
 Fax: (619) 479-5233  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:

Arabic, Spanish, Tagalog  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): Yes  
 Hours: M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**AVALLONE, THOMAS, MD**  
 Provider Gender: Male  
 License number: A147199  
 NPI: 1679865950  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 WEST COAST EYE CARE  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA  
 91950-5164  
 Phone: (619) 470-2700  
 Fax: (619) 267-8221  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8:30AM-5PM, SA 8:30AM-3PM

**BINDER, NICHOLAS, MD**  
 Provider Gender: Male  
 License number: A124698

NPI: 1306076716  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 WEST COAST EYE CARE  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA  
 91950-5164  
 Phone: (619) 470-2700  
 Fax: (619) 267-8221  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8:30AM-5PM, SA 8:30AM-3PM

**CHENG, PATTY L, OD**  
 Provider Gender: Female  
 License number: 12249  
 NPI: 1265526263  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken:  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
 Phone: (619) 472-1010  
 Fax: (619) 479-5233  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Arabic, Spanish, Tagalog  
 Min/Max Age:

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

### **CULAS, FLORENA, OD**

*Provider Gender:* Female  
*License number:* 34498  
*NPI:* 1346874971  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Tagalog  
*Cultural Competency:* Yes  
 KEDDINGTON & KALRA  
 OPTOMETRISTS APC  
 1481 E PLAZA BLVD  
 NATIONAL CITY, CA  
 91950-3613  
*Phone:* (619) 477-2159  
*Fax:* (619) 477-2128  
*After Hours Phone:*

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Japanese, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

### **DEAN, MOENA, OD**

*Provider Gender:* Female

*License number:* 33955  
*NPI:* 1265927578  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 WEST COAST EYE CARE  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA  
 91950-5164  
*Phone:* (619) 470-2700  
*Fax:* (619) 267-8221  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

### **DEAN, MOENA, OD**

*Provider Gender:* Female  
*License number:* 33955  
*NPI:* 1265927578  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

### **DYER, SHARON M , OD**

*Provider Gender:* Female  
*License number:* 33450  
*NPI:* 1063866887  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 ACUITY EYE GROUP  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

### **DYER, SHARON M , OD**

*Provider Gender:* Female  
*License number:* 33450

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## K. Vision Provider Directory - Eye & Vision Services

*NPI: 1063866887*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

**WEST COAST EYE CARE**

**2240 E PLAZA BLVD STE FG**

**NATIONAL CITY, CA**

**91950-5164**

*Phone: (619) 470-2700*

*Fax: (619) 267-8221*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Min/Max Age:*

*Gender Restriction: No Gender*

*Restrictions*

*American Sign Language (ASL):*

*No*

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2*

*mile from Site): No*

*Hours: M-F 8:30AM-5PM, SA*

*8:30AM-3PM*

### **GOLLOGLY, HEIDRUN, MD**

*Provider Gender: Female*

*License number: A134761*

*NPI: 1477879823*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*German, French, Spanish*

*Cultural Competency: Yes*

**ACUITY EYE GROUP**

**655 EUCLID AVE STE 302**

**NATIONAL CITY, CA**

**91950-2973**

*Phone: (619) 472-1010*

*Fax: (619) 479-5233*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Arabic, Spanish, Tagalog*

*Min/Max Age:*

*Gender Restriction: No Gender*

*Restrictions*

*American Sign Language (ASL):*

*No*

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2*

*mile from Site): Yes*

*Hours: M,TU,TH 8AM-6PM, W*

*8:30AM-5PM, F 8AM-5PM*

### **HAIGHT, BRUCE T , MD**

*Provider Gender: Male*

*License number: G41117*

*NPI: 1427029628*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

**ACUITY EYE GROUP**

**655 EUCLID AVE STE 302**

**NATIONAL CITY, CA**

**91950-2973**

*Phone: (619) 472-1010*

*Fax: (619) 479-5233*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Arabic, Spanish, Tagalog*

*Min/Max Age:*

*Gender Restriction: No Gender*

*Restrictions*

*American Sign Language (ASL):*

*No*

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2*

*mile from Site): Yes*

*Hours: M,TU,TH 8AM-6PM, W*

*8:30AM-5PM, F 8AM-5PM*

### **HUDSON, HENRY L , MD**

*Provider Gender: Male*

*License number: G76091*

*NPI: 1851349195*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

**ACUITY EYE GROUP**

**655 EUCLID AVE STE 302**

**NATIONAL CITY, CA**

**91950-2973**

*Phone: (619) 472-1010*

*Fax: (619) 479-5233*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Arabic, Spanish, Tagalog*

*Min/Max Age:*

*Gender Restriction: No Gender*

*Restrictions*

*American Sign Language (ASL):*

*No*

*Please contact provider for*

*Accessibility information*

*Public transportation (within 1/2*

*mile from Site): Yes*

*Hours: M,TU,TH 8AM-6PM, W*

*8:30AM-5PM, F 8AM-5PM*

### **HUNG, JANICE, OD**

*Provider Gender: Female*

*License number: 34296*

*NPI: 1750917936*

*Provider English Spoken: Yes*

*Provider Language(s) Spoken:*

*Cultural Competency: Yes*

**WEST COAST EYE CARE**

**2240 E PLAZA BLVD STE FG**

**NATIONAL CITY, CA**

**91950-5164**

*Phone: (619) 470-2700*

*Fax: (619) 267-8221*

*After Hours Phone:*

*Accepting New Patients: Yes*

*Site English Spoken: Yes*

*Site Language(s) Spoken:*

*Min/Max Age:*

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## K. Vision Provider Directory - Eye & Vision Services

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*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

### **KALRA, ANKUR, OD**

*Provider Gender:* Male  
*License number:* 11898  
*NPI:* 1124195789  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* Yes  
KEDDINGTON & KALRA OPTOMETRISTS APC  
1481 E PLAZA BLVD  
NATIONAL CITY, CA  
91950-3613  
*Phone:* (619) 477-2159  
*Fax:* (619) 477-2128  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Japanese, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

### **KATZMAN, BARRY, MD**

*Provider Gender:* Male

*License number:* A34834  
*NPI:* 1760473797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA  
91950-5164  
*Phone:* (619) 470-2700  
*Fax:* (619) 267-8221  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Min/Max Age:  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

### **KEDDINGTON, JOAN, OD**

*Provider Gender:* Female  
*License number:* 6263  
*NPI:* 1992872691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
KEDDINGTON & KALRA OPTOMETRISTS APC  
1481 E PLAZA BLVD  
NATIONAL CITY, CA  
91950-3613  
*Phone:* (619) 477-2159  
*Fax:* (619) 477-2128  
*After Hours Phone:*  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Japanese, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

### **KIM, HEAWON, OD**

*Provider Gender:* Female  
*License number:* 34584TLG  
*NPI:* 1912517707  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
ACUITY EYE GROUP  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA  
91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

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### **KIM, HEAWON, OD**

*Provider Gender:* Female  
*License number:* 34584TLG  
*NPI:* 1912517707  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA  
91950-5164  
*Phone:* (619) 470-2700  
*Fax:* (619) 267-8221  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

### **KING, MARY M , OD**

*Provider Gender:* Female  
*License number:* 13711  
*NPI:* 1578792107  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
KEDDINGTON & KALRA  
OPTOMETRISTS APC  
1481 E PLAZA BLVD  
NATIONAL CITY, CA  
91950-3613

*Phone:* (619) 477-2159  
*Fax:* (619) 477-2128  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Japanese, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

### **LEE, AUSTIN T , OD**

*Provider Gender:* Male  
*License number:* 14519  
*NPI:* 1922356914  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
VIVE OPTOMETRY  
1033 HIGHLAND AVE  
NATIONAL CITY, CA  
91950-3515  
*Phone:* (619) 477-2771  
*Fax:* (619) 477-1680  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2*

*mile from Site):* Yes  
*Hours:* M,TU 10AM-5PM, W-F 9:30AM-5PM

### **LEE, RACHEL J , OD**

*Provider Gender:* Female  
*License number:* 14986  
*NPI:* 1619379278  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
KEDDINGTON & KALRA  
OPTOMETRISTS APC  
1481 E PLAZA BLVD  
NATIONAL CITY, CA  
91950-3613  
*Phone:* (619) 477-2159  
*Fax:* (619) 477-2128  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Japanese, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

### **MARLAY, GREG L , OD**

*Provider Gender:* Male  
*License number:* 6998  
*NPI:* 1306903083  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
MARLAY ENTERPRISES  
1132 E PLAZA BLVD STE 201

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## K. Vision Provider Directory - Eye & Vision Services

NATIONAL CITY, CA  
91950-3560  
Phone: (619) 477-4166  
Fax:  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M,W,F 10AM-6PM, SA  
10AM-2PM

**MCGRAW, JOSEPH, MD**  
Provider Gender: Male  
License number: A155228  
NPI: 1588624852  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
ACUITY EYE GROUP  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA  
91950-2973  
Phone: (619) 472-1010  
Fax: (619) 479-5233  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, Spanish, Tagalog  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for

Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M,TU,TH 8AM-6PM, W  
8:30AM-5PM, F 8AM-5PM

**MCGRAW, JOSEPH, MD**  
Provider Gender: Male  
License number: A155228  
NPI: 1588624852  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA  
91950-5164  
Phone: (619) 470-2700  
Fax: (619) 267-8221  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M-F 8:30AM-5PM, SA  
8:30AM-3PM

**MENDOZA, MARLON, OD**  
Provider Gender: Male  
License number: 34896  
NPI: 1578233359  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: Yes  
KEDDINGTON & KALRA  
OPTOMETRISTS APC

1481 E PLAZA BLVD  
NATIONAL CITY, CA  
91950-3613  
Phone: (619) 477-2159  
Fax: (619) 477-2128  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Arabic, Japanese, Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: SU 10AM-4PM, M-F  
9AM-6PM, SA 9AM-5PM

**MENDOZA, RAYMUNDO G ,  
OD**  
Provider Gender: Male  
License number: 8150  
NPI: 1306837760  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: Yes  
NATIONAL CITY EYECARE  
2403 E PLAZA BLVD  
NATIONAL CITY, CA  
91950-5101  
Phone: (619) 475-2184  
Fax: (619) 475-3917  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Tagalog  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M,TU,TH,F 10AM-5PM

### **MORRISON REYES, JOSHUA, MD**

*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Indonesian, Spanish  
*Cultural Competency:* Yes  
ACUITY EYE GROUP  
655 EUCLID AVE STE 302  
NATIONAL CITY, CA  
91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

### **MORRISON REYES, JOSHUA, MD**

*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Indonesian, Spanish  
*Cultural Competency:* Yes  
WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA  
91950-5164  
*Phone:* (619) 470-2700  
*Fax:* (619) 267-8221  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

### **PATEL, GITANE, MD**

*Provider Gender:* Male  
*License number:* A108603  
*NPI:* 1710171434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA  
91950-5164  
*Phone:* (619) 470-2700  
*Fax:* (619) 267-8221  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender

*Restrictions*  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

### **PATEL, SARJAN H , MD**

*Provider Gender:* Male  
*License number:* A114976  
*NPI:* 1316199326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
*Cultural Competency:* Yes  
WEST COAST EYE CARE  
2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA  
91950-5164  
*Phone:* (619) 470-2700  
*Fax:* (619) 267-8221  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

### **PRABHU, SUJATA P , MD**

*Provider Gender:* Female  
*License number:* A115965  
*NPI:* 1982872552  
*Provider English Spoken:* Yes

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## K. Vision Provider Directory - Eye & Vision Services

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA  
 91950-5164  
*Phone:* (619) 470-2700  
*Fax:* (619) 267-8221  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**RICE, LAWRENCE S , MD**  
*Provider Gender:* Male  
*License number:* C31021  
*NPI:* 1922060805  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**ACUITY EYE GROUP**  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender

*Restrictions*  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**SCOTT, JEFFREY I , OD**  
*Provider Gender:* Male  
*License number:* 34978  
*NPI:* 1568813434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA  
 91950-5164  
*Phone:* (619) 470-2700  
*Fax:* (619) 267-8221  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

**TAN, JOCELYN, OD**  
*Provider Gender:* Female  
*License number:* 33985  
*NPI:* 1053724112  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* Yes  
**KEDDINGTON & KALRA OPTOMETRISTS APC**  
 1481 E PLAZA BLVD  
 NATIONAL CITY, CA  
 91950-3613  
*Phone:* (619) 477-2159  
*Fax:* (619) 477-2128  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Japanese, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

**THAI, AMANDA, OD**  
*Provider Gender:* Female  
*License number:* 34861  
*NPI:* 1457928558  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**KEDDINGTON & KALRA OPTOMETRISTS APC**  
 1481 E PLAZA BLVD  
 NATIONAL CITY, CA  
 91950-3613  
*Phone:* (619) 477-2159  
*Fax:* (619) 477-2128  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Arabic, Japanese, Spanish  
*Min/Max Age:*

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

### **THAI, EMILY, OD**

*Provider Gender:* Female  
*License number:* 34649  
*NPI:* 1720699432  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 KEDDINGTON & KALRA OPTOMETRISTS APC  
 1481 E PLAZA BLVD  
 NATIONAL CITY, CA  
 91950-3613  
*Phone:* (619) 477-2159  
*Fax:* (619) 477-2128  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Japanese, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

### **TOUBIA, ELIAS, OD**

*Provider Gender:* Male  
*License number:* 33758

*NPI:* 1740701481  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* Yes  
 KEDDINGTON & KALRA OPTOMETRISTS APC  
 1481 E PLAZA BLVD  
 NATIONAL CITY, CA  
 91950-3613  
*Phone:* (619) 477-2159  
*Fax:* (619) 477-2128  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Japanese, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* SU 10AM-4PM, M-F 9AM-6PM, SA 9AM-5PM

### **VINH, JOHN B , OD**

*Provider Gender:* Male  
*License number:* 14177  
*NPI:* 1003102724  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 WEST COAST EYE CARE  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA  
 91950-5164  
*Phone:* (619) 470-2700  
*Fax:* (619) 267-8221  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8:30AM-5PM, SA 8:30AM-3PM

### **VINH, JOHN B , OD**

*Provider Gender:* Male  
*License number:* 14177  
*NPI:* 1003102724  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 ACUITY EYE GROUP  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
*Phone:* (619) 472-1010  
*Fax:* (619) 479-5233  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Arabic, Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

### **WASSERSTROM, JEFFREY P , MD**

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## K. Vision Provider Directory - Eye & Vision Services

**Provider Gender:** Male  
**License number:** G54813  
**NPI:** 1710922687  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Cultural Competency: Yes  
 ACUITY EYE GROUP  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA  
 91950-2973  
**Phone:** (619) 472-1010  
**Fax:** (619) 479-5233  
**After Hours Phone:**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Arabic, Spanish, Tagalog  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Public transportation (within 1/2 mile from Site):** Yes  
**Hours:** M,TU,TH 8AM-6PM, W 8:30AM-5PM, F 8AM-5PM

**WU, EVA Y , OD**  
**Provider Gender:** Female  
**License number:** 14743  
**NPI:** 1073954442  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish, Chinese  
 Cultural Competency: Yes  
 VIVE OPTOMETRY  
 1033 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-3515  
**Phone:** (619) 477-2771  
**Fax:** (619) 477-1680  
**After Hours Phone:**  
**Accepting New Patients:** Yes

**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Spanish, Tagalog  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Public transportation (within 1/2 mile from Site):** Yes  
**Hours:** M,TU 10AM-5PM, W-F 9:30AM-5PM

### OCEANSIDE

**RING, ROBERT A , OD**  
**Provider Gender:** Male  
**License number:** 6781  
**NPI:** 1336228840  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Cultural Competency: Yes  
 ROBERT A RING OD  
 3998 VISTA WAY STE 204  
 OCEANSIDE, CA 92056-4515  
**Phone:** (760) 726-9383  
**Fax:** (760) 726-9897  
**After Hours Phone:**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Public transportation (within 1/2 mile from Site):** Yes  
**Hours:** M 10AM-6PM, W 9AM-5PM, F 9AM-12PM

**ROSA, ADAM, OD**  
**Provider Gender:** Male  
**License number:** 34093  
**NPI:** 1295250264  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
 Cultural Competency: Yes  
 NORTH COAST OPTOMETRY  
 3915 MISSION AVE STE 2  
 OCEANSIDE, CA 92058-7801  
**Phone:** (760) 757-8771  
**Fax:**  
**After Hours Phone:**  
**Accepting New Patients:** Yes  
**Site English Spoken:** Yes  
**Site Language(s) Spoken:**  
 Spanish  
**Min/Max Age:**  
**Gender Restriction:** No Gender Restrictions  
**American Sign Language (ASL):** No  
 Please contact provider for Accessibility information  
**Public transportation (within 1/2 mile from Site):** Yes  
**Hours:** M,TU,TH 9AM-6PM, W 10AM-7PM, F 9AM-5PM

### RAMONA

**HOMESLEY, SUSAN D , OD**  
**Provider Gender:** Female  
**License number:** 6693  
**NPI:** 1720068984  
**Provider English Spoken:** Yes  
**Provider Language(s) Spoken:**  
 Spanish  
 Cultural Competency: Yes  
 SUSAN D HOMESLEY OD  
 1516 MAIN ST STE 102  
 RAMONA, CA 92065-5242

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.



## K. Vision Provider Directory - Eye & Vision Services

Phone: (760) 789-0950  
 Fax: (760) 789-6057  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 8AM-5PM, SA 8AM-11AM

### SAN DIEGO

**ADAMS, MONA N , OD**  
 Provider Gender: Female  
 License number: 14457  
 NPI: 1942564521  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: RADY CHILDRENS SPECIALISTS  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776  
 Phone: (858) 309-7702  
 Fax: (858) 966-8901  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2

mile from Site): No  
 Hours: M-F 7AM-5PM  
**AOTO, KIM N , OD**  
 Provider Gender: Female  
 License number: 14524  
 NPI: 1780935650  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Vietnamese  
 Cultural Competency: Yes  
 WEST COAST EYE CARE  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**AOTO, KIM N , OD**  
 Provider Gender: Female  
 License number: 14524  
 NPI: 1780935650  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish, Vietnamese  
 Cultural Competency: Yes  
 WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737

Phone: (858) 565-8822  
 Fax: (858) 565-2449  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**AVALLONE, THOMAS, MD**  
 Provider Gender: Male  
 License number: A147199  
 NPI: 1679865950  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Cultural Competency: Yes  
 WEST COAST EYE CARE  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M 7:30AM-4:30PM, TU

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

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8AM-5PM, W 8:30AM-5PM, TH  
8AM-6PM, F 8AM-4PM

### **AVALLONE, THOMAS, MD**

*Provider Gender:* Male  
*License number:* A147199  
*NPI:* 1679865950  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Cultural Competency: Yes  
WEST COAST EYE CARE  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M 10AM-6PM, TU  
8:30AM-5PM, W 7:30AM-4PM,  
TH 9:30AM-5PM, F 8AM-4PM

### **BANSAL, PREETI, MD**

*Provider Gender:* Female  
*License number:* A90890  
*NPI:* 1871664631  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish  
*Cultural Competency:* Yes  
RADY CHILDRENS  
SPECIALISTS  
7910 FROST ST STE 200  
SAN DIEGO, CA 92123-2776

*Phone:* (858) 309-7702  
*Fax:* (858) 966-8901  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M-F 7AM-5PM

### **BHATIA, SHAGUN, MD**

*Provider Gender:* Female  
*License number:* A154902  
*NPI:* 1104237353  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Cultural Competency: Yes  
RADY CHILDRENS  
SPECIALISTS  
7910 FROST ST STE 200  
SAN DIEGO, CA 92123-2776  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-8901  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M-F 7AM-5PM

### **BINDER, NICHOLAS, MD**

*Provider Gender:* Male  
*License number:* A124698  
*NPI:* 1306076716  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Cultural Competency: Yes  
WEST COAST EYE CARE  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:* (619) 697-2410  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M 7:30AM-4:30PM, TU  
8AM-5PM, W 8:30AM-5PM, TH  
8AM-6PM, F 8AM-4PM

### **BINDER, NICHOLAS, MD**

*Provider Gender:* Male  
*License number:* A124698  
*NPI:* 1306076716  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Cultural Competency: Yes  
WEST COAST EYE CARE  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

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*Site Language(s) Spoken:*

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* No

*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

### **BOECK, CARL A , OD**

*Provider Gender:* Male

*License number:* 6620

*NPI:* 1588656151

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* German, Spanish

*Cultural Competency:* Yes  
ACKROYD AND VAN HOOSE  
OPTOMETRY

7246 CLAIREMONT MESA  
BLVD

SAN DIEGO, CA 92111-1007

*Phone:* (858) 292-7193

*Fax:* (858) 292-8247

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Spanish

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* Yes

*Hours:* M,F 8AM-5PM, TU-TH 9AM-6PM

### **CHEN, LESLIE L , OD**

*Provider Gender:* Female

*License number:* 12792

*NPI:* 1508953332

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Chinese

*Cultural Competency:* Yes  
EYE STUDIO OPTOMETRY  
4475 UNIVERSITY AVE  
SAN DIEGO, CA 92105-1731

*Phone:* (619) 521-2020

*Fax:* (619) 521-2025

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Spanish, Vietnamese, Chinese

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* Yes

*Hours:* M-W,F 9AM-5PM, TH 9AM-1:30PM, SA 9AM-1PM

### **CHINN, JENNIFER, OD**

*Provider Gender:* Female

*License number:* 15407

*NPI:* 1073989471

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Cultural Competency: Yes

STEPHEN CHINN OD  
2856 UNIVERSITY AVE  
SAN DIEGO, CA 92104-2930

*Phone:* (619) 280-0664

*Fax:* (619) 294-8100

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Lao, Spanish, Vietnamese, Chinese

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* No

*Hours:* M-W,F 10AM-6PM, TH 10AM-4PM, SA 9AM-1PM

### **CHINN, STEPHEN, OD**

*Provider Gender:* Male

*License number:* 5373

*NPI:* 1912976291

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Lao, Spanish, Vietnamese

*Cultural Competency:* Yes  
STEPHEN CHINN OD

2856 UNIVERSITY AVE  
SAN DIEGO, CA 92104-2930

*Phone:* (619) 280-0664

*Fax:* (619) 294-8100

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:* Lao, Spanish, Vietnamese, Chinese

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* No

*Hours:* M-W,F 10AM-6PM, TH 10AM-4PM, SA 9AM-1PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## K. Vision Provider Directory - Eye & Vision Services

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### **COLEMAN, BROOKE A , OD**

*Provider Gender:* Female  
*License number:* 13551  
*NPI:* 1700040748  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
EYELUX OPTOMETRY  
16615 DOVE CANYON RD STE 105  
SAN DIEGO, CA 92127-3441  
*Phone:* (858) 487-7900  
*Fax:* (858) 487-1896  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-5PM, SA 8:30AM-2PM

### **COOPER, MICHAEL J , OD**

*Provider Gender:* Male  
*License number:* 10476  
*NPI:* 1164586244  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
EYELUX OPTOMETRY  
16615 DOVE CANYON RD STE 105  
SAN DIEGO, CA 92127-3441  
*Phone:* (858) 487-7900  
*Fax:* (858) 487-1896  
*After Hours Phone:*  
*Accepting New Patients:* Yes

*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 8AM-5PM, SA 8:30AM-2PM

### **DAVIS, JADE, OD**

*Provider Gender:* Female  
*License number:* 11765  
*NPI:* 1457303398  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
OPTOM-EYES VISION CARE OPTOMETRY  
5638 MISSION CENTER RD STE 103  
SAN DIEGO, CA 92108-4348  
*Phone:* (619) 295-2900  
*Fax:* (888) 210-5799  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 9AM-5:30PM, SA 9AM-3PM

### **DAVIS, JADE, OD**

*Provider Gender:* Female  
*License number:* 11765  
*NPI:* 1457303398  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
FASHION VALLEY EYE CARE OPTOMETR  
7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108-1148  
*Phone:* (619) 291-2020  
*Fax:* (888) 210-5799  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-SA 10AM-7PM

### **DEAN, MOENA, OD**

*Provider Gender:* Female  
*License number:* 33955  
*NPI:* 1265927578  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
WEST COAST EYE CARE  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes

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## K. Vision Provider Directory - Eye & Vision Services

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><i>Site Language(s) Spoken:</i><br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender Restrictions<br/> <i>American Sign Language (ASL):</i> No<br/> Please contact provider for Accessibility information<br/> <i>Public transportation (within 1/2 mile from Site):</i> No<br/> <i>Hours:</i> M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p><i>License number:</i> 34222<br/> <i>NPI:</i> 1114448651<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i> Vietnamese<br/> <i>Cultural Competency:</i> Yes<br/> RADY CHILDRENS SPECIALISTS<br/> 7910 FROST ST STE 200<br/> SAN DIEGO, CA 92123-2776<br/> <i>Phone:</i> (858) 309-7702<br/> <i>Fax:</i> (858) 966-8901<br/> <i>After Hours Phone:</i><br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender Restrictions<br/> <i>American Sign Language (ASL):</i> No<br/> Please contact provider for Accessibility information<br/> <i>Public transportation (within 1/2 mile from Site):</i> No<br/> <i>Hours:</i> M-F 7AM-5PM</p> | <p><i>Restrictions</i><br/> <i>American Sign Language (ASL):</i> No<br/> Please contact provider for Accessibility information<br/> <i>Public transportation (within 1/2 mile from Site):</i> No<br/> <i>Hours:</i> M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><b>DUONG, CHERYL, OD</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> OPT34070<br/> <i>NPI:</i> 1366935678<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> Yes<br/> EYELUX OPTOMETRY<br/> 16615 DOVE CANYON RD STE 105<br/> SAN DIEGO, CA 92127-3441<br/> <i>Phone:</i> (858) 487-7900<br/> <i>Fax:</i> (858) 487-1896<br/> <i>After Hours Phone:</i><br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender Restrictions<br/> <i>American Sign Language (ASL):</i> No<br/> Please contact provider for Accessibility information<br/> <i>Public transportation (within 1/2 mile from Site):</i> No<br/> <i>Hours:</i> M-F 8AM-5PM, SA 8:30AM-2PM</p> | <p><b>DYER, SHARON M , OD</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 33450<br/> <i>NPI:</i> 1063866887<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> Yes<br/> WEST COAST EYE CARE<br/> 4344 CONVOY ST STE C2<br/> SAN DIEGO, CA 92111-3737<br/> <i>Phone:</i> (858) 565-8822<br/> <i>Fax:</i> (858) 565-2449<br/> <i>After Hours Phone:</i><br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender Restrictions</p>                                                                                                                                                        | <p><b>DYER, SHARON M , OD</b><br/> <i>Provider Gender:</i> Female<br/> <i>License number:</i> 33450<br/> <i>NPI:</i> 1063866887<br/> <i>Provider English Spoken:</i> Yes<br/> <i>Provider Language(s) Spoken:</i><br/> <i>Cultural Competency:</i> Yes<br/> WEST COAST EYE CARE<br/> 6945 EL CAJON BLVD<br/> SAN DIEGO, CA 92115-1754<br/> <i>Phone:</i> (619) 697-4600<br/> <i>Fax:</i> (619) 697-2410<br/> <i>After Hours Phone:</i><br/> <i>Accepting New Patients:</i> Yes<br/> <i>Site English Spoken:</i> Yes<br/> <i>Site Language(s) Spoken:</i><br/> <i>Min/Max Age:</i><br/> <i>Gender Restriction:</i> No Gender Restrictions<br/> <i>American Sign Language (ASL):</i> No<br/> Please contact provider for Accessibility information<br/> <i>Public transportation (within 1/2 mile from Site):</i> No<br/> <i>Hours:</i> M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM</p> |
| <p><b>DUONG, KIM S , OD</b><br/> <i>Provider Gender:</i> Female</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p><i>Gender Restriction:</i> No Gender Restrictions</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><b>GIANG, STEVEN, OD</b><br/> <i>Provider Gender:</i> Male<br/> <i>License number:</i> 34489<br/> <i>NPI:</i> 1730710104<br/> <i>Provider English Spoken:</i> Yes</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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## K. Vision Provider Directory - Eye & Vision Services

*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**JASMINE P NGUYEN OD INC**  
 4029 43RD ST STE 300  
 SAN DIEGO, CA 92105-8537  
*Phone:* (619) 284-3937  
*Fax:* (619) 284-3938  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Vietnamese  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Public transportation (within 1/2*  
*mile from Site):* Yes  
*Hours:* M-F 9AM-5PM, SA  
 9AM-1PM

**HOANG, KEVIN, OD**  
*Provider Gender:* Male  
*License number:* 34401  
*NPI:* 1790339216  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Spanish  
*Cultural Competency:* Yes  
**JASMINE P NGUYEN OD INC**  
 4029 43RD ST STE 300  
 SAN DIEGO, CA 92105-8537  
*Phone:* (619) 284-3937  
*Fax:* (619) 284-3938  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish, Vietnamese  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions

*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Public transportation (within 1/2*  
*mile from Site):* Yes  
*Hours:* M-F 9AM-5PM, SA  
 9AM-1PM

**HOM, GREGORY G , OD**  
*Provider Gender:* Male  
*License number:* 9694  
*NPI:* 1154473916  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**GREGORY G HOM OD**  
 11230 SORRENTO VALLEY RD  
 STE 145  
 SAN DIEGO, CA 92121-1338  
*Phone:* (858) 535-9835  
*Fax:* (858) 535-1266  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Public transportation (within 1/2*  
*mile from Site):* No  
*Hours:* M-TH 9AM-5PM, F  
 9AM-4PM

**HUANG, FLORA, OD**  
*Provider Gender:* Female  
*License number:* 34082  
*NPI:* 1487137105  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
 Chinese

*Cultural Competency:* Yes  
**GOLDEN TRIANGLE**  
**OPTOMETRY**  
 4009 GOVERNOR DR  
 SAN DIEGO, CA 92122-2522  
*Phone:* (858) 453-0444  
*Fax:* (858) 453-0471  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information  
*Public transportation (within 1/2*  
*mile from Site):* No  
*Hours:* M-F 9AM-6PM

**HUDSON, HENRY L , MD**  
*Provider Gender:* Male  
*License number:* G76091  
*NPI:* 1851349195  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:* (619) 697-2410  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
 Restrictions  
*American Sign Language (ASL):*  
 No  
 Please contact provider for  
 Accessibility information

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## K. Vision Provider Directory - Eye & Vision Services

*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

### **HUYNH, CHI T , OD**

*Provider Gender:* Female  
*License number:* 12901  
*NPI:* 1922187426  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* Yes  
**CRYSTAL EYESITE OPTOMETRY**  
 9225 MIRA MESA BLVD STE 108  
 SAN DIEGO, CA 92126-4810  
*Phone:* (858) 547-3988  
*Fax:* (844) 367-5161  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M,W 9:30AM-6PM, TH,F 10AM-6PM, SA 9AM-3PM

### **HUYNH, LOAN, OD**

*Provider Gender:* Female  
*License number:* 34472  
*NPI:* 1003454604  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* Yes

**NORTH COUNTY OPTOMETRY**  
 11835 CARMEL MTN RD STE 1313  
 SAN DIEGO, CA 92128-4609  
*Phone:* (858) 674-1276  
*Fax:* (858) 674-5863  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M 9AM-5PM, TU 7AM-5PM, W,TH 10AM-7PM, F 10AM-5PM, SA 9AM-2PM

### **HUYNH, PAUL D , MD**

*Provider Gender:* Male  
*License number:* A79141  
*NPI:* 1871577056  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* Yes  
**ADVANCED EYE AND LASER CTR OF CA INC**  
 4844 UNIVERSITY AVE STE A  
 SAN DIEGO, CA 92105-8021  
*Phone:* (619) 283-1303  
*Fax:* (619) 283-1666  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **HUYNH, PAUL D , MD**

*Provider Gender:* Male  
*License number:* A79141  
*NPI:* 1871577056  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* Yes  
**ADVANCED EYE AND LASER CTR OF CA INC**  
 10737 CAMINO RUIZ STE 100  
 SAN DIEGO, CA 92126-2370  
*Phone:* (858) 549-3200  
*Fax:* (858) 549-3207  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Tagalog, Vietnamese  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-5PM

### **KATZMAN, BARRY, MD**

*Provider Gender:* Male  
*License number:* A34834  
*NPI:* 1760473797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish

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## K. Vision Provider Directory - Eye & Vision Services

*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**KATZMAN, BARRY, MD**  
*Provider Gender:* Male  
*License number:* A34834  
*NPI:* 1760473797  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:* (619) 697-2410  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No

Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

**KHAN, FAHAD, MD**  
*Provider Gender:* Male  
*License number:* A163142  
*NPI:* 1548605843  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Hindi  
*Cultural Competency:* Yes  
**VISION SPECIALISTS OF CALIFORNIA**  
 233 LEWIS ST  
 SAN DIEGO, CA 92103-2122  
*Phone:* (619) 501-9050  
*Fax:* (619) 501-9054  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Bengali, Hindi, Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 8AM-4:30PM

**KIM, HEAWON, OD**  
*Provider Gender:* Female  
*License number:* 34584TLG  
*NPI:* 1912517707  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes

**WEST COAST EYE CARE**  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

**KIM, HEAWON, OD**  
*Provider Gender:* Female  
*License number:* 34584TLG  
*NPI:* 1912517707  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**WEST COAST EYE CARE**  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:* (619) 697-2410  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information

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## K. Vision Provider Directory - Eye & Vision Services

*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

### **KLAREN, AMANDA, OD**

*Provider Gender:* Female  
*License number:* 12617  
*NPI:* 1396876611  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 RADY CHILDRENS SPECIALISTS  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-8901  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Min/Max Age:  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 7AM-5PM

### **LARSEN, STEVEN R , OD**

*Provider Gender:* Male  
*License number:* 7687  
*NPI:* 1629194782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
 UPTOWN OPTOMETRY  
 4096 PARK BLVD  
 SAN DIEGO, CA 92103-2620

*Phone:* (619) 291-5505  
*Fax:* (619) 291-4404  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* TU-F 9AM-3PM, SA 10AM-2PM

### **LAU, JANICE L , OD**

*Provider Gender:* Female  
*License number:* 13037  
*NPI:* 1952453300  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 SABRE SPRINGS OPTOMETRY  
 12650 SABRE SPGS PKWY  
 STE 203  
 SAN DIEGO, CA 92128-4114  
*Phone:* (858) 748-1265  
*Fax:* (844) 269-9527  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Vietnamese  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2*

*mile from Site):* No  
*Hours:* M,TU,TH 9AM-5PM, W,F 10AM-6PM

### **LAU, KUEN CHINE, OD**

*Provider Gender:* Male  
*License number:* 11166  
*NPI:* 1821001645  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 OPTOM-EYES VISION CARE OPTOMETRY  
 5638 MISSION CENTER RD  
 STE 103  
 SAN DIEGO, CA 92108-4348  
*Phone:* (619) 295-2900  
*Fax:* (888) 210-5799  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 9AM-5:30PM, SA 9AM-3PM

### **LEE, JASON, OD**

*Provider Gender:* Male  
*License number:* 14881  
*NPI:* 1679985584  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
 RADY CHILDRENS SPECIALISTS

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## K. Vision Provider Directory - Eye & Vision Services

7910 FROST ST STE 200  
SAN DIEGO, CA 92123-2776  
Phone: (858) 309-7702  
Fax: (858) 966-8901  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M-F 7AM-5PM

**LE, JACQUELIN M , OD**  
Provider Gender: Female  
License number: 10962  
NPI: 1487610432  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Vietnamese  
Cultural Competency: Yes  
SAN DIEGO VISION CARE  
OPTOMETRY  
3807 FAIRMOUNT AVE STE  
200  
SAN DIEGO, CA 92105-2659  
Phone: (619) 508-5678  
Fax: (619) 501-0686  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Vietnamese  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for

Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-F 9AM-5PM

**LIN, HENRY C , OD**  
Provider Gender: Male  
License number: 11368  
NPI: 1861405664  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Chinese  
Cultural Competency: Yes  
OPTOM-EYES VISION CARE  
OPTOMETRY  
5638 MISSION CENTER RD  
STE 103  
SAN DIEGO, CA 92108-4348  
Phone: (619) 295-2900  
Fax: (888) 210-5799  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M-F 9AM-5:30PM, SA  
9AM-3PM

**LIN, HENRY C , OD**  
Provider Gender: Male  
License number: 11368  
NPI: 1861405664  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Chinese  
Cultural Competency: Yes

OPTOM-EYES VISION CARE  
OPTOMETRY  
1555 PALM AVE STE A2  
SAN DIEGO, CA 92154-1012  
Phone: (619) 297-2020  
Fax: (888) 210-5799  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-F 9:30AM-6PM, SA  
9AM-3PM

**LIN, HENRY C , OD**  
Provider Gender: Male  
License number: 11368  
NPI: 1861405664  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish, Chinese  
Cultural Competency: Yes  
FASHION VALLEY EYE CARE  
OPTOMETR  
7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108-1148  
Phone: (619) 291-2020  
Fax: (888) 210-5799  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-SA 10AM-7PM

### **LLANES, BENJAMIN P , OD**

*Provider Gender:* Male  
*License number:* 8782  
*NPI:* 1053309005  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Spanish, Tagalog  
*Cultural Competency:* Yes  
SEE KLEER EYECARE  
CENTER  
9580 BLACK MOUNTAIN RD  
STE J  
SAN DIEGO, CA 92126-4522  
*Phone:* (858) 536-8952  
*Fax:* (858) 536-8951  
*After Hours Phone:*

*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish, Tagalog  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-F 11AM-6PM, SA  
9AM-1PM

### **MCGRAW, JOSEPH, MD**

*Provider Gender:* Male  
*License number:* A155228  
*NPI:* 1588624852  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*

*Cultural Competency:* Yes  
WEST COAST EYE CARE  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M 10AM-6PM, TU  
8:30AM-5PM, W 7:30AM-4PM,  
TH 9:30AM-5PM, F 8AM-4PM

### **MCGRAW, JOSEPH, MD**

*Provider Gender:* Male  
*License number:* A155228  
*NPI:* 1588624852  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
WEST COAST EYE CARE  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:* (619) 697-2410  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for

Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M 7:30AM-4:30PM, TU  
8AM-5PM, W 8:30AM-5PM, TH  
8AM-6PM, F 8AM-4PM

### **MILLER, DOUGLAS G , MD**

*Provider Gender:* Male  
*License number:* G52627  
*NPI:* 1982636031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
WEST COAST EYE CARE  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:* (619) 697-2410  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M 7:30AM-4:30PM, TU  
8AM-5PM, W 8:30AM-5PM, TH  
8AM-6PM, F 8AM-4PM

### **MILLER, DOUGLAS G , MD**

*Provider Gender:* Male  
*License number:* G52627  
*NPI:* 1982636031  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
WEST COAST EYE CARE  
4344 CONVOY ST STE C2

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at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
Blue Shield Promise Customer Care at 1-855-699-5557.*



## K. Vision Provider Directory - Eye & Vision Services

SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

### **MOLL, ANGELA, MD**

*Provider Gender:* Female  
*License number:* A105472  
*NPI:* 1861648602  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
 RADY CHILDRENS SPECIALISTS  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123-2776  
*Phone:* (858) 309-7702  
*Fax:* (858) 966-8901  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2*

*mile from Site):* No  
*Hours:* M-F 7AM-5PM

### **MORRISON REYES, JOSHUA, MD**

*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Indonesian, Spanish  
*Cultural Competency:* Yes  
 WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

### **MORRISON REYES, JOSHUA, MD**

*Provider Gender:* Male  
*License number:* A125435  
*NPI:* 1235366782  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Indonesian, Spanish  
*Cultural Competency:* Yes  
 WEST COAST EYE CARE  
 6945 EL CAJON BLVD

SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:* (619) 697-2410  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

### **NGUYEN, BRUCE C , OD**

*Provider Gender:* Male  
*License number:* 14156  
*NPI:* 1376839019  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
*Cultural Competency:* Yes  
 CLAIREMONT OPTOMETRY  
 9353 CLRMNT MESA BLVD STE K2  
 SAN DIEGO, CA 92123-1220  
*Phone:* (858) 279-6500  
*Fax:* (858) 225-7174  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Vietnamese  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for

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## K. Vision Provider Directory - Eye & Vision Services

Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M-F 9AM-6PM, SA 9AM-3PM

### **NGUYEN, BRUCE C , OD**

Provider Gender: Male  
License number: 14156  
NPI: 1376839019  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: Yes  
FASHION VALLEY EYE CARE OPTOMETR  
7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108-1148  
Phone: (619) 291-2020  
Fax: (888) 210-5799  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M-SA 10AM-7PM

### **NGUYEN, HOA PHUONG T , OD**

Provider Gender: Female  
License number: 12630  
NPI: 1962439265  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: Yes

COLLEGE GROVE OPTOMETRY  
4560 COLLEGE AVE  
SAN DIEGO, CA 92115-4012  
Phone: (619) 583-5744  
Fax: (619) 582-6112  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M-F 9AM-5PM

### **NGUYEN, JASMINE P , OD**

Provider Gender: Female  
License number: 11189  
NPI: 1497896922  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: Yes  
JASMINE P NGUYEN OD INC  
4029 43RD ST STE 300  
SAN DIEGO, CA 92105-8537  
Phone: (619) 284-3937  
Fax: (619) 284-3938  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Vietnamese  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for

Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M-F 9AM-5PM, SA 9AM-1PM

### **NGUYEN, KELVIN H , OD**

Provider Gender: Male  
License number: 11085  
NPI: 1518923572  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Spanish  
Cultural Competency: Yes  
SAN DIEGO VISION CARE OPTOMETRY  
3807 FAIRMOUNT AVE STE 200  
SAN DIEGO, CA 92105-2659  
Phone: (619) 508-5678  
Fax: (619) 501-0686  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken: Spanish, Vietnamese  
Min/Max Age:  
Gender Restriction: No Gender Restrictions  
American Sign Language (ASL): No  
Please contact provider for Accessibility information  
Public transportation (within 1/2 mile from Site): Yes  
Hours: M-F 9AM-5PM

### **NGUYEN, THANH T , OD**

Provider Gender: Female  
License number: 13126  
NPI: 1992813323  
Provider English Spoken: Yes  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: Yes

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## K. Vision Provider Directory - Eye & Vision Services

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>SABRE SPRINGS OPTOMETRY</b> No<br/> 12650 SABRE SPGS PKWY<br/> STE 203<br/> SAN DIEGO, CA 92128-4114<br/> Phone: (858) 748-1265<br/> Fax: (844) 269-9527<br/> After Hours Phone:<br/> Accepting New Patients: Yes<br/> Site English Spoken: Yes<br/> Site Language(s) Spoken:<br/> Spanish, Vietnamese<br/> Min/Max Age:<br/> Gender Restriction: No Gender<br/> Restrictions<br/> American Sign Language (ASL):<br/> No<br/> Please contact provider for<br/> Accessibility information<br/> Public transportation (within 1/2<br/> mile from Site): No<br/> Hours: M,TU,TH 9AM-5PM, W,F<br/> 10AM-6PM</p>                         | <p><b>NGUYEN, TRACY T , OD</b><br/> Provider Gender: Female<br/> License number: 10859<br/> NPI: 1265596621<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Vietnamese<br/> Cultural Competency: Yes<br/> <b>ESSENTIAL EYECARE<br/> OPTOMETRY</b><br/> 7612 LINDA VISTA RD STE 105<br/> SAN DIEGO, CA 92111-5313<br/> Phone: (858) 467-0655<br/> Fax:<br/> After Hours Phone:<br/> Accepting New Patients: Yes<br/> Site English Spoken: Yes<br/> Site Language(s) Spoken:<br/> Vietnamese<br/> Min/Max Age:<br/> Gender Restriction: No Gender<br/> Restrictions<br/> American Sign Language (ASL):<br/> No<br/> Please contact provider for<br/> Accessibility information<br/> Public transportation (within 1/2<br/> mile from Site): Yes<br/> Hours: M-W,F 11AM-3PM</p> | <p><b>Cultural Competency: Yes</b><br/> <b>RADY CHILDRENS<br/> SPECIALISTS</b><br/> 7910 FROST ST STE 200<br/> SAN DIEGO, CA 92123-2776<br/> Phone: (858) 309-7702<br/> Fax: (858) 966-8901<br/> After Hours Phone:<br/> Accepting New Patients: Yes<br/> Site English Spoken: Yes<br/> Site Language(s) Spoken:<br/> Min/Max Age:<br/> Gender Restriction: No Gender<br/> Restrictions<br/> American Sign Language (ASL):<br/> No<br/> Please contact provider for<br/> Accessibility information<br/> Public transportation (within 1/2<br/> mile from Site): No<br/> Hours: M-F 7AM-5PM</p>                                                                     |
| <p><b>NGUYEN, THANH T , OD</b><br/> Provider Gender: Female<br/> License number: 13126<br/> NPI: 1992813323<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Vietnamese<br/> Cultural Competency: Yes<br/> <b>JASMINE P NGUYEN OD INC</b><br/> 4029 43RD ST STE 300<br/> SAN DIEGO, CA 92105-8537<br/> Phone: (619) 284-3937<br/> Fax: (619) 284-3938<br/> After Hours Phone:<br/> Accepting New Patients: Yes<br/> Site English Spoken: Yes<br/> Site Language(s) Spoken:<br/> Spanish, Vietnamese<br/> Min/Max Age:<br/> Gender Restriction: No Gender<br/> Restrictions<br/> American Sign Language (ASL):</p> | <p><b>O HALLORAN, HENRY, MD</b><br/> Provider Gender: Male<br/> License number: A73282<br/> NPI: 1235287947<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> German, Spanish</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p><b>PATEL, GITANE, MD</b><br/> Provider Gender: Male<br/> License number: A108603<br/> NPI: 1710171434<br/> Provider English Spoken: Yes<br/> Provider Language(s) Spoken:<br/> Cultural Competency: Yes<br/> <b>WEST COAST EYE CARE</b><br/> 4344 CONVOY ST STE C2<br/> SAN DIEGO, CA 92111-3737<br/> Phone: (858) 565-8822<br/> Fax: (858) 565-2449<br/> After Hours Phone:<br/> Accepting New Patients: Yes<br/> Site English Spoken: Yes<br/> Site Language(s) Spoken:<br/> Min/Max Age:<br/> Gender Restriction: No Gender<br/> Restrictions<br/> American Sign Language (ASL):<br/> No<br/> Please contact provider for<br/> Accessibility information</p> |

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

### **PATEL, GITANE, MD**

*Provider Gender:* Male  
*License number:* A108603  
*NPI:* 1710171434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 WEST COAST EYE CARE  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:* (619) 697-2410  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Min/Max Age:  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

### **PATEL, SARJAN H , MD**

*Provider Gender:* Male  
*License number:* A114976  
*NPI:* 1316199326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
 Cultural Competency: Yes  
 WEST COAST EYE CARE  
 4344 CONVOY ST STE C2

SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Min/Max Age:  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 10AM-6PM, TU 8:30AM-5PM, W 7:30AM-4PM, TH 9:30AM-5PM, F 8AM-4PM

### **PATEL, SARJAN H , MD**

*Provider Gender:* Male  
*License number:* A114976  
*NPI:* 1316199326  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Gujarati, Hindi, Spanish  
 Cultural Competency: Yes  
 WEST COAST EYE CARE  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115-1754  
*Phone:* (619) 697-4600  
*Fax:* (619) 697-2410  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Min/Max Age:  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2*

*mile from Site):* No  
*Hours:* M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM

### **PHAM, TONY D , OD**

*Provider Gender:* Male  
*License number:* 12348  
*NPI:* 1841271434  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish, Vietnamese  
 Cultural Competency: Yes  
 MIRA MESA EYECARE  
 6755 MIRA MESA BLVD STE 141  
 SAN DIEGO, CA 92121-4311  
*Phone:* (858) 535-8282  
*Fax:* (858) 535-0537  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Vietnamese  
 Min/Max Age:  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-F 9AM-6PM, SA 10AM-2PM

### **PHUNG, RICHARD N V, OD**

*Provider Gender:* Male  
*License number:* 9547  
*NPI:* 1689661571  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese, Chinese  
 Cultural Competency: Yes  
 SCRIPPS RANCH OPTOMETRI

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## K. Vision Provider Directory - Eye & Vision Services

CTR  
9880 HIBERT ST STE E1  
SAN DIEGO, CA 92131-1068  
Phone: (858) 693-9044  
Fax: (858) 693-0704  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Vietnamese  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M,W,TH 10AM-6PM, TU  
10AM-2PM, F,SA 9AM-2PM

**PHUNG, RICHARD N V, OD**  
Provider Gender: Male  
License number: 9547  
NPI: 1689661571  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese, Chinese  
Cultural Competency: Yes  
CITY HEIGHTS OPTOMETRY  
4236 UNIVERSITY AVE  
SAN DIEGO, CA 92105-1503  
Phone: (619) 281-3422  
Fax: (619) 281-1196  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Vietnamese  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No

Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M-F 10AM-5PM

**POUSTI, SHEIVA L, OD**  
Provider Gender: Female  
License number: 10403  
NPI: 1730240052  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Cultural Competency: Yes  
SAN DIEGO EYE CLINIC  
OPTOMETRY  
3560 FAIRMOUNT AVE STE A  
SAN DIEGO, CA 92105-3420  
Phone: (619) 431-2020  
Fax: (619) 376-2100  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-SU 9AM-6PM

**PRABHU, SUJATA P, MD**  
Provider Gender: Female  
License number: A115965  
NPI: 1982872552  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: Yes  
WEST COAST EYE CARE  
4344 CONVOY ST STE C2

SAN DIEGO, CA 92111-3737  
Phone: (858) 565-8822  
Fax: (858) 565-2449  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M 10AM-6PM, TU  
8:30AM-5PM, W 7:30AM-4PM,  
TH 9:30AM-5PM, F 8AM-4PM

**PRABHU, SUJATA P, MD**  
Provider Gender: Female  
License number: A115965  
NPI: 1982872552  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: Yes  
WEST COAST EYE CARE  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754  
Phone: (619) 697-4600  
Fax: (619) 697-2410  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2

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## K. Vision Provider Directory - Eye & Vision Services

*mile from Site): No*  
*Hours: M 7:30AM-4:30PM, TU 8AM-5PM, W 8:30AM-5PM, TH 8AM-6PM, F 8AM-4PM*

### **SCHER, COLIN A , MD**

*Provider Gender: Male*  
*License number: A42700*  
*NPI: 1396816153*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*

*Cultural Competency: Yes*  
**RADY CHILDRENS SPECIALISTS**

**7910 FROST ST STE 200**  
**SAN DIEGO, CA 92123-2776**  
*Phone: (858) 309-7702*  
*Fax: (858) 966-8901*

*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
*Please contact provider for Accessibility information*  
*Public transportation (within 1/2 mile from Site): No*  
*Hours: M-F 7AM-5PM*

### **SHULKIN, MITCHELL S , OD**

*Provider Gender: Male*  
*License number: 8153*  
*NPI: 1770531865*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Cultural Competency: Yes*  
**NORTH COUNTY OPTOMETRY**  
**11835 CARMEL MTN RD STE 1313**  
**SAN DIEGO, CA 92128-4609**

*Phone: (858) 674-1276*  
*Fax: (858) 674-5863*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Tagalog*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
*Please contact provider for Accessibility information*  
*Public transportation (within 1/2 mile from Site): Yes*  
*Hours: M 9AM-5PM, TU 7AM-5PM, W,TH 10AM-7PM, F 10AM-5PM, SA 9AM-2PM*

### **SORIANO, CATHERINE F , OD**

*Provider Gender: Female*  
*License number: 13109*  
*NPI: 1508919085*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Filipino, Pilipino, Spanish, Tagalog*  
*Cultural Competency: Yes*  
**CATHERINE SORIANO OD**  
**2404 MADISON AVE**  
**SAN DIEGO, CA 92116-2920**  
*Phone: (619) 291-3836*  
*Fax: (619) 291-4625*  
*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Spanish, Tagalog*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
*Please contact provider for*

*Accessibility information*  
*Public transportation (within 1/2 mile from Site): Yes*  
*Hours: M-F 8:30AM-5PM*

### **STEVENS, TANIA, OD**

*Provider Gender: Female*  
*License number: 12072*  
*NPI: 1427089630*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*

*Cultural Competency: Yes*  
**OPTOMETRY CABANA**  
**12925 EL CAMINO REAL STE AA3**  
**SAN DIEGO, CA 92130-1891**  
*Phone: (858) 348-5900*  
*Fax: (858) 617-0780*

*After Hours Phone:*  
*Accepting New Patients: Yes*  
*Site English Spoken: Yes*  
*Site Language(s) Spoken: Russian, Spanish*  
*Min/Max Age:*  
*Gender Restriction: No Gender Restrictions*  
*American Sign Language (ASL): No*  
*Please contact provider for Accessibility information*  
*Public transportation (within 1/2 mile from Site): Yes*  
*Hours: M-F 10AM-6PM, SA 9AM-3PM*

### **TAM, MAY C , OD**

*Provider Gender: Female*  
*License number: 11960*  
*NPI: 1548255896*  
*Provider English Spoken: Yes*  
*Provider Language(s) Spoken: Spanish*  
*Cultural Competency: Yes*  
**FASHION VALLEY EYE CARE**

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## K. Vision Provider Directory - Eye & Vision Services

OPTOMETR  
7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108-1148  
Phone: (619) 291-2020  
Fax: (888) 210-5799  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-SA 10AM-7PM

### **TAM, MAY C , OD**

Provider Gender: Female  
License number: 11960  
NPI: 1548255896  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: Yes  
OPTOM-EYES VISION CARE  
OPTOMETRY  
5638 MISSION CENTER RD  
STE 103  
SAN DIEGO, CA 92108-4348  
Phone: (619) 295-2900  
Fax: (888) 210-5799  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):

No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): No  
Hours: M-F 9AM-5:30PM, SA  
9AM-3PM

### **TAM, MAY C , OD**

Provider Gender: Female  
License number: 11960  
NPI: 1548255896  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Spanish  
Cultural Competency: Yes  
OPTOM-EYES VISION CARE  
OPTOMETRY  
1555 PALM AVE STE A2  
SAN DIEGO, CA 92154-1012  
Phone: (619) 297-2020  
Fax: (888) 210-5799  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-F 9:30AM-6PM, SA  
9AM-3PM

### **TA, TRANG T , OD**

Provider Gender: Female  
License number: 12100  
NPI: 1518381045  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese

Cultural Competency: Yes  
JASMINE P NGUYEN OD INC  
4029 43RD ST STE 300  
SAN DIEGO, CA 92105-8537  
Phone: (619) 284-3937  
Fax: (619) 284-3938  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Spanish, Vietnamese  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No  
Please contact provider for  
Accessibility information  
Public transportation (within 1/2  
mile from Site): Yes  
Hours: M-F 9AM-5PM, SA  
9AM-1PM

### **TONNU, ANH T , OD**

Provider Gender: Female  
License number: 11318  
NPI: 1679521280  
Provider English Spoken: Yes  
Provider Language(s) Spoken:  
Vietnamese  
Cultural Competency: Yes  
WEST COAST EYE CARE  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115-1754  
Phone: (619) 697-4600  
Fax: (619) 697-2410  
After Hours Phone:  
Accepting New Patients: Yes  
Site English Spoken: Yes  
Site Language(s) Spoken:  
Min/Max Age:  
Gender Restriction: No Gender  
Restrictions  
American Sign Language (ASL):  
No

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## K. Vision Provider Directory - Eye & Vision Services

Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M 7:30AM-4:30PM, TU  
8AM-5PM, W 8:30AM-5PM, TH  
8AM-6PM, F 8AM-4PM

### **TONNU, ANH T , OD**

*Provider Gender:* Female  
*License number:* 11318  
*NPI:* 1679521280  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
Vietnamese  
*Cultural Competency:* Yes  
WEST COAST EYE CARE  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111-3737  
*Phone:* (858) 565-8822  
*Fax:* (858) 565-2449  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* No  
*Hours:* M 10AM-6PM, TU  
8:30AM-5PM, W 7:30AM-4PM,  
TH 9:30AM-5PM, F 8AM-4PM

### **TRANG, CHAU H , OD**

*Provider Gender:* Female  
*License number:* 9556  
*NPI:* 1073671087  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
French, Spanish, Vietnamese,

Chinese  
*Cultural Competency:* Yes  
CHAU H TRANG OD  
6947 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111-6363  
*Phone:* (858) 495-0592  
*Fax:* (858) 495-0560  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
French, Spanish, Vietnamese  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M,W 10AM-4PM, F  
10AM-5:30PM, SA 9AM-1PM

### **TU, CHARLES, OD**

*Provider Gender:* Male  
*License number:* 34618  
*NPI:* 1073137691  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
FASHION VALLEY EYE CARE  
OPTOMETR  
7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108-1148  
*Phone:* (619) 291-2020  
*Fax:* (888) 210-5799  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions

*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M-SA 10AM-7PM

### **VAN HOOSE, PATRICK, OD**

*Provider Gender:* Male  
*License number:* 6576  
*NPI:* 1811024516  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
German, Spanish  
*Cultural Competency:* Yes  
ACKROYD AND VAN HOOSE  
OPTOMETRY  
7246 CLAIREMONT MESA  
BLVD  
SAN DIEGO, CA 92111-1007  
*Phone:* (858) 292-7193  
*Fax:* (858) 292-8247  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender  
Restrictions  
*American Sign Language (ASL):*  
No  
Please contact provider for  
Accessibility information  
*Public transportation (within 1/2  
mile from Site):* Yes  
*Hours:* M,F 8AM-5PM, TU-TH  
9AM-6PM

### **VIVIRITO, MARY, OD**

*Provider Gender:* Female  
*License number:* 33798  
*NPI:* 1477968667  
*Provider English Spoken:* Yes

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at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call  
Blue Shield Promise Customer Care at 1-855-699-5557.*



## K. Vision Provider Directory - Eye & Vision Services

*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**OPTOM-EYES VISION CARE OPTOMETRY**  
 5638 MISSION CENTER RD  
 STE 103  
 SAN DIEGO, CA 92108-4348  
*Phone:* (619) 295-2900  
*Fax:* (888) 210-5799  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 9AM-5:30PM, SA 9AM-3PM

### **VIVIRITO, MARY, OD**

*Provider Gender:* Female  
*License number:* 33798  
*NPI:* 1477968667  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**FASHION VALLEY EYE CARE OPTOMETR**  
 7007 FRIARS RD STE 351  
 SAN DIEGO, CA 92108-1148  
*Phone:* (619) 291-2020  
*Fax:* (888) 210-5799  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*

Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-SA 10AM-7PM

### **WESLING, PAUL J , OD**

*Provider Gender:* Male  
*License number:* 10869  
*NPI:* 1932130648  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
**GOLDEN TRIANGLE OPTOMETRY**  
 4009 GOVERNOR DR  
 SAN DIEGO, CA 92122-2522  
*Phone:* (858) 453-0444  
*Fax:* (858) 453-0471  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 9AM-6PM

*YUEN, STEVEN T , OD*  
*Provider Gender:* Male  
*License number:* 10454  
*NPI:* 1447289814

*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Chinese  
*Cultural Competency:* Yes  
**GOLDEN PLAZA OPTOMETRY**  
 7330 CLAIREMONT MESA BLVD # A1  
 SAN DIEGO, CA 92111-1124  
*Phone:* (858) 292-4498  
*Fax:* (858) 292-0967  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Vietnamese, Chinese  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M-W,F,SU 10AM-7PM, SA 10AM-7:30PM

### **YU, JEAN D , OD**

*Provider Gender:* Female  
*License number:* 11789  
*NPI:* 1861531535  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Tagalog, Chinese  
*Cultural Competency:* Yes  
**NEOVISION OPTOMETRY**  
 8137 MIRA MESA BLVD  
 SAN DIEGO, CA 92126-2601  
*Phone:* (858) 689-9533  
*Fax:* (858) 689-9515  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Tagalog, Chinese

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## K. Vision Provider Directory - Eye & Vision Services

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* TU,TH,SA 10AM-5PM, W,F 10AM-6PM

### SAN MARCOS

**SKAY, RICHARD M , OD**  
*Provider Gender:* Male  
*License number:* 7649  
*NPI:* 1639251945  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 RICHARD M SKAY OD  
 1903 W SAN MARCOS BLVD STE 130  
 SAN MARCOS, CA 92078-3907  
*Phone:* (760) 727-2211  
*Fax:* (760) 727-2533  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 9AM-3PM

**TA, MINI P , OD**  
*Provider Gender:* Female  
*License number:* 15170

*NPI:* 1578955605  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Cultural Competency: Yes  
 NEW OPTIX OPTOMETRY  
 640 GRAND AVE STE 101  
 SAN MARCOS, CA 92078-1207  
*Phone:* (760) 736-0020  
*Fax:* (760) 736-0019  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Vietnamese  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* TU-F 9AM-5PM, SA 9AM-2PM

**TRAN, MICHAEL D , OD**  
*Provider Gender:* Male  
*License number:* 14530  
*NPI:* 1649524216  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Vietnamese  
 Cultural Competency: Yes  
 NEW OPTIX OPTOMETRY  
 640 GRAND AVE STE 101  
 SAN MARCOS, CA 92078-1207  
*Phone:* (760) 736-0020  
*Fax:* (760) 736-0019  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish, Vietnamese  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* TU-F 9AM-5PM, SA 9AM-2PM

### SANTEE

**BOECK, CARL A , OD**  
*Provider Gender:* Male  
*License number:* 6620  
*NPI:* 1588656151  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* German, Spanish  
 Cultural Competency: Yes  
 DRS BOECK AND SCHISLER OPTOMETRISTS  
 9621 MISSION GORGE RD STE 106  
 SANTEE, CA 92071-3802  
*Phone:* (619) 449-2000  
*Fax:* (619) 449-8303  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,TH,F 9AM-5PM, TU 2PM-6PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## K. Vision Provider Directory - Eye & Vision Services

### **SCHISLER, RONALD W , OD**

*Provider Gender:* Male  
*License number:* 6791  
*NPI:* 1346378742  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**DRS BOECK AND SCHISLER**  
**OPTOMETRISTS**  
 9621 MISSION GORGE RD STE 106  
 SANTEE, CA 92071-3802  
*Phone:* (619) 449-2000  
*Fax:* (619) 449-8303  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
 Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* Yes  
*Hours:* M,TH,F 9AM-5PM, TU 2PM-6PM

### **SPRING VALLEY**

### **CUMMINS JR, JAMES W , OD**

*Provider Gender:* Male  
*License number:* 6016  
*NPI:* 1568595791  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**JAMES W CUMMINS JR OD**  
 9628 CAMPO RD STE C  
 SPRING VALLEY, CA  
 91977-1233

*Phone:* (619) 463-9318

*Fax:*

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):* No

Please contact provider for Accessibility information

*Public transportation (within 1/2 mile from Site):* No

*Hours:* M,W,TH 9AM-5PM, TU 9AM-5:30PM, F 9AM-4PM, SA 8:30AM-12PM

### **CUMMINS JR, JAMES W , OD**

*Provider Gender:* Male  
*License number:* 6016  
*NPI:* 1568595791  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**JOHN C FLEMING OD**  
 9628 CAMPO RD STE C  
 SPRING VALLEY, CA  
 91977-1233  
*Phone:* (619) 463-9318  
*Fax:* (619) 463-9640  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No

*Hours:* M,W,TH 9AM-5PM, TU 9AM-5:30PM, F 9AM-4PM, SA 9AM-12PM

### **FLEMING, JOHN C , OD**

*Provider Gender:* Male  
*License number:* 8461  
*NPI:* 1033192133  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**JOHN C FLEMING OD**  
 9628 CAMPO RD STE C  
 SPRING VALLEY, CA  
 91977-1233  
*Phone:* (619) 463-9318  
*Fax:* (619) 463-9640  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:*  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M,W,TH 9AM-5PM, TU 9AM-5:30PM, F 9AM-4PM, SA 9AM-12PM

### **JOHNSON, CHRISTOPHER, OD**

*Provider Gender:* Male  
*License number:* 15100  
*NPI:* 1568861425  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:*  
*Cultural Competency:* Yes  
**JOHN C FLEMING OD**  
 9628 CAMPO RD STE C  
 SPRING VALLEY, CA  
 91977-1233

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

Phone: (619) 463-9318  
 Fax: (619) 463-9640  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken:  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M,W,TH 9AM-5PM, TU 9AM-5:30PM, F 9AM-4PM, SA 9AM-12PM

### **KALRA, ANKUR, OD**

Provider Gender: Male  
 License number: 11898  
 NPI: 1124195789  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: Yes  
 EYE CARE OPTOMETRY ASSOCIATES  
 687 SWEETWATER RD  
 SPRING VALLEY, CA  
 91977-5628  
 Phone: (619) 466-9444  
 Fax: (619) 466-9314  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for

Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 9AM-6PM, SA 9AM-5PM

### **KEDDINGTON, JOAN, OD**

Provider Gender: Female  
 License number: 6263  
 NPI: 1992872691  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: Yes  
 EYE CARE OPTOMETRY ASSOCIATES  
 687 SWEETWATER RD  
 SPRING VALLEY, CA  
 91977-5628

Phone: (619) 466-9444  
 Fax: (619) 466-9314  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 9AM-6PM, SA 9AM-5PM

### **KING, MARY M , OD**

Provider Gender: Female  
 License number: 13711  
 NPI: 1578792107  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish

Cultural Competency: Yes  
 EYE CARE OPTOMETRY ASSOCIATES  
 687 SWEETWATER RD  
 SPRING VALLEY, CA  
 91977-5628  
 Phone: (619) 466-9444  
 Fax: (619) 466-9314  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish  
 Min/Max Age:  
 Gender Restriction: No Gender Restrictions  
 American Sign Language (ASL): No  
 Please contact provider for Accessibility information  
 Public transportation (within 1/2 mile from Site): No  
 Hours: M-F 9AM-6PM, SA 9AM-5PM

### **MENDOZA, MARLON, OD**

Provider Gender: Male  
 License number: 34896  
 NPI: 1578233359  
 Provider English Spoken: Yes  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: Yes  
 EYE CARE OPTOMETRY ASSOCIATES  
 687 SWEETWATER RD  
 SPRING VALLEY, CA  
 91977-5628  
 Phone: (619) 466-9444  
 Fax: (619) 466-9314  
 After Hours Phone:  
 Accepting New Patients: Yes  
 Site English Spoken: Yes  
 Site Language(s) Spoken: Spanish

This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.

## K. Vision Provider Directory - Eye & Vision Services

*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 9AM-6PM, SA 9AM-5PM

### **THAI, AMANDA, OD**

*Provider Gender:* Female  
*License number:* 34861  
*NPI:* 1457928558  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
 EYE CARE OPTOMETRY ASSOCIATES  
 687 SWEETWATER RD  
 SPRING VALLEY, CA 91977-5628  
*Phone:* (619) 466-9444  
*Fax:* (619) 466-9314  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 9AM-6PM, SA 9AM-5PM

### **TOUBIA, ELIAS, OD**

*Provider Gender:* Male

*License number:* 33758  
*NPI:* 1740701481  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Arabic  
*Cultural Competency:* Yes  
 EYE CARE OPTOMETRY ASSOCIATES  
 687 SWEETWATER RD  
 SPRING VALLEY, CA 91977-5628  
*Phone:* (619) 466-9444  
*Fax:* (619) 466-9314  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M-F 9AM-6PM, SA 9AM-5PM

### **VALLEY CENTER**

### **CRUZ, MICHELLE C , OD**

*Provider Gender:* Female  
*License number:* 33482  
*NPI:* 1679926646  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* American Sign Language  
*Cultural Competency:* Yes  
 VALLEY CENTER OPTOMETRY  
 29115 VALLEY CENTER RD  
 STE E  
 VALLEY CENTER, CA 92082-6553

*Phone:* (760) 751-8771  
*Fax:* (760) 751-8772  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for Accessibility information  
*Public transportation (within 1/2 mile from Site):* No  
*Hours:* M 9AM-6PM, TU-F 9AM-5PM

### **JOYCE, ROBERT J , OD**

*Provider Gender:* Male  
*License number:* 11833  
*NPI:* 1275585127  
*Provider English Spoken:* Yes  
*Provider Language(s) Spoken:* Spanish  
*Cultural Competency:* Yes  
 VALLEY CENTER OPTOMETRY  
 29115 VALLEY CENTER RD  
 STE E  
 VALLEY CENTER, CA 92082-6553  
*Phone:* (760) 751-8771  
*Fax:* (760) 751-8772  
*After Hours Phone:*  
*Accepting New Patients:* Yes  
*Site English Spoken:* Yes  
*Site Language(s) Spoken:* Spanish  
*Min/Max Age:*  
*Gender Restriction:* No Gender Restrictions  
*American Sign Language (ASL):* No  
 Please contact provider for

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*

## K. Vision Provider Directory - Eye & Vision Services

---

Accessibility information

*Public transportation (within 1/2 mile from Site):* No

*Hours:* M 9AM-6PM, TU-F 9AM-5PM

### VISTA

#### **DEMLINGER, GLENN M , OD**

*Provider Gender:* Male

*License number:* 8954

*NPI:* 1508932518

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:* Spanish

*Cultural Competency:* Yes

SHADOWRIDGE FAMILY VISION

741 SHADOWRIDGE DR

VISTA, CA 92083-7997

*Phone:* (760) 727-1844

*Fax:* (760) 727-3044

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Public transportation (within 1/2 mile from Site):* Yes

*Hours:* M,TU,TH 9AM-6PM, W 7AM-5PM

#### **GEORGE, BRUCE D , OD**

*Provider Gender:* Male

*License number:* 7696

*NPI:* 1356414551

*Provider English Spoken:* Yes

*Provider Language(s) Spoken:*

Korean, Spanish

*Cultural Competency:* Yes

BRUCE D GEORGE OD

931 ANZA AVE STE B

VISTA, CA 92084-4531

*Phone:* (760) 758-2340

*Fax:* (760) 867-2222

*After Hours Phone:*

*Accepting New Patients:* Yes

*Site English Spoken:* Yes

*Site Language(s) Spoken:*

Spanish

*Min/Max Age:*

*Gender Restriction:* No Gender Restrictions

*American Sign Language (ASL):*

No

Please contact provider for

Accessibility information

*Public transportation (within 1/2 mile from Site):* Yes

*Hours:* M,TH,F 9AM-5PM, TU,W 9AM-6PM

*This list of Blue Shield Promise providers can change at any time. Blue Shield Promise Customer Care at 1-855-699-5557 for current information. Interpreter Services provided by the Plan; please call Blue Shield Promise Customer Care at 1-855-699-5557.*



## L. Other Services Providers

---

### 2-1-1 San Diego†

License #: N/A

NPI# : 1760048086

✉ 3860 CALLE FORTUNADA,  
SAN DIEGO, CA 92123-4800

☎ (858) 300-1211

○ (858) 300-1211



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

### Family Health Centers†

License #: N/A

NPI# : 1134155377

✉ 823 GATEWAY CENTER WAY,  
SAN DIEGO, CA 92102-4541

☎ (619) 515-2300

○ (619) 515-2300



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

### Imperial Beach

Health Center†

License #: N/A

NPI# : 1790718351

✉ 949 PALM AVE, Imperial  
Beach, CA 91932-1503

☎ (619) 429-3733

○ (619) 429-3733



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

### La Maestra Family Clinic, Inc.†

License #: N/A

NPI# : 1336353721

✉ 4060 FAIRMOUNT AVE,  
San Diego, CA 92105-1608

☎ (619) 255-9155

○ (619) 255-9155



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

### San Diego Family Care†

License #: N/A

NPI# : 1457724858

✉ 7011 LINDA VISTA RD, SAN  
DIEGO, CA 92111-6307

☎ (858) 810-8729

○ (858) 279-0925



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

### Vista Community Clinic†

License #: N/A

NPI# : 1316501562

✉ 1000 VALE TERRACE DR,  
Vista, CA 92084-5218

☎ (760) 631-5000

○ (760) 631-5000



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

### San Diego Healthcare Quality Collaborative†

License #: N/A

NPI# : 1427696616

✉ 7632 CORTINA CT,  
CARLSBAD, CA 92009-8206

☎ (760) 707-9256

○ (760) 707-9256



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

### Sterling Hospitals Medical Group (Titanium)†

License #: N/A

NPI# : N/A

✉ 500 La Terraza Blvd Suite  
150, Escondido 92025

☎ (213) 765-8123

○ (213) 765-8123



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

### Community Research Foundation†

License #: N/A

NPI# : 1649809526

✉ 1202 Morena Blvd Ste. 100,  
San Diego, CA 92110

☎ (619) 275-0822

○ (619) 275-0822



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Information in this provider directory is subject to change. Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711.

## L. Other Services Providers

---

### **Jewish Family Services†**

*License #: N/A*

*NPI# : 1760477467*

✉ 8804 Balboa Ave, San Diego,  
CA 92123

☎(858) 637-3000

○(858) 637-3000



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ *Accessibility: CONTACT PROVIDER*



*Accepting New Patients:*

### **Interfaith Community Services†**

*License #: N/A*

*NPI# : 1932767381*

✉ 250 N ASH ST,  
ESCONDIDO, CA 92027-3026

☎(760) 489-6380

○(760) 489-6380



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ *Accessibility: CONTACT PROVIDER*



*Accepting New Patients:*

### **Father Joe's Village†**

*License #: N/A*

*NPI# : 1316501562*

✉ 1501 Imperial Ave, San  
Diego, CA 92101

☎(619) 466-3537

○(619) 466-3537



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ *Accessibility: CONTACT PROVIDER*



*Accepting New Patients:*

### **Partners in Care Foundation (PICF)†**

*License #: N/A*

*NPI# : 1699122341*

✉ 732 MOTT ST # 150, San  
Fernando, CA 91340-4241

☎(213) 738-8320

○(213) 738-8320



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ *Accessibility: CONTACT PROVIDER*



*Accepting New Patients:*

### **Mama's Kitchen†**

*License #: N/A*

*NPI# : 1457724858*

✉ 3960 Home Ave, San Diego,  
CA 92105

☎(619) 233-6262

○(619) 233-6262



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ *Accessibility: CONTACT PROVIDER*



*Accepting New Patients:*

### **McAlister Institute†**

*License #: N/A*

*NPI# : N/A*

✉ 1400 N Johnson Ave #101, El  
Cajon, CA 92020

☎(619) 442-0277

○(619) 442-0277



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ *Accessibility: CONTACT PROVIDER*



*Accepting New Patients:*

### **Partners in Care Foundation (PICF)†**

*License #: N/A*

*NPI# : 1841621919*

✉ 732 MOTT ST # 150, San  
Fernando, CA 91340-4241

☎(213) 738-8320

○(213) 738-8320



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ *Accessibility: CONTACT PROVIDER*



*Accepting New Patients:*

### **Father Joe's Village†**

*License #: N/A*

*NPI# : 1316501562*

✉ 3350 E St, San Diego,  
CA 92102

☎(619) 466-3537

○(619) 466-3537



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ *Accessibility: CONTACT PROVIDER*



*Accepting New Patients:*

### **Independent Living Systems†**

*License #: N/A*

*NPI# : 1083764724*

✉ 550 N Brand Blvd, Glendale,  
CA 91203

☎(888) 262-1292

○(888) 262-1292



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ *Accessibility: CONTACT PROVIDER*



*Accepting New Patients:*

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Information in this provider directory is subject to change. Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711.

## L. Other Services Providers

---

### Exodus Recovery†

License #: N/A

NPI# : 1083764724

✉ 9808 Venice Blvd Ste 700,  
Culver City, CA 90232

☎ (760) 871-2020

○ (760) 871-2020



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

### Serene Health†

License #: N/A

NPI# : 1649809526

✉ 4849 RONSON CT # 207,  
SAN DIEGO, CA 92111-1805

☎ (844) 737-3638

○ (844) 737-3638



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

### Pathway Home Solutions†

License #: N/A

NPI# : N/A

✉ 2 Birch Court, Orinda  
CA 94563



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

### MedZed†

License #: N/A

NPI# : 1366807760

✉ 300 Corporate Pointe Suite  
465, Culver City, CA 90230

☎ (323) 203-0070

○ (323) 203-0070



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

### People Assisting the Homeless (PATH)†

License #: N/A

NPI# : 1366807760

✉ 1250 Sixth Ave, A St, San  
Diego, CA 92101

☎ (619) 810-8600

○ (619) 810-8600



🕒 SA,SU 9AM-5PM, M-F 9AM-8PM

♿ Accessibility: CONTACT PROVIDER



Accepting New Patients:

†ECM and Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.

Information in this provider directory is subject to change. Contact Blue Shield Promise Customer Care at 1-800-605-2556 for current information, Monday through Friday, 8:00 a.m. to 6:00 p.m. TTY/TDD: 711.

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